

Department of Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2015
Notice date	May 23, 2016
Employer ID number	46-5385534
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Page 1 of 1	

203368.508366.415579.25042 1 AT 0.399 373



AFTER THE HARVEST 406 W 34TH ST STE 816 KANSAS CITY MO 64111-7511

203368

Important information about your December 31, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do				
December 31, 2015 Form 990. Your new due date is August 15, 2016.	File your December 31, 2015 Form 990 by August 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.				
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.				
Additional information	 Visit www.irs.gov/cp211a. For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676). Keep this notice for your records. 				
	If you need assistance, please don't hesitate to contact us.				

PUBLIC DISCLOSURE COPY

	EXTENDED	TO	AUGUST	15,	2016
oturn	of Organiza	atio	n Evom	nt E	rom In

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

Department of the Treasury Internal Revenue Service

Form **990**

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.



AI	or the	e 2015 calendar year, or tax year beginning and	ending			
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	AFTER THE HARVEST				
	Name	e Doing business as		46-5	385534	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
	Final	406 W 34TH ST.	816	816-	921-1903	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,266,225.	
	Amen return	LANSAS CITI, MO 04111		H(a) Is this a group re	eturn	
	Applic tion	^{a-} F Name and address of principal officer:LISA OUSLEY		for subordinates	?Yes X No	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in		
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () ┥ (insert no.) 🗌 4947(a)(1)	or 527		list. (see instructions)	
J	Websi	te: WWW.AFTERTHEHARVESTKC.ORG		H(c) Group exemption	n number 🕨	
K	Form of	organization: 🗶 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year		I State of legal domicile: MO	
Pa	art I	Summary				
Ø	1	Briefly describe the organization's mission or most significant activities: AFTE	R THE	HARVEST'S M	ISSION IS	
nce		TO PREVENT HUNGER AND WASTE BY RESCUING	EXCESS	FRESH PROD	UCE AND	
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)				
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)		7		
		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5		
		Total number of volunteers (estimate if necessary)			1300	
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
4		Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)	1,047,360.	1,262,783.		
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
Ē		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-952.	196.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,046,408.	1,262,979.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	603,431.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	100000	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,225.	200,306.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) > 29, 5				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		820,230.	233,362.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		893,455.	1,037,099.	
	19	Revenue less expenses. Subtract line 18 from line 12		152,953.	225,880.	
or			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		189,400.	407,578.	
t As	21	Total liabilities (Part X, line 26)		36,447.	28,745.	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		152,953.	378,833.	
Pa	art II	Signature Block				
Und	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y 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	Signature of officer		08/01/2016 Date			
Here	LISA OUSLEY, EXECUTIVE DIRECTOR Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN			
Paid	SUSAN KENNEY	Preparer's signature	7)29/20/4 self-employed P00861599			
Preparer	Firm's name 🕨 SUSAN KENNEY, CP	A	Firm's EIN 58-2273748			
Use Only						
ALPHARETTA, GA 30005-8788 Phone no. (770)751-6805						
May the IRS discuss this return with the preparer shown above? (see instructions)						
532001 12-	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2015) AFTER THE HARVEST	46-5385534 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	AND WACHE BY DECOUTIO
	AFTER THE HARVEST'S MISSION IS TO PREVENT HUNGER EXCESS FRESH PRODUCE AND DISTRIBUTING IT TO ORGAN	
	HUNGRY PEOPLE. WE ARE A NONPROFIT ORGANIZATION S	
	CITY, PRIMARILY, AND THE STATES OF KANSAS AND MI	
2	Did the organization undertake any significant program services during the year which were not li	
-	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest progra	m services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others, the total expenses, and
	revenue, if any, for each program service reported.	
la	(Code:) (Expenses \$ 705,931. including grants of \$ 506,3	94 •) (Revenue \$
	PRODUCE PROCUREMENT PROGRAM: AFTER THE HARVEST (7)	
	COMMERCIAL PRODUCERS (FARMERS, GROWERS, PRODUCE]	
	TRUCKERS, ETC.) TO ACQUIRE PRODUCE DONATIONS IN 3	
	THEM TRANSPORTED TO FOOD BANKS IN MISSOURI AND K.	
	HARVESTERS - THE COMMUNITY FOOD NETWORK, IN KANS	
	DONATED, BUT AFTER THE HARVEST PAYS FOR PACKAGIN	-
	WHICH GENERALLY AVERAGE 8-10 CENTS PER POUND. AT	
	PRODUCE TRANSPORT COMPANIES WHOSE DRIVERS CONTACT	
	PRODUCE THAT HAS BEEN REJECTED AT THE POINT OF S.	
	HAS BEEN REJECTED FOR REASONS THAT HAVE NOTHING	TO DO WITH ITS
	VIABILITY.	
	242 047 07 0	ол
1b		37.) (Revenue \$ WITH REGIONAL FARMERS
	AND GROWERS TO GATHER FRESH PRODUCE LEFT BEHIND	
	ACTIVITY IS CALLED GLEANING. GLEANING IS AN ANCI	
	IN WHICH POOR AND HOMELESS PEOPLE WERE INVITED IN	
	ORCHARDS AND VINEYARDS TO COME BEHIND FIELD HAND	
	CROPS AND GATHER WHAT HAD BEEN LEFT BEHIND SO TH	
	AND FEED IT TO THEIR FAMILIES. ATH HAS TRANSFORM	
	FUN VOLUNTEER ACTIVITY (WITH MORE THAN 1,000 VOL	
	WHICH ATH FIELD SUPERVISORS WORK WITH TEAMS OF V	
	FIELDS AND ORCHARDS THAT HAVE ALREADY BEEN HARVE	
	GLEANING PROGRAM, AFTER THE HARVEST PROVIDED 216	
	FRUITS AND VEGETABLES TO AREA FOOD BANKS AND FEE	DING AGENCIES IN 2015.
c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
1e	Total program service expenses ► 948,878.	- 000
32002	SEE SCHEDULE O FOR CONTIN	Form 990 (2015
2-16-	15 SEE SCREDULE O FOR CONTIN	
70	801 791918 ATH 2015.04010 AFTER THE HAR	VEST ATH 1
10	OUL /JIJIO ATH ZUID.U4UIU AFTER THE HAR	VEST ATH1

Form 990 (2015) AFTER THE HA
Part IV Checklist of Required Schedules AFTER THE HARVEST

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

Form **990** (2015)

532003 12-16-15

Form 990 (2015)	AFTER	\mathbf{THE}	HARVEST
Part IV	Checklist of	Required S	Schedu	lles (continued)

AFTER THE HARVEST

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	21	Х	
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			x
	Schedule K. If "No", go to line 25a	24a		_ A
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		200		
	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	25b		x
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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	_ A
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	—		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2015)

532004 12-16-15

Form	990 (2015) AFTER THE HARVEST 46-5385	534	Р	age 5
Pa				0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for 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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	000	10015

