

PUBLIC DISCLOSURE COPY

Under section 501(c)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: C Name of organization HARVEST HOPE FOOD BANK, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2220 SHOP ROAD

City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29202

F Name and address of principal officer: KEITH FERRELL

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

J Website: WWW.HARVESTHOPE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1981 M State of legal domicile: SC

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 23

4 Number of independent voting members of the governing body (Part VI, line 1b) 23

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 100

6 Total number of volunteers (estimate if necessary) 11090

7 a Total unrelated business revenue from Part VIII, column (C), line 12 0

7 b Net unrelated business taxable income from Form 990-T, line 34 0

8 Contributions and grants (Part VIII, line 1h) 51,967,247

9 Program service revenue (Part VIII, line 2g) 632,244

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,570

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,485

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,628,546

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,139,277

16 a Professional fundraising fees (Part IX, column (A), line 1e) 0

16 b Total fundraising expenses (Part IX, column (D), line 25) 292,932

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) 48,438,176

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,577,453

19 Revenue less expenses. Subtract line 18 from line 12 1,051,093

20 Total assets (Part X, line 16) 6,269,437

21 Total liabilities (Part X, line 26) 1,616,678

22 Net assets or fund balances. Subtract line 21 from line 20 4,652,759

Part II Signature Block

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

Sign Here Signature of officer KEITH FERRELL, INTERIM CEO Date 05/19/2017

Paid Print/type preparer's name DENISE P. HILL Preparer's signature Date 04/26/18 Check if self-employed [ ] PTIN #00046615

Preparer Firm's name ELIOTT DAVIS, LLC/PLLC Firm's EIN 57-0381582

Use Only Firm's address 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201 Phone no. (803) 256-0002

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

4e Total program service expenses (Expenses \$ 53,651,142. including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O) PRIVILEGES AND BENEFITS, INCLUDING SNAP. ALTHOUGH THEY MAY ARRIVE WITH RESOURCES TO DEAL WITH PROBLEMS AND ASSIST THEM IN APPLYING FOR COST OF DWELLING AND UTILITY EXPENSES OR ARE DISABLED. WE PROVIDE UNEMPLOYED, UNDEREMPLOYED, CAN'T AFFORD MEDICINE OR MEDICAL CARE, HIGH BE EXPERIENCING HUNGER WHICH IS USUALLY ONE OF THE FOLLOWING; PRODUCTS, IF AVAILABLE. WE DISCUSS WITH THEM THE REASONS WHY THEY MAY MEAT, DAIRY, BAKED GOODS, FROZEN FOODS AND BABY ITEMS OR ADULT HYGIENE IN SOUTH CAROLINA TO RECEIVE SHELF STABLE PRODUCTS, FRESH PRODUCE, KNOWN AS OUR SIGNATURE SERVICE, CLIENTS COME FROM NEARLY ALL COUNTIES IMMEDIATE HUNGER RELIEF TO FAMILIES, INDIVIDUALS AND SENIORS. WELL HARVEST HOPE HAS 3 OF ITS OWN EMERGENCY FOOD PANTRIES THAT PROVIDE EMERGENCY FOOD PANTRIES (EFP) (Code: ) (Expenses \$ 8,426,950. including grants of \$ ) (Revenue \$ )

4c CAN RETURN EACH MONDAY NOURISHED AND PREPARED TO LEARN. HARVEST HOPE CHILDREN A BACKPACK WITH ENOUGH FOOD TO PROVIDE SEVEN MEALS, SO THEY SCHOOL WEEK, HARVEST HOPE'S BACKPACK PROGRAM GIVES AT-RISK SCHOOL FOR SO MANY CHILDREN WHO ONLY RECEIVE NOURISHING MEALS WHEN THEY ARE AT SCHOOL, EVERY WEEKEND MEANS TWO DAYS OF HUNGER. AT THE END OF EACH

HARVEST HOPE FOOD BANKS BACKPACK CHILDRENS FEEDING PROGRAM LOVE PROGRAM. SERVES SENIORS THROUGH THE CFSF PROGRAM IN ADDITION TO OUR OWN TOTES OF CHILDREN THROUGH 2 PROGRAMS: BACKPACK AND KIDS CAFE. HARVEST HOPE ALSO HARVEST HOPE PROVIDES SUPPLEMENTARY NUTRITION AND MEALS TO HUNGRY (Code: ) (Expenses \$ 1,737,960. including grants of \$ ) (Revenue \$ )

TOTAL HARVEST HOPE AGENCIES DISTRIBUTING DURING 2017: 506 OTHER PROGRAM PARTNERS TOTAL: 399 TOTAL PARTNER COLLABORATION IN 20 COUNTIES: 905 TOTAL MEALS DISTRIBUTED THROUGH ALL AGENCIES AND PROGRAMS: 27,579,544 TOTAL POUNDS DISTRIBUTED: 31,094,579

4a HARVEST HOPE IS THE LIFELINE FOR AGENCIES SHARING OUR HUNGER RELIEF MISSION, AND IN 2017 PARTNERED WITH 506 AGENCIES IN ADDITION TO 399 OTHER PROGRAM PARTNERS FOR A TOTAL OF 905 COMMUNITY NONPROFIT, SCHOOL, FAITH PARTNER COLLABORATIONS BRINGING MEALS TO URBAN, SUBURBAN AND ISOLATED AREAS OF SOUTH CAROLINA. (Code: ) (Expenses \$ 43,486,232. including grants of \$ 1,023,606.) (Revenue \$ )

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

1 Briefly describe the organization's mission: SEE SCHEDULE O. Check if Schedule O contains a response or note to any line in this Part III



