			Short Form			1	OMB No. 1545-1150
Form 990-EZ			Return of Organization Exempt From Inc				
					2015		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	pt private	toundat		
			Do not enter social security numbers on this form as it may be	made pul	blic.		Open to Public Inspection
Depa Inter	artment o nal Rever	of the Treasury nue Service	Information about Form 990-EZ and its instructions is at www.in	rs.gov/for	m990.		inspection
AF	or the	2015 calenda	ar year, or tax year beginning January 1 , 2015, and	ending	Dec	embe	r 31 , 20 15
Bc	heck if ap	oplicable:	C Name of organization		D Empl	oyer id	entification number
\Box	Address c	hange	Strong Harvest International			4	5-3438880
· · · · ·	Name cha		Number and street (or P.O. box, if mail is not delivered to street address) Roo	om/suite	E Telep	hone n	umber
	nitial retur	m/terminated	8002 NE Hwy 99, PMB #428			36	0-258-0908
	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Grou	ip Exe	mption
Concernance of	and the second s	n pending	Vancouver, WA 98665		Num	ber I	•
G A	ccount	ting Method:	✓ Cash Accrual Other (specify)	the state of the s			f the organization is not
	ebsite		strongharvest.org		1.5		ach Schedule B
			eck only one) 🗹 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □	527	(Form 99	90, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more) are \$500,000 or more, file Form 990 instead of Form 990-EZ		assets		
No. of Concession, Name						\$	39,406
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances				
		the second se	the organization used Schedule O to respond to any question in th	ns Part I	· · ·	1	
	1		ons, gifts, grants, and similar amounts received		• •	2	37,585
	2		ervice revenue including government fees and contracts	· · ·	• •	2	1,810
	4	Investment			• •	4	0
	-+ 5a		bunt from sale of assets other than inventory				11
	b	Less: cost					
	c			5c	0		
	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5 Ind fundraising events	οα,			0
	а	-	ome from gaming (attach Schedule G if greater than				
ne			6a		0		
Revenue	b	Gross inco	me from fundraising events (not including \$ of col	ntribution	s		
Rev		from fundr	aising events reported on line 1) (attach Schedule G if the			94. 1	
_		sum of suc	th gross income and contributions exceeds \$15,000) 6b		0		
	С	Less: direc	t expenses from gaming and fundraising events 6c		0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b	o and sub	otract		
		line 6c)		• • •		6d	0
	7a		s of inventory, less returns and allowances		0		
	b		of goods sold		0		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8		nue (describe in Schedule O)			8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	39,406
	10 11		I similar amounts paid (list in Schedule O)			10 11	0
S	12		ther compensation, and employee benefits			12	25,877
ISe	13		al fees and other payments to independent contractors			13	2,511
Expenses	14		y, rent, utilities, and maintenance			14	0
EX	15		ublications, postage, and shipping			15	3,319
	16		enses (describe in Schedule O)			16	22,739
	17		enses. Add lines 10 through 16			17	54,446
s	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	(15,040)
set	19		or fund balances at beginning of year (from line 27, column (A)) (mil				
As		end-of-yea	r figure reported on prior year's return)			19	46887
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20	0
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u>· · ·</u>	. 🕨	21	31847
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No.	106421	www.calific.com		Form 990-EZ (2015)

The statement of the st	990-EZ (2015)	-				Page 2
Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a			•	🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<i>.</i> <u> </u>	47,560		33,517
23	Land and buildings		· · · · · · _		23	0
24	Other assets (describe in Schedule O)			71		71
25			· · · · · · -	47,631		33,588
26	Total liabilities (describe in Schedule O)			744		1,741
27	Net assets or fund balances (line 27 of column			46,887	21	31,847
Par						Expenses
Miha	Check if the organization used Schedule		od security, health, ed	the product of the base of the	(Re	quired for section
	5 1 5 1 1 1					1(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				-	anizations; optional for ers.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	, the number of	our	
28			uses of morings for	acod nutrition		1
20	Trained 135 new Peer Educators (PEs) in basic nutrit clean water, and economic opportunites. New PEs we					
	Saudi Arabia, Tanzania, U.S. & Canada. They, in turn,					
			ints, check here .		28	a 45,666
29	(Grants \$) it this arround	includes foreign gra	ints, check here .	· · · • 🗆	200	43,000
23						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29	a
30		included for eight gre		· · · · ·		
	(Grants \$) If this amount	includes foreign gra	ints, check here .		30	a
31	Other program services (describe in Schedule O)					
•••			ints, check here .	and the second se	31	a
~~						and the second se
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	45,666
32 Par		and the second		and the second data was a second data with the	-	
THE OWNER WHEN PARTY OF		Employees (list each	n one even if not comp	ensated-see the in	-	
THE OWNER WHEN PARTY OF	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp ny question in this I (c) Reportable	Part IV	istru	ictions for Part IV)
THE OWNER WHEN PARTY OF	t IV List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l	ensated—see the in Part IV ...		ictions for Part IV)
THE OWNER WHEN PARTY OF	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average	n one even if not comp ny question in this l (c) Reportable compensation	pensated — see the in Part IV (d) Health benefits, contributions to employe		Lictions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	Pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and		Lictions for Part IV)
Par Rick	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	vensated — see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation		Lictions for Part IV)