Form 990	(2015)
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532005 12-16-15

AFTER THE HARVEST

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				
Sect	tion A. Governing Body and Management				-
		1 1	7	Yes	1
	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		
6	Did the organization have members or stockholders?		6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a				Ι
	more members of the governing body?		7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				I
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				t
	The governing body?		8a	х	I
	Each committee with authority to act on behalf of the governing body?			X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			<u> </u>	┦
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	
Ωa	Did the organization have local chapters, branches, or affiliates?		10a	100	
	If "Yes," did the organization have written policies and procedures governing the activities of such c		. 104		
			10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			x	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	before ming the form?	11a	- 23	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	1
		a ta aanfliataQ		X	┨
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. 12b		┨
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			v	
	in Schedule O how this was done			X X	4
	Did the organization have a written whistleblower policy?			<u> </u>	4
	Did the organization have a written document retention and destruction policy?		. 14		
	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official			X	
	Other officers or key employees of the organization		. 15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		. 16a		l
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		. 16b		
ect	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s onl	y) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		and finan	cial	
	statements available to the public during the tax year.	er interest policy, i		5.4	
	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records.			
	GLALE THE HATTE, AUGUESS, AND LEIEDHUTHE TUTTIDET OF THE DEISON WHO DOSSESSES THE ORDANIZATION'S DO	ours and records.			
0					
0	LISA OUSLEY - 816-921-1903				
20	LISA OUSLEY - 816-921-1903 406 W 34TH ST, STE 816, KANSAS CITY, MO 64111		Form		. /
20	LISA OUSLEY - 816-921-1903		Form	1 990) (

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck	more erson	than is bot	than one is both an compensation		(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SALLY LUCK PRESIDENT	3.50	x				L		ο.	0.	0.
(2) MARK SMITH	1.00							0.	••	
BOARD MEMBER	1.00	x						0.	0.	0.
(3) JIM MERRILL	3.00							•••	•••	
PRESIDENT-ELECT		х		x				0.	0.	0.
(4) CHRISTINA MARTIN	3.00									
BOARD MEMBER		x						0.	0.	0.
(5) LISA OUSLEY	50.00									
EXECUTIVE DIRECTOR		Х		X				68,841.	0.	14,263.
(6) JANE SMELTZER	4.00									
TREASURER		Х		Х				0.	0.	0.
(7) VICKIE HARRIS	2.00									_
SECRETARY		Х		X				0.	0.	0.
(8) MICHAEL LEVINE	0.50	.,							0	0
DIRECTOR		X						0.	0.	0.
						1	L			Form 990 (2015)

Form 990 (2015)

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	990 (2015)			E HARVES								46-5	385	534	Pa	age 8
Par	t VII Secti	on A. Officers, Director	r s, Trus		ploy	vees,			ghe	st C						
		(A) Name and title		(B) Average hours per week (list any	box offi	not cl , unles cer an	ss pei	ition more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on 1 s	other s compensati		of
				hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC) from th organizat and relat organizat		anizati d relat	ion ed
	Sub-total	continuation sheets to	Part VI	I, Section A							68,841. 0.		0.		4,2	0.
d 2		ines 1b and 1c) er of individuals (includin								> 10 r	68,841. eceived more than \$100	,000 of reportab	0. le	1	4,2	63.
	compensati	on from the organizatior	ו 🕨												Yes	0 No
3	-	anization list any former Yes, " complete Schedule									highest compensated e			3	163	x
4		vidual listed on line 1a, is organizations greater th			le co	ompe	ensa	ation	n and	d otl	her compensation from			4		х
5	rendered to	son listed on line 1a rece the organization? <i>If</i> "Ye.						-			-			5		х
<u> </u>		bendent Contractors his table for your five hig	hest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organiza	ation. Report compensat	tion for (A)	the calendar y	ear	endi	ng w	vith	or w	ithir I	n the organization's tax (B)	year.	(C)			
		Name and bi		address	N	ONE	2			_	Description of s	ervices	Compensation		n	
										-						
2		er of independent contra f compensation from the	•	•	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				
														Form	990 (2	2015)

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12-16-15	

Ра	rt VI					
		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
Contributions, Gifts, Grants and Other Similar Amounts	t c c f	a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 17,560 d Related organizations 1d 1d e Government grants (contributions) 1d 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,245,223 g Noncash contributions included in lines 1a-1f: \$ 603,431				
0.0	r	n Total. Add lines 1a-1f Business Cod				
Program Service Revenue	e			0		
<u>д</u>		All other program service revenue				
	3 4 5	 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 				
	t c	(i) Real (ii) Personal a Gross rents				
	7 a	A Net rental income or (loss) Gross amount from sales of assets other than inventory				
	c	 Less: cost or other basis and sales expenses Gain or (loss) 				
Other Revenue		A Net gain or (loss) Gross income from fundraising events (not including \$ 17,560. of contributions reported on line 1c). See Part IV, line 18 a 3,442	•			
Othe	k	b 3,246				
U		 Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a 	. 196.			196.
	c	 b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns 	•			
	k	and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶	-			
		Miscellaneous Revenue Business Coo	de			
	11 a	a				
	k					
	c					
		All other revenue Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	1,262,979.	0.	0.	196.
53200	9 12-1		, , _ , _ , _ , _ ,			Form 990 (2015)

AFTER THE HARVEST

Form 990 (2015)

532009 12-16-15

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AFTER THE HARVEST

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	/ • • •			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	603,431.	603,431.		
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,	04 054	10 500		1.5
	trustees, and key employees	84,951.	42,632.	25,328.	16,991.
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	90,188.	83,655.	3,267.	3,266.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,953.	12,873.		80.
10	Payroll taxes	12,214.	9,126.	1,780.	1,308.
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,000.		1,000.	
С	Accounting	14,881.		14,881.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		1 5 4 9	24.6	
	column (A) amount, list line 11g expenses on Sch 0.)	2,089.	1,548. 2,554.	316.	225.
12	Advertising and promotion	2,554.	2,554.	2 1 1 4	0.0.0
13	Office expenses	8,496.	4,394.	3,114.	988.
14	Information technology	13,152.	9,481.	2,416.	1,255.
15	Royalties	14 070	10 740	2 000	1 1 0 4
16	Occupancy	14,972.	10,749.	3,099.	1,124.
17	Travel	3,957.	2,654.	599.	704.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 207		257	100
22	Depreciation, depletion, and amortization	1,697.	1,257.	257.	183.
23		3,034.	1,038.	1,845.	151.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PACKAGING AND FREIGHT	153,011.	153,011.		
b	GLEANING EXPENSE	8,610.	8,610.		
С	SPECIAL EVENTS AND FUND	2,510.			2,510.
d	PAYROLL PROCESSING	1,162.	861.	176.	125.
е	All other expenses	2,237.	1,004.	598.	635.
25	Total functional expenses. Add lines 1 through 24e	1,037,099.	948,878.	58,676.	29,545.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