20a		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	20a
b		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b
21		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	21
22		Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	22
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	X	23
24a		Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	24a
b		Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b
c		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
25a		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	25a
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 Schedule L, Part I	X	25b
26		Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	26
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	X	27
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):		28a
a		A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	28a
b		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	28b
c		An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV	X	28c
29		Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	29
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	30
31		Did the organization liquidate, terminate, or dissolve and cease operations?	X	31
		If "Yes," complete Schedule N, Part I		31
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	32
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	X	33
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	X	34
35a		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	35a
b		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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	X	36
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	37
38		Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	38

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	1
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending within the year covered by this return		2a	100
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
		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	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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: <span style="border: 1px solid black; padding: 2px;"> </span>			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
		6a 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	X
		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). a 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	
		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		7c	X
		d If "Yes," indicate the number of Forms 8822 filed during the year		7d	
		e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
		g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		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. a Sponsoring organization have excess business holdings at any time during the year?		8	
		b Did the sponsoring organization make any taxable distributions under section 4966?		9a	
		c Did the sponsoring 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		10a	
		b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
		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 amounts due or received from them.)		11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
		b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
		13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		13a	
		b 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	
		c Enter the amount of reserves on hand		13c	
		14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

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

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

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

**Section A. Governing Body and Management**

1a	Enter the number of voting members of the governing body at the end of the tax year	23	1a	
b	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 O. Enter the number of voting members included in line 1a, above, who are independent	23	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or key employees to a management company or other person?	X	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	5	
6	Did the organization have members or stockholders?	X	6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	X	8a	
a	The governing body?	X	8a	
b	Each committee with authority to act on behalf of the governing body?	X	8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	9	

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ROBERT PRIELIP - 803-254-4432 2220 SHOP ROAD, COLUMBIA, SC 29201**

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

Check if Schedule O contains a response or note to any line in this Part VII  **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter - in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HENRY BARTON BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(2) JANE CHAO BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(3) TUSHAR CHIKHLIKER BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(4) ROBERT GAHAGAN BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(5) KEITH HEATON BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(6) GARY JONES BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(7) BEN KELLY BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(8) ASHLEY RAWL BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(9) BRENDA SHEETS BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(10) JOHN WELSH BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(11) RICK WILDER BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(12) ERINN ROWE BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(13) RHONDA MAULDIN BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(14) ANN MATTHEWS BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(15) TREVY INGALLS BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(16) MARK BOKESCH BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.
(17) ANDREW RABUCK BOARD MEMBER	0.50	Individual trustee or director	0.	0.	0.



2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
(A)	Name and business address	NONE
(B)	Description of services	
(C)	Compensation	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Section B. Independent Contractors				
3	4	4	5	5
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Yes	No
X			X	

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

1b	Sub-total	225,304.	0.	14,373.
c	Total from continuation sheets to Part VII, Section A	0.	0.	0.
d	Total (add lines 1b and 1c)	225,304.	0.	14,373.

(A)	Name and title	(B)	Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C)					(D)	(E)	(F)	
				Position (do not check more than one box, unless person is both an officer and a director/trustee)	Individual trustee or director	Institutional trustee	Officer	Key employee				Highest compensated employee
(18)	BRIAN BONNER	0.50		X						0.	0.	0.
(19)	DAVIS BOURNE	0.50		X						0.	0.	0.
(20)	JONES DUBOSE	0.50		X						0.	0.	0.
	PAST CHAIR	0.50		X						0.	0.	0.
(21)	STEPHEN MOORE	0.50		X						0.	0.	0.
	TREASURER	0.50		X						0.	0.	0.
(22)	DENISE WHITTINGTON	0.50		X						0.	0.	0.
	VICE CHAIR	0.50		X						0.	0.	0.
(23)	DREW WILLIAMS	0.50		X						0.	0.	0.
	VICE CHAIR	0.50		X						0.	0.	0.
(24)	DAMIEN CURRY	40.00					X			0.	0.	6,135.
	DIRECTOR OF ACCOUNTING	40.00					X			0.	0.	8,238.
(25)	DENISE HOLLAND	40.00					X			0.	0.	150,231.
	CEO	40.00					X			0.	0.	225,304.