Par Rick Exec	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kemmer	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	vensated — see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation		Lictions for Part IV)
Par Rick Exec Jeri I	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kemmer utive Director	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	vensated — see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation		Lictions for Part IV)
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Form 990-EZ (2015)

 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is clean bactivity in Schedule O 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, anong others)? b If "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization and undergo a liquidation, dissolution, stronutions or significant disposition of net assets during the organization indergon a liquidation, dissolution, remination, or gignificant disposition of net assets during the organization in Berom 1120-POL for this year? d The organization the Form 1120-POL for this year? d The organization the Form 1120-POL for this year? d Section 501(c)(3) organizations. Enter amount of tax is described in the instructions > 37a d Brots receipts, included on line 9, the section 4935 bescripts, soluted on line 9, section 4955 excress benefit transaction an prior year and still outstanding at the end of the ax year overed by this return? b Gross receipts, included on line 9, organization engage in any section 4958 excress benefit transaction and prior year and biolic (2) organizations. Enter amount of tax imposed on the organization mages or disqualified persons during the year of trass. They amount of tax on line 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 reimbursed by the organization. Biother 200 or 90-DE2 If "Yes," complete Schedule L, Part I e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amoun	Page		990-EZ (2015)	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization sname. Otherwise, explain the share or corganization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 34 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 36 Did the organization ave unrelated business gross income of \$1,000 or more during the year? If "No, "provide an explanation in Schedule 0. 36 37 Entre amount of political expenditures, director indirect, as described in the instructions included on line year? If "Yes," complete Schedule C, Part III. 36 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such learn made in a prior year and still outstanding at the end of the tax year covered by this return? 376 39 Section 501(c)(7) organizations. Enter 389 380 39 Section 501(c)(7) organizations. Enter 380 380 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter				Part
 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organization or each activity in Schedule O. 35 Were any significant changes made to the organization or each activity in Schedule O. 36 Were any significant changes made to the organization or each activity in the reflect a change to the organization in section S10(0) or more during the year from the section S03(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 37a Enter amount of political expenditures, direct of rule (are any significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule O. 37b Did the organization nedrego a liquidation, dissolution, remination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization in Brom 1120-PCI or this year? 37a Science and capital contributions included on line 9 . 38a Did the organization in Brom 1120-PCI or this year? 37b Science 301(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4912 ▶ : section 4955 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of its return is filed ▶ Oregon 40b Cardina At any time during the tax year, was the organization and part or and prior year that has not been reported on any of its return is filed ▶ Oregon 41 List the states with which a copy of this return is filed ▶ Oregon 42c at ▶ PO Box 2003, Battle Ground, WA 42c At any time during the calendar year, did the organization angent or other subrioty or ye	1	T	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	
detailed description of each activity in Schedule 0	es N			00
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, and 7a, among others)? 35a b If "ves," to line 38a, has the organization inside a Form 90-17 for the year? If "No," provide an explanation in Schedule 0 35b 0 Was the organization outling the year? If "Ves," complete Schedule C, Part III. 35c 35a Did the organization outling the year? If "Yes," complete schedule C, Part III. 35c 35b Did the organization business (arect or indirect, as described in the instructions) 37a 37b 35b Did the organization burder on time 2. 37a 37b 35c Did the organization burder on time 2. 37a 37b 35b Complete Schedule L, Part II and enter the total amount involved 38b 37c 35c Section 501(c)(0) organizations. Enter 38b 39b 39b 36c Section 501(c)(0) organizations. Enter amount of tax imposed on the organization during the year of did the organization based in a prior year of did the organization. 38b 36a Did the organization based so 10 (c)(20) organizations. Enter amount of tax imposed on organization an		33		33
change on Schedule O (see instructions) 34 35a Did the organization have unrolated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b b Old the organization undergo a liquidiation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III 36c 36a Did the organization undergo a liquidiation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule N 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization borow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year arount of tax limposed on the tax yaer covered by this retur? 37a 37a Bit for Schedule L, Part II and enter the total amount involved 38b 37a Socion 501(c)(7) organizations. Enter: 37a 37a Initiation fees and capital contributions included on line 9 37a 37a Socion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the cryanization during the year under: section 4912 ▶ 37a 37a			Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	34