532010 12-16-15

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Check here

if following SOP 98-2 (ASC 958-720)

10 2015.04010 AFTER THE HARVEST

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 Form 990 (2015)
 AFTER
 THE
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 Part X
 Balance Sheet

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el					
le O contains a response or no	ote to any	/ line in this Part X			
			(A) Beginning of year		(B) End of year
est-bearing			37,733.	1	183,110.
porary cash investments				2	
nts receivable, net			145,367.	3	197,726.
able, net			6,300.	4	1,600.
receivables from current and f					
ployees, and highest compens	sated em	ployees. Complete			
ile L				5	
receivables from other disqual	lified per	sons (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					
ficiary organizations (see instr)). Comple	ete Part II of Sch L		6	
receivable, net		Г		7	
ale or use		Г		8	
s and deferred charges				9	1,813.
and equipment: cost or other		Γ			
Part VI of Schedule D	10a	23,326.			
ed depreciation	10b	1,697.	0.	10c	21,629.
blicly traded securities				11	
ner securities. See Part IV, line				12	
ogram-related. See Part IV, line				13	
s				14	
e Part IV, line 11			0.	15	1,700.
ld lines 1 through 15 (must equ			189,400.	16	407,578.
le and accrued expenses			36,447.	17	28,745.
				18	
e				19	
d liabilities				20	
dial account liability. Complete				21	
payables to current and forme	er officers	s, directors, trustees,			
nighest compensated employe	es, and	disqualified persons.			
of Schedule L				22	
ges and notes payable to unrel				23	
s and loans payable to unrelate	ed third p	parties		24	
ncluding federal income tax, pa	ayables t	o related third			
r liabilities not included on line	s 17-24).	Complete Part X of			
				25	
Add lines 17 through 25			36,447.	26	28,745.
hat follow SFAS 117 (ASC 95	8), checl	k here ▶ 🚺 and			
27 through 29, and lines 33 a	nd 34.				
assets			-47.	27	35,121.
icted net assets			153,000.	28	343,712.
tricted net assets		<u></u>		29	
hat do not follow SFAS 117 (A	ASC 958), check here 🕨 📃			
nes 30 through 34.					
trust principal, or current funds	s			30	
surplus, or land, building, or e	quipmen	t fund		31	
s, endowment, accumulated ir	ncome, c	or other funds		32	
or fund balances				33	378,833.
			189,400.	34	407,578. Form 990 (2015)
js, endow or fund b	ment, accumulated in alances	ment, accumulated income, c	alances	ment, accumulated income, or other funds	ment, accumulated income, or other funds

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Form	1990 (2015) AFTER THE HARVEST	46-53	85534	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,262	2,9	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,037	7,0	99.
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152	2,9	53.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	378	3,8	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2015)

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB NO. 1545-0047
2015
Open to Public

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Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.	
rmation about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.	gov/forr

	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.I/S.gov/torm990.								
Nan	ne of		R THE HARV					4	identification number $6-5385534$
Pa	rt I	Reason for Public	Charity Status (/	All organizations must c	omplete th	is part.) Se	e instruction	S.	
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	Ľ	A church, convention of ch					I)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)								
3									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
•	city, and state:								
5		An organization operated f	or the benefit of a co	llege or university owne	d or operat	ted by a d	overnmental	unit describ	ed in
5		section 170(b)(1)(A)(iv). (0				icu by a g	overnmentar		
6				nontal unit described in	contion 17	70(6)(4)(4)	(A)		
6	H	A federal, state, or local go	-						un de la carde a dia
7		An organization that norma		initial part of its support	from a gov	ernmental	unit or from	ine general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	X	A community trust describe							
9		An organization that norma	•	•	•			•	•
		activities related to its exer							
		income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Co	• •						
10	\square	An organization organized	-						
11		An organization organized							
		more publicly supported or							heck the box in
	_	lines 11a through 11d that	•••			-		-	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or trust	ees of the s	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionall	y integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	orted organi	zation(s)
		that is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attenti	veness
	_	requirement (see instruct	tions). You must con	nplete Part IV, Section	s A and D,	and Part	V.		
е		Check this box if the organication	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ent	er the number of supported	organizations						
g		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	n your	(v) Amount o	-	(vi) Amount of
		organization		above (see instructions))	governing o	document?	support instruct	-	other support (see instructions)
					Yes	No	Instruct	.10115)	linstructionsj

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

13 2015.04010 AFTER THE HARVEST

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 AFTER THE HARVEST

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

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

Calendar year (or filecal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (c) 2015 (f) Total (c) 2011 (b) 2012 (c) 2013 (c) 2014 (c) 2015 (f) Total (c) 2015 (c) 7014 (c) 2015 (c) 70	Section A. Public Support							
membership fees received. (Do not include any "unsual grants.") 2 Tax revenues levied for the organ- ization's benefit and ether 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 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 threak exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsect line 5 for two Section B. Total Support Cleardary set (or fissel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (o) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from indued abusiness activities, whether or not the business is regularly carried on or loss from heasel of capital assets (Explain in Part VI). 10 Other income. Do not include gain or loss from related activities, etc. (site instructions) 11 Total support Percentage for 2015 (line) Support Percentage Section C. Computation of Support Percentage for 2015 (line) Support Percentage 14 Public support percentage for 2015 (line) Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line) Support Percentage 14 Public support percentage for 2015 (line) Support Percentage 14 Public support percentage for 2015 (line) Support Percentage 15 Public support percentage for 2015 (line) Support Percentage 15 A 13% support test - 2015 (line) Support Percentage 16 33 1/3% support test - 2015 (line) Support Percentage for 2015 (line) Support Percentage 15 A 14 be organization qualifies as a publicly supported organization 16 A 15 A 15 A 15 A 17 A 10	Calendar year (or fiscal year beginning in)	• (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
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 L	18 Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17				

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 AFTER THE HARVEST

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

(Complete only if you checked the box on line 9 of Part I 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")				1047360.	1262782.	2310142.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5				1047360.	1262782.	2310142.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						Ο.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year					942,348.		
c	Add lines 7a and 7b				743,338.	942,348.	1685686.	
	Public support. (Subtract line 7c from line 6.)						624,456.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6	4			1047360.	1262782.	2310142.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-952.	196.	-756.	
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)				1046408.	1262978.	2309386.	
	First five years. If the Form 990 is for	r the organization's	s first. second. thi	rd. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ation.	
	check this box and stop here	e e		, , ,	2		N V	
Se	ction C. Computation of Publ							
15	Public support percentage for 2015 (line 8, column (f) di	ivided by line 13,	column (f))		15	%	
	Public support percentage from 2014					16	%	
	ction D. Computation of Inve			•				
17	Investment income percentage for 20)15 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from 2	2014 Schedule A,	Part III, line 17			18	%	
19 a	19a 33 1/3% support tests - 2015. 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							
k	33 1/3% support tests - 2014. If the	organization did n	ot check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	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	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions		
5320	23 09-23-15				Sche	edule A (Form 990	or 990-EZ) 2015	
				15				