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

Part VIII

Statement of Revenue

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

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
53,000,539.			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>			
1 a	Federated campaigns	211,968.	
1 b	Membership dues		
1 c	Fundraising events		
1 d	Related organizations		
1 e	Government grants (contributions)	8,396,638.	
1 f	All other contributions, gifts, grants, and similar amounts not included above	44,391,933.	
1 f1	Noncash contributions included in lines 1a-1f: \$	46,327,855.	
h	Total, Add lines 1a-1f	53,000,539.	
<b>Program Service Revenue</b>			
2 a	PROGRAM INCOME	900099	
2 b			
2 c			
2 d			
2 e			
2 f	All other program service revenue		
g	Total, Add lines 2a-2f	803,765.	
<b>Other Revenue</b>			
3	Investment income (including dividends, interest, and other similar amounts)	2,988.	
4	Income from investment of tax-exempt bond proceeds		
5	Royalties		
<b>6</b>			
6 a	Gross rents		
6 b	Less: rental expenses		
6 c	Rental income or (loss)		
6 d	Net rental income or (loss)		
<b>7</b>			
7 a	Gross amount from sales of		
7 a	(i) Securities		
7 a	(ii) Other		
7 b	Less: cost or other basis		
7 c	Gain or (loss)	1,713.	
7 d	Net gain or (loss)	-1,713.	
<b>8</b>			
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	170,872.	
8 b	Less: direct expenses	105,033.	
8 c	Net income or (loss) from fundraising events	65,839.	
9 a	Gross income from gaming activities. See Part IV, line 19		
9 b	Less: direct expenses		
9 c	Net income or (loss) from gaming activities		
<b>10</b>			
10 a	Gross sales of inventory, less returns and allowances		
10 b	Less: cost of goods sold		
10 c	Net income or (loss) from sales of inventory		
<b>11</b>			
11 a	MISCELLANEOUS	900099	
11 a	Miscellaneous Revenue	219,841.	
11 a	Business Code	219,841.	
11 b			
11 c			
11 d	All other revenue		
e	Total, Add lines 11a-11d	219,841.	
12	Total revenue. See instructions.	54,091,259.	
		1,023,606.	
		0.	
			67,114.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,230.	117,180.	16,525.	16,525.
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	2,324,703.	1,895,196.	267,270.	162,237.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,829.	13,127.	1,851.	1,851.
9	Other employee benefits	438,248.	341,834.	48,207.	48,207.
10	Payroll taxes	229,972.	179,378.	25,297.	25,297.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	12,321.	12,321.		
e	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 O.)	376,017.	364,367.	7,767.	3,883.
12	Advertising and promotion	413,951.	401,532.	8,279.	4,140.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	845,953.	820,574.	16,919.	8,460.
17	Travel	176,989.	171,679.	3,540.	1,770.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	129,203.	125,327.	2,584.	1,292.
20	Interest	26,939.	26,131.	539.	269.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	264,439.	256,507.	5,288.	2,644.
23	Insurance	77,389.	75,067.	1,548.	774.
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 O.)	47,234,156.	47,234,156.		
a	DONATED AND PURCHASED				
b	BUILDING AND GROUNDS MA	886,200.	859,614.	17,724.	8,862.
c	PRINTING	331,788.	321,835.	6,635.	3,318.
d	VEHICLE EXPENSE	248,225.	240,778.	4,965.	2,482.
e	All other expenses	197,300.	194,539.	1,840.	921.
25	Total functional expenses. Add lines 1 through 24e	54,380,852.	53,651,142.	436,778.	292,932.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	1,567,294.	827,136.
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net	159,656.	88,188.
4	Accounts receivable, net	-23,419.	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified 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		
7	Notes and loans receivable, net		
8	Inventories for sale or use	1,203,455.	1,178,391.
9	Prepaid expenses and deferred charges	28,695.	28,369.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,215,055.	
b	Less: accumulated depreciation	3,718,913.	
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11	1,527.	1,527.
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	1,088.	1,088.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,269,437.	5,620,841.
17	Accounts payable and accrued expenses	241,007.	43,547.
18	Grants payable		
19	Deferred revenue	63,357.	0.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties	1,185,553.	1,088,753.
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	126,761.	125,375.
26	Total liabilities. Add lines 17 through 25	1,616,678.	1,257,675.
27	Unrestricted net assets	4,082,119.	4,082,317.
28	Temporarily restricted net assets	570,640.	280,849.
29	Permanently restricted net assets		
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	4,652,759.	4,363,166.
34	Total liabilities and net assets/fund balances	6,269,437.	5,620,841.

<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other</p>			
2a	<p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>	X	
2b	<p>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	X	
2c	<p>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p>		
3a	<p>Act and OMB Circular A-133? <input type="checkbox"/> If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	X	
3b	<p>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

**Part XIII Financial Statements and Reporting**

1	Total revenue (must equal Part VIII, column (A), line 12)	54,091,259.
2	Total expenses (must equal Part IX, column (A), line 25)	54,380,852.
3	Revenue less expenses. Subtract line 2 from line 1	-289,593.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4,652,759.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	4,363,166.

**Part XI Reconciliation of Net Assets**



Schedule A (Form 990 or 990-EZ) 2016

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2015. 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. The organization qualifies as a publicly supported organization and if the organization meets the "facts-and-circumstances" test. Explain in Part VI how the organization meets the "facts-and-circumstances" test.

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Explain in Part VI how the organization meets the "facts-and-circumstances" test.

b 33 1/3% support test - 2015. 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

16a 33 1/3% support test - 2016. 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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 99.84 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 99.79 %

Section C. Computation of Public Support Percentage

organization, check this box and stop here

13 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

12 Gross receipts from related activities, etc. (see instructions) 1,512,748.

11 Total support. Add lines 7 through 10 244143959

82,555.	56,837.	207,124.	27,483.	373,999.
assets (Explain in Part VI)				
or loss from the sale of capital				
Other income. Do not include gain				
95.	205.	230.	1,570.	2,988.
Net income from unrelated business				
and income from similar sources				
95.	205.	230.	1,570.	2,988.
dividends, payments received on securities loans, rents, royalties				
51967247.	51967247.	51967247.	51967247.	51967247.
Amounts from line 4				
45754772.	47513945.	45357497.	51967247.	53171411.
Gross income from interest				

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45754772.	47513945.	45357497.	51967247.	53171411.	243764872
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	45754772.	47513945.	45357497.	51967247.	53171411.	243764872
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.	45754772.	47513945.	45357497.	51967247.	53171411.	243764872

Section A. Public Support

(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.)