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2015

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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	C 1		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
F	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
α	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	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 AFTER THE HARVEST

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjus	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	m capital gain	1		
2 Recoveries of	f prior-year distributions	2		
3 Other gross	ncome (see instructions)	3		
4 Add lines 1 t		4		
5 Depreciation	and depletion	5		
6 Portion of op	erating expenses paid or incurred for production or			
collection of	gross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
7 Other expension	ses (see instructions)	7		
8 Adjusted Ne	t Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minim	um Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	ir market value of all non-exempt-use assets (see			
instructions	or short tax year or assets held for part of year):			
a Average mor	thly value of securities	1a		
b Average mor	thly cash balances	1b		
c Fair market v	alue of other non-exempt-use assets	1c		
d Total (add lir	les 1a, 1b, and 1c)	1d		
e Discount cla	imed for blockage or other			
factors (expl	ain in detail in Part VI):			
2 Acquisition in	ndebtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d	3		
4 Cash deeme	d held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t,		
see instruction	ons).	4		
5 Net value of	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	5 by .035	6		
7 Recoveries of	f prior-year distributions	7		
8 Minimum As	set Amount (add line 7 to line 6)	8		
Section C - Distril	outable Amount			Current Year
1 Adjusted net	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% o	f line 1	2		
3 Minimum ass	et amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater	of line 2 or line 3	4		
5 Income tax in	nposed in prior year	5		
6 Distributabl	e Amount. Subtract line 5 from line 4, unless subject to			
emergency t	emporary reduction (see instructions)	6		
7 Check	here if the current year is the organization's first as a non-function	anally into are	tod Type III eyepporting are	

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	janizations <u>(continued)</u>					
Secti	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	ns						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	/e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
C								
d	From 2013							
e	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>								
b	Fundamentary 0010							
	Excess from 2013							
	Excess from 2014							
е	Excess from 2015							

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 AFTER THE HARVEST

	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section Iine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
2028 09-23-	-15 Schedule A (Form 990 or 990-E
zuza U9-23-'	

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

 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 www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

46-5385534

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

AFTER THE HARVEST

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Name o	f orgar	nization
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AFTER	THE HARVEST		46-5385534
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$7,5	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$ 100,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$ <u>170,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$15,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
6			Person X Pavroll

Noncash

(Complete Part II for noncash contributions.)

175,000.

523452 10-26-15

22 2015.04010 AFTER THE HARVEST

\$

Name o	f orgar	nization
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AFTER THE HARVEST

46-5385534

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 11,693. Noncash X (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person Payroll X 13,824. Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 11 Person Payroll X 6,143. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 Person Payroll 7,807. Noncash X \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 23 16170801 791918 ATH 2015.04010 AFTER THE HARVEST ATH____1

Name of organization

Page **2** Employer identification number

AFTER THE HARVEST

46-5385534

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>13</u>	Name, auuress, anu ZIP + 4	\$6,556.	Person Payroll Noncash X
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		<u>\$ 233,256.</u>	Payroll Noncash X (Complete Part II for noncash contributior
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>15</u>		\$ <u>5,003.</u>	Person Payroll Noncash X (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u> 16 </u>		\$114,648.	Person Payroll Noncash X (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>17</u>		\$42,224.	Person Payroll Noncash X (Complete Part II for noncash contributior
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>18</u>		\$22,454.	Person Payroll Noncash X (Complete Part II for noncash contribution

Name of organization

Employer identification number

46-5385534

AFTER THE HARVEST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$ <u>21,291.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,981.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,810.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>20,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
525752 10-20	25		,,

2015.04010 AFTER THE HARVEST

Name of organization

Page 2 Employer identification number

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AFTER THE HARVEST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26	26		990, 990-EZ, or 990-PF) (2015
L70801	. 791918 ATH 2015.04010 AFTER 1	I'HE HARVEST	ATH1

2015.04010 AFTER THE HARVEST

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AFTER THE HARVEST

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
9	21,738 LB OF PRODUCE	-	
		\$11,693.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	25,699 LB OF PRODUCE	\$13,824.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	11,420 LB OF PRODUCE	\$6,143.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	14,514 LB OF PRODUCE	\$ <u>7,807.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	12,188 LB OF PRODUCE	\$6,556.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	1,638,934 LB OF POTATOES	- - \$ 233,256.	
3453 10-26	A-15		90, 990-EZ, or 990-PF

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AFTER THE HARVEST

16170801 791918 ATH

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
15	9.301 LB OF PRODUCE	_	
		\$5,003.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	213,131 LB. OF PRODUCE	\$114,648.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	78,495 LB OF PRODUCE	\$42,224.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18	41,742 LB OF PRODUCE	\$22,454.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	39,580 LB OF PRODUCE	\$21,291.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20	31,568 LB OF PRODUCE	-	
3453 10-26		\$16,981.	90, 990-EZ, or 990-PF) (

2015.04010 AFTER THE HARVEST

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AFTER THE HARVEST

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
	12,659 LB OF PRODUCE		
-		\$6,810.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- -		\$	000 57 000 57
23453 10-26-15	29	Schedule B (Form 9	990, 990-EZ, or 990-PF)

Page 3

nrt III	THE HARVEST Exclusively religious, charitable, etc., co	ntributions to organizations described in se	46-5385534 ection 501(c)(7), (8), or (10) that total more than \$1,000 to
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religi	e columns (a) through (e) and the following	line entry. For organizations
	Use duplicate copies of Part III if additio	onal space is needed.	or the year. (Enter this into. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. om art I			
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
-	······, ····· ····,		

2015.04010 AFTER THE HARVEST

ATH____1

	HEDULE D n 990)		anization answer	al Statements red "Yes" on Form 990, 1d, 11e, 11f, 12a, or 12			OMB No. 154	15
	ment of the Treasury I Revenue Service	Information about Schedule D (For Information about Schedule D)	Attach to Form 9	90.		orm990.	Open to Inspection	
-	e of the organizati						yer identification	number
		AFTER THE HARVEST					46-53855	34
Pa		ations Maintaining Donor Advise		ther Similar Funds	s or A	ccount	S.Complete if the	Э
	organizatio	n answered "Yes" on Form 990, Part IV, lir						
	-		(a) Donor	advised funds	()	5) Funas	and other accour	nts
1		nd of year						
2 3		f contributions to (during year)		_				
4		f grants from (during year) t end of year						
5		on inform all donors and donor advisors in			ed fun	de		
Ũ	-	on's property, subject to the organization's	-				Yes	No
6		on inform all grantees, donors, and donor a						
		oses and not for the benefit of the donor of		-				
	impermissible priv	ate benefit?					🖸 Yes	No No
Pa	t II Conserv	ation Easements. Complete if the org	ganization answer	ed "Yes" on Form 990, I	Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that	apply).				
	Preservation	of land for public use (e.g., recreation or e	education)	Preservation of a hist	orically	importan	nt land area	
		f natural habitat		Preservation of a cert	ified his	storic stru	ucture	
		of open space						
2		through 2d if the organization held a quali	fied conservation	contribution in the form	of a co			
	day of the tax year						eld at the End of the	e lax Year
		onservation easements				2a		
b	•			(5)		2b 2c		
c c		vation easements on a certified historic str vation easements included in (c) acquired				20		
u		nal Register				2d		
3		vation easements modified, transferred, re					uring the tax	
	year ►	, ,	, , ,	,,,,,,				
4	Number of states	where property subject to conservation ea	sement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring,	inspection, handling of				
	violations, and enf	orcement of the conservation easements i	it holds?				Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	, handling of violat	ions, and enforcing cons	servatio	on easem	ents during the y	ear
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conserva	ation ea	sements	during the year	
	▶\$		•	Ū			0 1	
8	Does each conser	vation easement reported on line 2(d) above	ve satisfy the requ	irements of section 170	(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?					Yes	No No
9	In Part XIII, describ	be how the organization reports conservat	ion easements in i	ts revenue and expense	e staten	nent, and	l balance sheet, a	Ind
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial sta	tements that describes	the org	anization	n's accounting for	
De	conservation ease		f Aut Llistauis		there	Similar	Acceto	
Pa		ations Maintaining Collections o	-	-	ther a	Similar	Assets.	
		the organization answered "Yes" on Form						
Ia	°	elected, as permitted under SFAS 116 (As s, or other similar assets held for public ex						
		note to its financial statements that descr		, or research in furthera			i vice, provide, iri	r art An,
b		elected, as permitted under SFAS 116 (AS		in its revenue statemen	t and b	alance sh	neet works of art.	historical
		similar assets held for public exhibition, e						
	relating to these it		,	···· •· •		, e		
	•	ded on Form 990, Part VIII, line 1				▶ \$		
		ed in Form 990, Part X				▶ \$		
2		received or held works of art, historical tre				provide		
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) rela	ting to these items:				
а	Revenue included	on Form 990, Part VIII, line 1				▶ \$_		
b	Assets included in	Form 990, Part X				▶ \$		
LHA 53205 11-02-		eduction Act Notice, see the Instruction	s for Form 990.			Sc	hedule D (Form	990) 2015

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2015.04010	AFTER	THE	HARVEST

-		HE HARVEST				385534 _{Page}	; 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, or O	ther Similar As	sets(continued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	e following that are	a significant use of i	ts collection items	
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's e	exempt purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other sim	nilar assets		
	to be sold to raise funds rather than to be ma						ю
Pa	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes"	on Form 990, Part	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributic	ons or other assets i	not included		
	on Form 990, Part X?				l	Yes N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amount	
	Beginning balance						
	Additions during the year						
	Distributions during the year						
	Ending balance				If		
	Did the organization include an amount on F					Yes N	lo
	If "Yes," explain the arrangement in Part XIII.						
Pa	rt V Endowment Funds. Complete i				1		<u>.</u>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years bac	;K
1a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
	Administrative expenses						
g	End of year balance			(-)) -			
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) neid as:			
a L	Board designated or quasi-endowment	0/					
b	Permanent endowment	%					
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho						
20	Are there endowment funds not in the posse		ation that are hold	and administered fo	r the organization		
Ja		ssion of the organiza	alloff that are new		or the organization	Yes N	_
	by: (i) unrelated organizations					3a(i)	<u> </u>
	(i) unrelated organizations(ii) related organizations						
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R	?		3b	
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •			
<u> </u>	t VI Land, Buildings, and Equipm	<u> </u>					
	Complete if the organization answere). Part IV. line 11a.	See Form 990. Parl	X. line 10.		
	Description of property	(a) Cost or of	ther (b) Cos	st or other (c	Accumulated	(d) Book value	
<u> </u>		basis (investn	Dasis	s (other)	depreciation		
	Land						
	Buildings						
	Leasehold improvements			8,736.	951.	7,785	
	Equipment			14,590.	746.	13,844	
	Other				/40.	21,629	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	x, column (B), line	1UC.)	🕨 📗	41,029	′ •

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 AFTER THE H	ARVEST		46-5385534 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B) (C)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must actual Form 000 Port X, col. (D) line	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	; 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X lir	ne 25
1. (a) Description of liability		(b) Book value	10 20.
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check	here if the text of the footnote has b	
			Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 AFTER THE HARVEST			46-	5385534 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	1,405,479.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	142,500.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	142,500.
3	Subtract line 2e from line 1			3	1,262,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,262,979.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,179,599.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	142,500.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	142,500.
3	Subtract line 2e from line 1			3	1,037,099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,037,099.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

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 SUSTAINED UPON					
EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX					
POSITIONS TAKEN OR EXPECTED TO BE TAKEN AND HAS CONCLUDED THAT AS OF					
DECEMBER 31, 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN THAT WOULD					
REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE					
FINANCIAL STATEMENTS.					

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	Schedule D (Form 99	0) 2015
532055 09-21-15	35	

SCHEDULE G	Suppleme	ntal Information Regarding	Eundra	aisina or	Gamina	Activ		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form 990), Part IV, I	ines 17, 18,	or 19		2015
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 990) or Form	990-EZ.				Open to Public
Name of the organization		bout Schedule G (Form 990 or 990-EZ	and its in	structions is	s at WWW.irs.	gov/fc		Inspection entification number
Name of the organization		HE HARVEST					46-5385	
	complete this par	Complete if the organization answe t.	ered "Yes	" on Form !	990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations	s f	tion of no tion of go fundraisi	n-governm vernment g ng events	ent grants grants			
key employees list b If "Yes," list the ter	ed in Form 990, P n highest paid indi	or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	profession	al fundrais	ing services?	?	Ye:	
compensated at le	east \$5,000 by the	organization.						1
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraise have custo or control contribution	of from	oss receipts n activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes N					
Total			•					
	ich the organizatio	on is registered or licensed to solicit	contributi	ons or has	been notifie	d it is	exempt from I	registration
g.								