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

Schedule A (Form 990 or 990-EZ) 2016 HARVEST HOPE FOOD BANK, INC. 57-0725560 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9						
10a						
10b						
11						
12						
13						

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

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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



**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and (b) and (c) below.	Did the organization support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

**Part IV Supporting Organizations (continued)**

11		Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes," to a, b, or c, provide detail in Part VI.	11a	11b	11c
Yes	No				

Section B. Type I Supporting Organizations					
1		Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Yes	No				
2		Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Yes	No				

Section C. Type II Supporting Organizations					
1		Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Yes	No				

Section D. All Type III Supporting Organizations					
1		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	1	2	3
Yes	No				

Section E. Type III Functionally Integrated Supporting Organizations					
1		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2		Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a	2b	
3		Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a	3b	

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	
<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
<b>Section A - Adjusted Net Income</b>	
1	Net short-term capital gain
2	Recoveries of prior-year distributions
3	Other gross income (see instructions)
4	Add lines 1 through 3
5	Depreciation and depletion
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
7	Other expenses (see instructions)
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)
<b>Section B - Minimum Asset Amount</b>	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
a	Average monthly value of securities
b	Average monthly cash balances
c	Fair market value of other non-exempt-use assets
d	<b>Total</b> (add lines 1a, 1b, and 1c)
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):
2	Acquisition indebtedness applicable to non-exempt-use assets
3	Subtract line 2 from line 1d
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
5	Net value of non-exempt-use assets (subtract line 4 from line 3)
6	Multiply line 5 by .035
7	Recoveries of prior-year distributions
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)
<b>Section C - Distributable Amount</b>	
1	Adjusted net income for prior year (from Section A, line 8, Column A)
2	Enter 85% of line 1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)
4	Enter greater of line 2 or line 3
5	Income tax imposed in prior year
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).





LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

**Special Rules**

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

**General Rule**

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

- Form 990-PF**
- 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 527 political organization
  - 501(c)(3) taxable private foundation
- Form 990 or 990-EZ**
- 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

**Filters of:** Section:

Organization type (check one):

<b>Name of the organization</b> HARVEST HOPE FOOD BANK, INC.	<b>Employer identification number</b> 57-0725560
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<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b> Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .
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**2016**

OMB No. 1545-0047

Name of organization

Employer identification number

HARVEST HOPE FOOD BANK, INC.

57-0725560

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,183,165.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
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			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization

HARVEST HOPE FOOD BANK, INC.

Employer identification number

57-0725560

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD	\$ 7,594,839.	06/30/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	





(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-

political action committee (PAC). If additional space is needed, provide information in Part IV.  
 contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political

5 Enter the names, addresses and employer identification number (EIN) or all section 527 political organizations to which the filing organization

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

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$

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

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

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

4a Was a correction made?  Yes  No

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

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

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

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

3 Volunteer hours for political campaign activities. \_\_\_\_\_

2 Political campaign activity expenditures. \$ \_\_\_\_\_

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

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

Name of organization: HARVEST HOPE FOOD BANK, INC.  
 Employer identification number: 57-0725560

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.  
 Tax) (see separate instructions), then  
 If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy  
 • 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.  
 • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.  
 If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then  
 • Section 527 organizations: Complete Part I-A only.  
 • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and B. Do not complete Part I-C.  
 • Section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

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

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Schedule C (Form 990 or 990-EZ) 2016

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Lobbying Expenditures During 4-Year Averaging Period

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

4-Year Averaging Period Under section 501(h)

reporting section 4911 tax for this year?  Yes  No

! If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

g Grassroots nontaxable amount (enter 25% of line 1f)											
h Subtract line 1g from line 1a. If zero or less, enter -0-											
i Subtract line 1f from line 1c. If zero or less, enter -0-											
<p>The lobbying nontaxable amount is:</p> <table border="1"> <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>		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.
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.										
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.											
a Total lobbying expenditures to influence public opinion (grass roots lobbying)											
b Total lobbying expenditures to influence a legislative body (direct lobbying)											
c Total lobbying expenditures (add lines 1a and 1b)											
d Other exempt purpose expenditures											
e Total exempt purpose expenditures (add lines 1c and 1d)											
(a) Filing organization's totals											
(b) Affiliated group totals											

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check  if the filing organization checked box A and "limited control" provisions apply.

section 501(h)).

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

ASSISTANCE PROGRAM THAT HAS BEEN SUCCESSFUL IN OTHER STATES. OFFICIALS IN ORDER TO GET LEGISLATIVE FUNDING FOR A SUPPLEMENTAL FOOD A PAID STAFF MEMBER TO CONDUCT LOBBYING WITH LOCAL STATE AND FEDERAL DURING THE FISCAL YEAR ENDING JUNE 30, 2017, THE ORGANIZATION UTILIZED

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information

Table with 5 columns: Line number (1-5), Description (1-5), and Amount. Includes rows for dues, expenses, carryover, total, and taxable amount.

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

Table with 3 columns: Question number (1-3), Question description, and Yes/No response.

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

Table with 3 columns: Question number (1-12), Question description, and Yes/No response. Includes questions about lobbying activities, grants, and compensation.

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

Preservation of land for public use (e.g., recreation or education)

Protection of natural habitat

Preservation of open space

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

2a	Total number of conservation easements	<input type="text"/>
2b	Total acreage restricted by conservation easements	<input type="text"/>
2c	Number of conservation easements on a certified historic structure included in (a)	<input type="text"/>
2d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<input type="text"/>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

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

1 Impermissible private benefit?  Yes  No

2 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

3 Are the organization's property, subject to the organization's exclusive legal control?  Yes  No

4 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

1	Total number at end of year	<input type="text"/>
2	Aggregate value of contributions to (during year)	<input type="text"/>
3	Aggregate value of grants from (during year)	<input type="text"/>
4	Aggregate value at end of year	<input type="text"/>

(a)	Donor advised funds	<input type="text"/>
(b)	Funds and other accounts	<input type="text"/>

organization answered "Yes" on Form 990, Part IV, line 6.

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

**SCHEDULE D (Form 990)**

Department of the Treasury  
Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Supplemental Financial Statements**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Employer identification number 57-0725560

NAME OF THE ORGANIZATION: HARVEST HOPE FOOD BANK, INC.



2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1. (a) Description of liability		(b) Book value
(1) Federal income taxes	ACCRUED SALARIES AND PAYROLL TAXES	125,375.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		125,375.

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

Part X Other Liabilities.		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		

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

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

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

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

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

Part VII Investments - Other Securities.		(b) Book value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 11.)		

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUBSTANTIATED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE

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

**Part XIII Supplemental Information.**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

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









15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**Part IV**

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

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$

Director/officer  Employee  Independent contractor

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16 Gaming manager information:

Name

Gaming manager compensation  \$

Description of services provided

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ and the amount of gaming revenue retained by the third party  \$

c If "Yes," enter name and address of the third party:

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

13a	%
13b	%

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

11 Does the organization conduct gaming activities with nonmembers?  Yes  No



**Schedule J (Form 990) 2016** LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

9		Regulations section 53.4958-6(c)?
9		If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
8	X	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
8		Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
7	X	not described on lines 5 and 6? If "Yes," describe in Part III
7		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
		If "Yes" on line 6a or 6b, describe in Part III.
6b	X	Any related organization?
6a	X	The organization?
		contingent on the net earnings of:
6		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
		If "Yes" on line 5a or 5b, describe in Part III.
6b	X	Any related organization?
6a	X	The organization?
		contingent on the revenues of:
5		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
4c	X	Participate in, or receive payment from, an equity-based compensation arrangement?
4b	X	Participate in, or receive payment from, a supplemental nonqualified retirement plan?
4a	X	Receive a severance payment or change-of-control payment?
		organization or a related organization:
4		During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing
		Form 990 of other organizations <input type="checkbox"/>
		Independent compensation consultant <input checked="" type="checkbox"/>
		Compensation committee <input type="checkbox"/>
		Written employment contract <input type="checkbox"/>
		Approval by the board or compensation committee <input checked="" type="checkbox"/>
		establish compensation of the CEO/Executive Director, but explain in Part III.
3		Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
		First-class or charter travel <input type="checkbox"/>
		Travel for companions <input type="checkbox"/>
		Tax indemnification and gross-up payments <input type="checkbox"/>
		Discretionary spending account <input type="checkbox"/>
		Housing allowance or residence for personal use <input type="checkbox"/>
		Payments for business use of personal residence <input type="checkbox"/>
		Health or social club dues or initiation fees <input type="checkbox"/>
		Personal services (such as, maid, chauffeur, chef) <input type="checkbox"/>
b		If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2		Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,
		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
2		
1b		
1a		Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,
		Yes No

**Part I Questions Regarding Compensation**

<p>Department of the Treasury Internal Revenue Service</p> <p><b>SCHEDULE J (Form 990)</b></p>		<p>Name of the organization <b>HARVEST HOPE FOOD BANK, INC.</b></p>
<p>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p>		<p>Employer identification number <b>57-0725560</b></p>
<p>OMB No. 1545-0047</p> <p><b>2016</b></p> <p>Open to Public Inspection</p>		











PRODUCE, MEAT AND FROZEN FOODS; SENIOR HUNGER RELIEF PROGRAMS, KNOWN

FOOD ACCESS MAY BE LIMITED WITH SHELF STABLE PRODUCTS, NUTRITIOUS

BACKPACK PROGRAMS; MOBILE FOOD PANTRIES ARE CONDUCTED IN AREAS WHERE

CHILDREN'S HUNGER RELIEF PROGRAMS, KNOWN AS KIDS CAFE SITES AND

NUMBER OF PROGRAMS TO HELP CLOSE HUNGER GAPS. THESE INCLUDE:

MEET DEFINED THRESHOLDS OF MEAL GAPS IN EACH COUNTY, WE SUPPORT A LARGE

PANTRIES, SOUP KITCHENS OR SHELTERS. IN ADDITION, TO ASSURE THAT WE

OTHER NONPROFIT ORGANIZATIONS OR FAITH PARTNERS THAT OPERATE FOOD

CORE PROGRAM OF SECURING QUALITY FOOD FOR 506 AGENCY PARTNERS, WHO ARE

THROUGHOUT THE STATE IN FY17. HARVEST HOPE'S TOTAL MISSION INCLUDES THE

DISTRIBUTED FOOD EQUAL TO 27,579,544 MEALS OR 31,094,579 POUNDS OF FOOD

CRITICAL HUNGER NEEDS IN SOUTH CAROLINA, HARVEST HOPE FOOD BANK

HUNGER AT 16% OR ONE OUT OF EVERY SIX SENIORS. TO ADDRESS THESE

GOES TO BED HUNGRY EVERY NIGHT. SENIOR CITIZENS ARE EXPERIENCING

INSECURITY. FURTHERMORE, 20% OF CHILDREN, OR ONE OUT OF EVERY FIVE,

POPULATION, OR ONE OUT OF EVERY SIX STRUGGLING RESIDENTS, FACE FOOD

ACROSS HARVEST HOPE'S 20 COUNTY SERVICE AREA, A TOTAL OF 16% OF THE

TO MORE THAN 14,105 HOUSEHOLDS EVERY WEEK.

INCREASED TREMENDOUSLY. CURRENTLY, HARVEST HOPE BRINGS HUNGER RELIEF

OVER THE LAST 36 YEARS, THE SCOPE OF OUR VISION AND OUTREACH HAS

WHICH ARE SPECIFICALLY TAILORED TO PARTICULARLY VULNERABLE POPULATIONS.

FOOD INSECURE PEOPLE THROUGH A VARIETY OF FEEDING PROGRAMS, MANY OF

SERVES 20 COUNTIES OF SOUTH CAROLINA TO MEET THE NEEDS OF HUNGRY OR

HARVEST HOPE FOOD BANK, AS A PART OF THE FEEDING AMERICA NETWORK,

FORM 990, PART I, LINE 1:

HARVEST HOPE FOOD BANK, INC.