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

 Schedule G (Form 990 or 990-EZ) 2015
 AFTER
 THE
 HARVEST
 46-5385534
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 HARVEST	(b) Event #2 3D ANIMATED	events with gross recei (c) Other events NONE	(d) Total events (add col. (a) through
			HAPPY HOUR	FRACTAL EXPE	(total number)	col. (c))
			(event type)	(event type)	(lotal number)	
	1	Gross receipts	16,919.	4,083.		21,002
:	2	Less: Contributions	13,477.	4,083.		17,560
	3	Gross income (line 1 minus line 2)	3,442.			3,442
	4	Cash prizes			A	
		Noncash prizes		100		4.0.0
	6	Rent/facility costs		406.		406
	7	Food and beverages	1,563.	99.		1,662
	0	Entortoinmont				
	8 9	Entertainment Other direct expenses				1,178
		Direct expense summary. Add lines 4 throug			•	3,246
1		Net income summary. Subtract line 10 from	line 3. column (d)			196
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
	4		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue			(c) Other gaming	
					(c) Other gaming	
:	3	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
	3 4	Cash prizes		bingo/progressive bingo		
:	3 4 5	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	col. (a) through col. (
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	└── Yes% └── No	col. (a) through col. (
	3 4 5 7	Cash prizes	Yes% No No	bingo/progressive bingo	└── Yes% └── No	col. (a) through col. (
	3 4 5 6 7 8	Cash prizes	Yes% No 1 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo	└── Yes% └── No	col. (a) through col. (
	3 4 5 6 7 8 ≣nt	Cash prizes	yes% No ↑ from line 1, column (d) ↓ ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (c
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2015 AFTER THE HARVEST	46-5385534 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
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?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	rds:
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount
	of gaming revenue retained by the third party ▶\$	
c	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Nama	
	Name	
	Gaming manager compensation > \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
De	organization's own exempt activities during the tax year s s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	
Гd	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	Part III, lines 9, 90, 100, 150,
	TSC, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
5000		C (Earm 900 or 900 E7) 9045
o320	83 09-14-15 Schedule 38	G (Form 990 or 990-EZ) 2015

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532084 04-01-15	Schedule G (Form 990 or 990-E
	39

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SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth vernments, an lete if the organization	d Individual	s in the Un on Form 990, Pa	ited States		OMB No. 1545-0047 2015 Open to Public
Internal Revenue Service	Informat	ion about Schedule I	•		at www.irs.gov/form99	90.	Inspection
Name of the organization AFTER THE					_		Employer identification number $46-5385534$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than s		· ·			(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVESTER'S							
3801 TOPPING AVE.						DISTRIBUTION OF	
KANSAS CITY, MO 64129	43-1208665	501(C)(3)	0.	274,951.	OTHER	PRODUCE	SEE PART IV
SECOND HARVEST 915 DOUGLAS ST. ST. JOSEPH, MO 64505	43-1268319	501(C)(3)	0.	30,395.	OTHER	DISTRIBUTION OF PRODUCE	SEE PART IV
OPERATION FOOD SEARCH, ST. LOUIS 6282 OLIVE BLVD, ST. LOUIS, MO 63130	43-1241854	501(C)(3)	0.	7,278.	OTHER	DISTRIBUTION OF PRODUCE	SEE PART IV
BISHOP SULLIVAN CENTER, ST. JAMES PLACE – 3936 TROOST – KANSAS CITY, MO 65110	43-1750848	501(C)(3)	0.	7,278.	OTHER	DISTRIBUTION OF PRODUCE	SEE PART IV
SHAWNEE COMMUNITY SERVICES 11110 W 67TH ST. SHAWNEE, KS 66203	48-0948324	501(C)(3)	0.	6,816.	OTHER	DISTRIBUTION OF PRODUCE	SEE PART IV
TEMPLE OF FAITH CHURCH OF GOD 5545 TROOST DR. KANSAS CITY, MO 64110	46-1236980	501(C)(3)	0.	5,850.	OTHER	DISTRIBUTION OF PRODUCE	SEE PART IV
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	e line 1 table				► 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7 • 7

AFTER THE HARVEST Schedule I (Form 990) ~

Part II Continuation of Grants and Oth	ar Accistones to Co	vornmonto and Orga	nizationa in the U	nited Ctates (Sob	adula I (Earm 000) Da		:0 3303334 F
Continuation of Grants and Oth	er Assistance to Go	vernments and Orga	hizations in the U	Inited States (Sch	edule I (Form 990), Pa	nt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PISCOPAL SERVICES 1 E 40TH ST.						DISTRIBUTION OF	
ANSAS CITY, MO 64111	43-1525298	501(C)(3)	0.	5,606.			SEE PART IV
				5,000.			
				C			

Schedule I (Form 990)

Schedule I (Form 990) (2015) AFTER TH

AFTER THE HARVEST

Page 2

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

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

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

PART I, LINE 2:

ASSISTANCE IS PROVIDED ONLY TO 501(C)(3) ORGANIZATIONS.

SCHEDULE I, PART II

COLUMN (F) METHOD OF VALUATION

DISTRIBUTION OF PRODUCE (EXCLUDING POTATOES) IS VALUED AS THE TOTAL

POUNDS OF PRODUCE TIMES .537923 WEIGHTED AVERAGE VALUE. POTATOES

DISTRIBUTED ARE VALUED AT .142322 WEIGHTED AVERAGE VALUE PER POUND OF

POTATOES DISTRIBUTED.

SCHEDULE I, PART II COLUMN (H): PURPOSE OF ASSISTANCE TO PROVIDE PRODUCE TO ENTITY FOR DISTRIBUTION TO NEEDY FAMILIES AND INDIVIDUALS Schedule I (Form 990) 532291 04-01-15

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

ΔΕΨΕΡ ΨΗΕ ΗΔΡΙΓΕΟΨ

	AFTER THE HA	RVEST				46-5385534
Pai	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of determining oncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	Х	2,186,545	603,431.	FMV	(WEIGHTED AVG)/L
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other 🕨 ()					
26	Other ► ()					
27	Other ► ()					
28	Other ► ()					
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions		
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29		
						Yes No
30a	During the year, did the organization receive by	v contributio	on any property rea	oorted in Part I, lines 1 throu	ah 28.	that it

I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (Fo	rm 90	90) (2	015)
	describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,				
b	If "Yes," describe in Part II.				
	contributions?		2a		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		1		Х
b	If "Yes," describe the arrangement in Part II.				
	exempt purposes for the entire holding period?		Da		X
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for				
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that	it it			

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Schedule M (Form 990) (2015) AFTER THE HARVEST 46-5385534 Page
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING THE NUMBER OF POUNDS OF PRODUCE RECEIVED
DURING THE YEAR AS THE TRACKING IS DONE BOTH BY DONOR AS WELL AS NUMBER
OF POUNDS RECEIVED. RECEIPT OF PRODUCE (EXCLUDING POTATOES) IS VALUED
AS THE TOTAL POUNDS OF PRODUCE TIMES \$.537923 WEIGHTED AVERAGE VALUE
PER LB. POTATOES RECEIVED ARE VALUED AT \$.142322 WEIGHTED AVERAGE VALUE
PER POUND OF POTATOES RECEIVED.
532142 08-21-15 Schedule M (Form 990) (20
45