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number 57-0725560

Open to Public Inspection

2016

OMB No. 1545-0047

Name of the organization HARVEST HOPE FOOD BANK, INC.  
Employer identification number 57-0725560

AS TOTES OF LOVE AND A USDA SENIOR PROGRAM, THE COMMODITY FOOD

SUPPLEMENTAL PROGRAM (CFSF). OUR TOTAL OUTREACH TO VULNERABLE FAMILIES,

CHILDREN AND SENIORS INCLUDES IMPORTANT RELATIONSHIPS WITH 905

ORGANIZATIONS TO REACH HUNGRY PEOPLE.

DURING HURRICANE MATHIEW, SEPTEMBER 2016, HARVEST HOPE FOOD BANK HAD

UNPRECEDENTED SERVICE DELIVERY OF OVER 1,449,836 MEALS ABOVE OUR NORMAL

SERVICE AND IS THE LEAD FOOD BANK SERVING SOUTH CAROLINA DURING TIMES

OF DISASTER.

FORM 990, PART III, LINE 1:

THE MISSION OF HARVEST HOPE FOOD BANK IS TO MEET THE NEEDS OF HUNGRY

PEOPLE BY PROVIDING QUALITY FOOD WITH DIGNITY, COMPASSION AND

EDUCATION. THE SERVICE OUTREACH FROM HARVEST HOPE FOOD BANK IS VERY

IMPORTANT TO EVERY ASPECT OF THE POPULATION WE SERVE. SUPPORTING MANY

MULTIFACETED COMMUNITY ORGANIZATIONS, WE MANAGE SIX LOCATIONS WITH 79

EMPLOYEES, WITH 3,246 VOLUNTEERS DONATING 66,545 HOURS, 18 REFRIGERATED

TRUCKS PICKING UP AND DELIVERING NUTRITIOUS FOOD IN 20 COUNTIES

COVERING 13,066 SQUARE MILES. WE COLLABORATE WITH MORE THAN 905

NONPROFIT AGENCIES, FAITH PARTNERS, SCHOOLS AND OTHER ENTITIES TO MEET

THE MEAL GAPS IN OUR ASSIGNED AREA OF 20 COUNTIES PROVIDING 27,579,544

MEALS. ACCORDING TO THE FEEDING AMERICA STUDY OUTLINING THE MEAL GAP

IN SOUTH CAROLINA (2015) IS 16% OR 319,250 INDIVIDUALS EXPERIENCING

HUNGER, WITH A COST PER MEAL AVERAGING \$2.79. IN THE HARVEST HOPE FOOD

BANK SERVICE AREA, HOW MUCH MORE MONEY PEOPLE STRUGGLING WITH HUNGER

REPORT NEEDING TO BUY FOOD FOR THEIR FAMILY IS \$163,415,000. HARVEST

HOPE FOOD BANK PROVIDED FOR 14,105 HOUSEHOLDS PER WEEK IN FY17, WITH A

CASH PUBLIC SUPPORT OF \$7,868,437 UTILIZING FOOD WORTH \$46,327,855. OUR

52,558 TOTAL FAMILIES SERVED

2,645,300 TOTAL MEALS DISTRIBUTED

GREENVILLE (COUNTIES OF GREENVILLE AND LAURENS):

12,160 TOTAL POUNDS DISTRIBUTED

17,153 TOTAL INDIVIDUALS SERVED

226,732 TOTAL FAMILIES SERVED

10,508 TOTAL MEALS DISTRIBUTED

FLORENCE, LEE, MARION, MARLBORO AND SUMTER)

PEE DEE (COUNTIES OF CHESTERFIELD, CLARENDON, DARLINGTON, DILLON,

14,793,655 TOTAL POUNDS DISTRIBUTED

171,436 TOTAL INDIVIDUALS SERVED

451,152 TOTAL FAMILIES SERVED

12,832,518 TOTAL MEALS DISTRIBUTED

NEWBERRY, ORANGEBURG, RICHLAND AND SALUDA):

MIDLANDS (COUNTIES OF CALHOUN, CHESTER, FAIRFIELD, KERSHAW, LEXINGTON,

BREAKDOWN BY LOCATION:

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND CAREFUL CONSIDERATION OF PROVIDING FOR THOSE WHO NEED US MOST.

ARE USED BY HARVEST HOPE FOOD BANK WITH THOUGHTFUL, RIGOROUS DISCIPLINE

RETURN ON INVESTMENT FOR THE ENTIRE STATE OF SOUTH CAROLINA. DONATIONS

THE HANDS OF OUR MOST VULNERABLE POPULATIONS. THIS IS A TREMENDOUS

DIRECTLY TO ALL OF THE PROGRAMS THAT PUTS NUTRITIOUS WHOLESOME FOOD IN

DOLLAR AND 98 CENTS OF EVERY DOLLAR INCLUDING THE VALUE OF FOOD GOING

EFFICIENCY OF BEING ABLE TO PROVIDE FOOD EQUAL TO 5 MEALS FOR EVERY ONE

HARVEST HOPE FOOD BANK, INC.

Name of the organization

57-0725560

Employer identification number

Name of the organization HARVEST HOPE FOOD BANK, INC.  
Employer identification number 57-0725560

115,504 TOTAL INDIVIDUALS SERVED

3,174,360 TOTAL POUNDS DISTRIBUTED

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERS WITH FAITH LEADERS AND BUSINESSES THAT FILL THE BACKPACKS EACH

WEEK, WHO THEN DISTRIBUTE THEM TO CHILDREN AT THEIR OWN SCHOOLS.

TOTAL MEALS DISTRIBUTED: 716,165

TOTAL CHILDREN SERVED: 23,848

TOTAL POUNDS DISTRIBUTED: 539,315

TOTAL SCHOOL SITES: 91

TOTAL FAITH PACKING AND SPONSOR PARTNERS: 90

BREAKDOWN BY LOCATION:

MIDLANDS: 498,337 MEALS DISTRIBUTED (442 CHILDREN SERVED PER WEEK)

PER DEE: 53,480 MEALS DISTRIBUTED (48 CHILDREN SERVED PER WEEK)

GREENVILLE: 142,226 MEALS DISTRIBUTED (126 CHILDREN SERVED PER WEEK)

HARVEST HOPES KIDS CAFE CHILD FEEDING PROGRAM:

AT KIDS CAFE LOCATIONS, HARVEST HOPE PROVIDES FOOD TO PARTNERING

AGENCIES THAT IN TURN PREPARE MEALS AND SERVE TO CHILDREN AFTER SCHOOL.

IN FY17, HARVEST HOPE FOOD BANK PARTNERED WITH A CATERING KITCHEN TO

PROVIDE HOT MEALS TO KID CAFE LOCATIONS CARING FOR CHILDREN AFTER

SCHOOL THAT NEEDED AN ALTERNATIVE SOLUTION FOR HOT MEALS. IN ADDITION,

TO THE BENEFIT OF NOURISHING MEALS, THESE SITES ALSO PROVIDE THE CHANCE

FOR CHILDREN TO PARTICIPATE IN SAFE AND STRUCTURED AFTER-SCHOOL

EDUCATIONAL, RECREATIONAL AND SOCIAL ACTIVITIES SUCH AS HOMEWORK

SENIORS SERVED PER MONTH)

MIDLANDS: 853,233 MEALS DISTRIBUTED, 25,597 SENIORS SERVED (2,133

BREAKDOWN BY LOCATION:

TOTAL POUNDS OF FOOD DISTRIBUTED: 1,502,640

TOTAL SENIORS SERVED THROUGH CSFP PROGRAM: 37,566

TOTAL NUMBER OF MEALS DISTRIBUTED: 1,252,200

OF AGE OR OLDER.

PARTICIPANTS AT SELECTED FACILITIES, THE MAJORITY OF WHOM ARE 60 YEARS

MONTHLY NUTRITIOUS HUNGER RELIEF BOX (40 POUNDS) TO LOW-INCOME

PROVIDING FOR QUALIFIED SENIOR CITIZENS, HARVEST HOPE PROVIDES A

THROUGH THE COMMODITY SUPPLEMENTAL FOOD PROGRAM, USDA PROGRAMS

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

TOTAL COMMUNITY COLLABORATIONS: 65

TOTAL POUNDS OF FOOD DISTRIBUTED: 1,525,956

TOTAL SENIORS SERVED: 39,166

TOTAL MEALS SERVED: 1,271,630

HARVEST HOPE'S SENIOR HUNGER RELIEF PROGRAMS (CSFP + TOPES OF LOVE)

GREENVILLE: 800 MEALS DISTRIBUTED (40 CHILDREN SERVED PER YEAR)

PEE DEE: 3,960 MEALS DISTRIBUTED (359 CHILDREN SERVED PER YEAR)

MIDLANDS: 17,362 MEALS DISTRIBUTED (1,278 CHILDREN SERVED PER YEAR)

BREAKDOWN BY LOCATION:

TOTAL CHILDREN SERVED THROUGH KIDS CAFE PROGRAM: 1,677

ASSISTANCE AND TUTORING.

HARVEST HOPE FOOD BANK, INC.

Name of the organization

Employer identification number  
57-0725560

Name of the organization HARVEST HOPE FOOD BANK, INC.  
Employer identification number 57-0725560

PER DEE: 135,467 MEALS DISTRIBUTED, 4,064 SENIORS SERVED (339 SENIORS

SERVED PER MONTH)

GREENVILLE: 316,833 MEALS DISTRIBUTED, 9,505 SENIORS SERVED (792

SENIORS SERVED PER MONTH)

TOTES OF LOVE: HARVEST HOPES SIGNATURE SENIOR HUNGER PROGRAM

TOTES OF LOVE IS A GRANT-FUNDED OR OTHER INDIVIDUALLY SPONSORED PROGRAM

LAUNCHED BY HARVEST HOPE TO MEET HUNGER NEEDS OF SENIOR CITIZENS NOT

COVERED BY THE CSFP PROGRAM. TOTES OF LOVE PROVIDES A TOTE BAG (AVERAGE

WEIGHT OF 45 POUNDS) OF NUTRITIONALLY BALANCED FOOD TO SENIORS TWICE A

MONTH.

TOTAL MEALS SERVED: 19,430

TOTAL SENIORS SERVED: 1,608

TOTAL POUNDS OF FOOD DISTRIBUTED: 23,316

BREAKDOWN BY LOCATION:

MIDLANDS: 5,510 MEALS DISTRIBUTED; 38 SENIORS SERVED PER MONTH

PER DEE: 10,295 MEALS DISTRIBUTED; 71 SENIORS SERVED PER MONTH

GREENVILLE: 3,625 MEALS DISTRIBUTED; 25 SENIORS SERVED PER MONTH

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NO FOOD AT HOME, AFTER A BRIEF INTERVIEW PROCESS, HARVEST HOPE'S

CLIENTS LEAVE WITH FULL SHOPPING CARTS FILLED WITH A BALANCED AND

NOURISHING SUPPLY OF FOOD. IT IS OUR PHILOSOPHY THAT WE TRY TO GIVE

90-100 POUNDS OF FOOD PER PERSON, WHEN FOODS AND FUNDS ARE AVAILABLE.