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

AFTER THE HARVEST

Employer identification number 46-5385534

OMB No 1545-0047

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISTRIBUTING IT TO ORGANIZATIONS FEEDING HUNGRY PEOPLE. WE ARE A

NONPROFIT ORGANIZATION SERVING GREATER KANSAS CITY, PRIMARILY, AND THE

STATES OF KANSAS AND MISSOURI. WE COLLECT HEALTHY FOOD BY USING

VOLUNTEERS TO GLEAN EXCESS PRODUCE FROM LOCAL AND REGIONAL FARMS AND

ORCHARDS, AND BY SECURING TRUCKLOADS OF DONATED SURPLUS PRODUCE FROM

LARGE PRODUCERS. FOOD COLLECTED EITHER WAY IS DISTRIBUTED TO FOODBANKS

AND AGENCIES FEEDING HUNGRY PEOPLE THROUGHOUT THE REGION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTHY FOOD BY USING VOLUNTEERS TO GLEAN EXCESS PRODUCE FROM LOCAL AND

REGIONAL FARMS AND ORCHARDS, AND BY SECURING TRUCKLOADS OF DONATED

SURPLUS PRODUCE FROM LARGE PRODUCERS. FOOD COLLECTED EITHER WAY IS

DISTRIBUTED TO FOODBANKS AND AGENCIES FEEDING HUNGRY PEOPLE THROUGHOUT

THE REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH ITS PRODUCE PROCUREMENT PROGRAM, AFTER THE HARVEST PROVIDED 1,969,865 MILLION POUNDS OF FRESH PRODUCE TO HARVESTERS AND OTHER FOOD BANKS IN MISSOURI IN 2015.

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

A DRAFT OF THE FOR 990 IS SENT TO EACH BOARD MEMBER FOR REVIEW. ANY CHANGES

ARE MADE TO THE RETURN BEFORE FILING.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

	ige 2
Name of the organization Employer identification num AFTER THE HARVEST 46-5385534	ber
A CONFLICTS OF INTEREST DISCLOSURE FORM IS COMPLETED BY EACH BOARD MEMBER	,
THE EXECUTIVE DIRECTOR, AND STAFF ANNUALLY. IN THE CASE OF NEW BOARD	
MEMBERS, THIS IS DONE UPON JOINING THE BOARD. THE COMPLETED DISCLOSURE FOR	MS
ARE REVIEWED AND RETAINED BY THE GOVERNANCE COMMITTEE. AFTER A REASONABLE	
OPPORTUNITY FOR FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES,	
DISINTERESTED BOARD MEMBERS DETERMINE WHETHER ANY CONFLICT EXISTS, IF IT	IS
MATERIAL, AND WHETHER THE PROPOSED TRANSACTION MAY BE ENTERED INTO FAIRLY	
AND TO THE BENEFIT OF THE ORGANIZATION.	

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

THE DETERMINATION OF COMPENSATION WAS MADE AND APPROVED BY THE BOARD OF DIRECTORS WITH NO INFLUENCE BY EMPLOYEES. IT WAS BASED ON COMPARABLE DATA FROM THE 2011 SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY REGIONAL NONPROFIT ORGANIZATIONS AND ASSOCIATIONS AS WELL AS SALARIES PREVIOUSLY EARNED BY INCUMBENTS AT A SIMILAR NONPROFIT.

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

NO DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART X11, LINE 2C THE OVERSIGHT OF THE AUDIT PROCESS AND SELECTION OF THE AUDITOR IS THE RESPONSIBILITY OF THE FINANCE COMMITTEE. THE AUDIT REPORT AND ACCOMPANYING FINANCIAL STATEMENTS ARE REVIEWED BY THE ENTIRE BOARD PRIOR TO FINALIZATION.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)



Department of Treasury Internal Revenue Service Ogden UT 84201

CP211A			
December 31, 2015			
May 23, 2016			
46-5385534			
Phone 1-877-829-5500			
FAX 801-620-5555			

Page 1 of 1

203369.508366.415579.25042 1 AT 0.399 373



AFTER THE HARVEST 406 W 34TH ST STE 816 KANSAS CITY MO 64111-7511

203369

Important information about your December 31, 2015 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do						
December 31, 2015 Form 990T. Your new due date is November 15, 2016.	File your December 31, 2015 Form 990T by November 15, 2016.						
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.						
Additional information	 Visit www.irs.gov/cp211a. For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676). Keep this notice for your records. 						

If you need assistance, please don't hesitate to contact us.

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 0 0 201 Department of the Treasury Internal Revenue Service Information about Form 990-T and its instructions is available at www.irs.gov/form990t. 0 201 Department of the Treasury Internal Revenue Service Information about Form 990-T and its instructions is available at www.irs.gov/form990t. 0 0 Mame of organization (Check box if address changed Name of organization (Check box if name changed and see instructions.) 0 B Exempt under section (X 501(c)(3)) Print 0 AFTER THE HARVEST 46 - 53855 E 408(e) 220(e) 408A 530(a) 529(a) Foroup exemption number (see instructions.) E E C Book value of all assets at end of year F Group exemption number (See instructions.) Mod 64111 0 C Book value of all assets at end of year F Group exemption number (See instructions.) Mod 64111 0 0 C Book value of all assets at end of year F Group exemption number (See instructions.) Mod 64111 0 0 C Book value of all assets at end of year F Group exemption number (See instructions.) Mod 641111 0 0 0	5 pection for ions Only iumber 34
Department of the Treasury Internal Revenue Service For calendar year 2015 or other tax year beginning, and ending, and ending 201 A	bection for ions Only number 34
Department of the Treasury Internal Revenue Service ► Information about Form 990-1 and its instructions is available at www.irs.gov/form990t. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ▲ Check box if address changed B Exempt under section ▲ 106 W 34TH ST., NO. 816 ▲ 06 W 34TH ST., NO. 816 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64111	bection for ions Only number 34
Department of the Treasury Internal Revenue Service ► Information about Form 990-1 and its instructions is available at www.irs.gov/form990t. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ▲ Check box if address changed B Exempt under section ▲ 106 W 34TH ST., NO. 816 ▲ 06 W 34TH ST., NO. 816 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64111	bection for ions Only number 34
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X 501(C)(3) Or Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business active (See instructions.) 408(e) 220(e) Vippe A06 W 34TH ST., NO. 816 E 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code E 529(a) KANSAS CITY, MO 64111 64111	
408(e) 220(e) Type 406 W 34TH ST., NO. 816 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) KANSAS CITY, MO 64111	
529(a) KANSAS CITY, MO 64111	
S29(a) KANSAS CITY, MO 64111 C Book value of all assets at end of year F Group exemption number (See instructions.) 407, 578. 6 Check organization type X 501(c) corporation 501(c) trust 401(a) trust	
C Book value of all assets at end of year 407 - 578 - 6 Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust 0 ther trust	
407.578 . IG Check organization type $\mathbf{V} = \mathbf{X} 501(c)$ corporation $ \mathbf{X} 501(c)$ trust $ \mathbf{X} 501(c)$ trust $ \mathbf{X} 501(c)$	
H Describe the organization's primary unrelated business activity.	
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No	
If "Yes," enter the name and identifying number of the parent corporation. ► J The books are in care of ► LISA OUSLEY Telephone number ► 816-921-190	3
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Ne	
1a Gross receipts or sales	
b Less returns and allowances c Balance l 1c	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3	
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts	
5 Income (loss) from partnerships and S corporations (attach statement)	
6 Rent income (Schedule C) Durelated debt-financed income (Schedule E) 7	
 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 	
 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 	
10 Exploited exempt activity income (Schedule I) 10	
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule)	
13 Total. Combine lines 3 through 12	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)	
(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages 15	
16 16 17 Bad debts 17	
17 Bad debts 17 18 Interest (attach schedule) 18	
19 Taxes and licenses 19	
20 Charitable contributions (See instructions for limitation rules)	
21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b	
23 Depletion 23	
24 Contributions to deferred compensation plans 24	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26 27 Evenue renderative sector (Schedule I) 27	
27 Excess readership costs (Schedule J) 29 Other deductions (attach schedule)	
28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30	0.
31 Net operating loss deduction (limited to the amount on line 30)	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,	000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	
line 32	0.
523701 01-06-16 LHA For Paperwork Reduction Act Notice, see instructions. 48	F (2015)