BY DOING ALL OF THESE TOGETHER, THIS SHOULD COVER THEIR FOOD NEEDS FOR

ONE MONTH, THEREBY GIVING THEM TIME TO USE THE RESOURCES WE PROVIDED TO

HELP THEM OVERCOME HUNGER OR FOOD INSECURITY.



REFRIGERATED TRUCKS DELIVERS FRESH PRODUCE, MEAT, FROZEN ITEMS AND

MOBILE FOOD PANTRIES

3,174,360 POUNDS OF FOOD DISTRIBUTED

115,504 INDIVIDUALS SERVED

43,459 FAMILIES SERVED

FOOD EQUAL TO 2,645,300 MEALS DISTRIBUTED

GREENVILLE:

6,169,379 POUNDS OF FOOD DISTRIBUTED

171,436 INDIVIDUALS SERVED

57,549 FAMILIES SERVED

FOOD EQUAL TO 5,141,149 MEALS DISTRIBUTED

COLUMBIA (RICHLAND AND LEXINGTON COUNTIES):

12,610 POUNDS OF FOOD DISTRIBUTED

17,153 INDIVIDUALS SERVED

4,599 FAMILIES SERVED

FOOD EQUAL TO 10,508 MEALS DISTRIBUTED

PRE DEE:

EMERGENCY FOOD PANTRY SERVICE BY LOCATION:

POUNDS OF FOOD DISTRIBUTED TO 304,093 INDIVIDUALS.

EMERGENCY FOOD PANTRIES DIRECTLY SERVED 7,796,957 MEALS OR 9,356,349

IN 2017, HARVEST HOPE'S FOUR (COLUMBIA, CAYCE, FLORENCE AND GREENVILLE)

HARVEST HOPE FOOD BANK, INC.

Employer identification number  
57-0725560

ADDITIONAL SERVICE DELIVERY

TOTAL MEALS SERVED IN RESPONSE TO THE DISASTER: 1,449,836 ABOVE OUR

DISTRIBUTED MILLIONS OF MEALS TO THOSE IMPACTED BY THE DISASTERS.

IN RESPONSE TO HURRICANE MATTHEW IN SEPTEMBER OF 2016, HARVEST HOPE

DISASTER RELIEF SERVICE:

REACHED 2,505 FAMILIES

(MONTH)

GREENVILLE: 17 FOOD PANTRIES FOR 2017 (AVERAGE 1 FOOD PANTRIES PER

REACHED 15,655 FAMILIES

PER DEE: 98 FOOD PANTRIES FOR 2017 (AVERAGE 8 FOOD PANTRIES PER MONTH)

REACHED 44,460 FAMILIES

(MONTH)

MIDLANDS: 284 FOOD PANTRIES FOR 2017 (AVERAGE 24 FOOD PANTRIES PER

MOBILE FOOD PANTRY BREAKDOWN BY LOCATION:

AVERAGE NUMBER OF MOBILE FOOD PANTRIES CONDUCTED PER MONTH: 33

TOTAL NUMBER OF FAMILIES SERVED: 62,620

TOTAL HARVEST HOPE MOBILE FOOD PANTRIES DURING 2017: 399

SCHEDULED DELIVERIES INTO THESE POCKETS OF POVERTY.

COMMUNITY LEADERS TO DETERMINE SITES AND COORDINATES REGULARLY

AND VEGETABLES. HARVEST HOPE WORKS WITH LOCAL FAITH PARTNERS AND

ALSO CONDUCTS PRODUCE DROPS TO THESE COMMUNITIES PROVIDING FRESH FRUITS

FOOD SOURCES ARE SCARCE IN SOUTH CAROLINA. IN ADDITION, HARVEST HOPE

DAIRY FOODS, BREAD, PASTA AND NON-PERISHABLE FOOD TO COMMUNITIES WHERE

HARVEST HOPE FOOD BANK, INC.

Name of the organization

57-0725560

Employer identification number

FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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

BUDGETED NUMBERS. ALL DISCUSSIONS ARE DOCUMENTED.

CEO HAS FINAL AUTHORITY IN SETTING THE SALARIES WITHIN THE BOARD DIRECTED

SALARY SURVEYS, FROM CD AMERICA. THE RESEARCH IS POSITION SPECIFIC. THE

ALL OTHER'S SALARIES ARE BASED ON INFORMATION GIVEN BY HUMAN RESOURCES FROM

REVIEW AND THE BUDGET SET BY THE BOARD. ALL DISCUSSIONS ARE DOCUMENTED.

EXECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION BASED ON AN ANNUAL

FEEDBACK ON THE EXECUTIVE DIRECTOR'S COMPENSATION IN A WRITTEN REPORT. THE

THE BOARD ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT WHO PROVIDED

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

DISCUSSION AND/OR VOTE ON THE MATTER IN QUESTION.

EVENT OF A POTENTIAL CONFLICT, THAT PERSON WILL RECUSE THEMSELVES FROM ALL

THE BOARD REVIEWS THE ANNUAL DISCLOSURES SUBMITTED BY EACH MEMBER. IN THE

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

RECEIVES A COPY OF THE 990 PRIOR TO FILING.

COPY OF THE FORM TO THE AUDIT COMMITTEE FOR APPROVAL. THE FULL BOARD

A DRAFT COPY OF FORM 990 IS REVIEWED BY THE CFO WHO DISTRIBUTES A DRAFT

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

HARVEST HOPE FOOD BANK, INC.

Name of the organization

Employer identification number  
57-0725560





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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						