PUBLIC DISCLOSURE COPY

Form 990-T (201	5) AFTER THE H	ARVEST				46-	538	5534		Page 2
Part III	Tax Computation									
	anizations Taxable as Corporat	tions See instru	ctions for tax co	moutation.						
1.00	trolled group members (section				ind.					
			- Marine 1997							
	er your share of the \$50,000, \$2		25,000 taxable ir		iei).	ũ.				
(1)	\$	(2) \$		(3) \$						
	er organization's share of: (1) A						1			
(2)	Additional 3% tax (not more that	in \$100,000)		\$						
c Inco	ome tax on the amount on line 3	4						35c		0.
36 Tru:	sts Taxable at Trust Rates. See	instructions for	tax computation	. Income tax on the amoun	nt on line 3	34 from:				
] Tax rate schedule or							36		
27 Dro	xy tax. See instructions							37		
								38		
	rnative minimum tax									0.
	al. Add lines 37 and 38 to line 3	bc or 36, whiche	ver applies			•••••••••••••••••••••••••••••••••••••••		39		0.
	Tax and Payments									
40a Fore	eign tax credit (corporations atta	ich Form 1118; t	trusts attach For	m 1116)	40a					
b Oth	er credits (see instructions)				40b					
c Gen	eral business credit. Attach For									
	dit for prior y <mark>e</mark> ar minimum tax (a									
	al credits. Add lines 40a throug							40e		
								41		0.
41 Sub	otract line 40e from line 39]		 		reas.		0.
	er taxes. Check if from: 🔄 Fo	rm 4255	Form 8611	_ Form 8697 [] Form 8	866	Uther (attach scho	edule)	42		
					New York, March 1996, Second March			43		0.
44 a Pay	ments: A 2014 overpayment cr	edited to 2015		*****	44a					
b 201	5 estimated tax payments				44b					
	deposited with Form 8868									
	eign organizations: Tax paid or v									
	kup withholding (see instruction									
	dit for small employer health ins									
g Oth	er credits and payments:		rm 2439	Total 🕨	255					
L	_ Form 4136	Ot	her	Total 🕨	44g					
45 Tota	al payments. Add lines 44a thro	ugh 44g						45		
46 Esti	imated tax penalty (see instruction	ons). Check if Fo	rm 2220 is attac	ched 🕨 🛄				46		
47 Tax	due. If line 45 is less than the t	otal of lines 43 a	nd 46, enter amo	ount owed				47		0.
48 Ove	erpayment. If line 45 is larger th	an the total of lir	ies 43 and 46, er	nter amount overpaid				48		Ο.
	2 S					Refunded		49		
49 Ent	er the amount of line 48 vou wa	IL GIEUILEO TO 2		a				49		
					tion (se	e instructions)		49		
Part V	Statements Regarding	ng Certain	Activities a	and Other Informat			cial acc		Vae	No
Part V 1 At any ti	Statements Regardin me during the 2015 calendar ye	ng Certain ar, did the organ	Activities an inization have an i	and Other Information	other aut	hority over a finan		ount (bank	, Yes	No
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Form 990-T (2015) AFTER THE HARVEST

46-5385534

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)									
(1)									
(2)									
(3)									
(4)	2. Rent receiv	ed or accrue	d						
(a) From personal property (if the percent				nd personal proper	ty (if the per	centage	3(a) Deductions direct	ctly con	nected with the income in
rent for personal property is more 10% but not more than 50%	than		f rent for pe	ersonal property ex	ceeds 50%	or if	columns 2(a) and 2(b) (attach schedule)
(1)	·				,				
(2)									
(3)									
(4)									
Total	0.	Total				0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	►				0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb	ot-Financed	l Incom	le (see i	nstructions)					
				2. Gross ind	a ma fram		 Deductions directly on to debt-final 		
1 Description of data frequencies				or allocable	e to debt-	(a)	Straight line depreciation		(b) Other deductions
1. Description of debt-financed property				financed	property		(attach schedule)		(attach schedule)
1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-fina		e adjusted basis allocable to anced property ch schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					C	%			
(2)					(%			
(3)		4			(%			
(4)					C	%			
							nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								0.	0.
Totals								<u>.</u>	0.
Schedule F - Interest, Annu	ities. Roval	ties. ar	nd Ren	ts From C	ontroll	ed Orga	nizations (see in	struc	
			-	t Controlled O		-		1011100	
1. Name of controlled organization	2.			3. nrelated income Total		4.	5. Part of column 4 that included in the controllin organization's gross incor		6. Deductions directly
	Employer ide	entification per				of specified nents made			connected with income
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organizations	3								
7. Taxable Income 8. M	Net unrelated incom (see instructions		9. Tot	al of specified pay made	ments	in the con	column 9 that is included trolling organization's gross income		Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, e 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals							0.		0.
							• •		Form 990-T (2015)
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Form 990-T (2015) AFTER THE HARVEST

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ►	0.	0.				0.
Schedule J - Advertisi	na Income (see i	nstructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) 🕨	Ο.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical			Direct sing costs			5. Circulation income		Readership costs	7. Excess readersh costs (column 6 min column 5, but not m than column 4).	nus
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.		0.							0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ns)				
1. Name				2. Title		3. Perce time devol busine	ted to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	ine 14						🕨			0.

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