 S5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b lf "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. c Was the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule N. 36 Did the organization burow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved . 37b Store organization schemet and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38a Store of 501(c)(3) organizations. Enter amount of tax imposed on the organization barrel on any of its prior Forms 200 or 980-E22. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and 985 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization in a prory year that has not been reported on any of its prior Forms 200 or 990-E22. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organizations. At any time during the year, or did it ergage in an excess benefit transaction during the year or did it ergage in an excess benefit transaction during the year organization. A part 400 or 900-E21 M*cs, "complete Schedule L, Part 1 e Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization matche any bar 500 or 900-E21 M*cs, "complete Schedule L, Part 1 d				
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 41 List the states with which a copy of this return is filed ▶ <u>Oregon</u> 42a The organization's books are in care of ▶ <u>Bookkeeping by Chavez & Associates</u> Telephone no. ▶ <u>360-445-4</u> Located at ▶ PO Box 2003, <u>Battle Ground, WA</u> ZIP + 4 ▶ <u>98604</u> b 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?			e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	е
42a The organization's books are in care of ▶ Bookkeeping by Chavez & Associates Telephone no. ▶ 360-449-3 Located at ▶ PO Box 2003, Battle Ground, WA ZIP + 4 ▶ 98604 b 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)? Y If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization preceive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d <td></td> <td>10e</td> <td>transaction? If "Yes," complete Form 8886-T</td> <td></td>		10e	transaction? If "Yes," complete Form 8886-T	
Located at ▶ PO Box 2003, Battle Ground, WA ZIP + 4 ▶ 98604 b 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)? Y If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c if "Yes," enter the name of the foreign country: ▶ 42 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				41
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 Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?				
 c At any time during the calendar year, did the organization maintain an office outside the U.S.?				
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		l2c	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	с
and enter the amount of tax-exempt interest received or accrued during the tax year		2 040		43
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	,			
explanation in Schedule O		H4c		
				d
				AE -
	-	BG	· · · · · · · · · · · · · · · · · · ·	45a
b 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," Form 990 and Schedule R may need to be completed instead of				U
Form 990-EZ (see instructions)		15b		

Form 990-EZ (2015)

Form 990-EZ (2013)							Pag
46 Did	the organization engage, directly or i andidates for public office? If "Yes,"	indirectly, in political c complete Schedule C	ampaign activities on Part I	behalf of c	or in opposi	tion 46	Yes	1
Part VI	Section 501(c)(3) organization All section 501(c)(3) organizatior	s only	****				or lin	es
	50 and 51.				-			
na kana sa katala ka sa katala na katala k	Check if the organization used So	chequie O to respond	to any question in th	nis Part VI	• • •	• • • •	Yes	Ti
	the organization engage in lobbying ? If "Yes," complete Schedule C, Pa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section 501(h) electio		0	tax 47	Tes	T
-	e organization a school as described i					. 48		t
	the organization make any transfers					. 49a		T
	es," was the related organization a s					. 49b		Γ
50 Com	plete this table for the organization's	s five highest comper	sated employees (oth	er than off	icers, direct	tors, truste	es an	IC
emp	loyees) who each received more that	n \$100,000 of compe	nsation from the orgar			e, enter "N	lone.'	,
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	h benefits, s to employee , and deferred ensation	(e) Estimate other con		
lone						n Charlen in stage of the sector	1	
		-				-		_
		-						
f Tota	I number of other employees paid ov	ver \$100,000	. ►					_
51 Com \$100	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			,
51 Com \$100 (a	plete this table for the organization	's five highest compo anization. If there is no	ensated independent		1	1 received		
51 Com \$100 (a	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			
51 Com \$100 (a	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			
51 Com \$100 (a	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			
51 Com \$100 (a	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			
51 Com \$100 (a	plete this table for the organization 0,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."		1			
51 Com \$100 (a lone 	plete this table for the organization 0,000 of compensation from the organization 1) Name and business address of each independent 1 number of other independent contra	anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv	ice	(c)	Compensati		
51 Com \$100 (a one d Tota 52 Did	plete this table for the organization 0,000 of compensation from the organization 1) Name and business address of each independent 1 number of other independent contra the organization complete Schedu	anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of servi- (b) Type of servi- (c) Type of	ice	(c)	Compensati	on	
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51 Com \$100 (a lone d Tota 52 Did com Inder penalties ue, correct, au	plete this table for the organization 0,000 of compensation from the organization 0 Name and business address of each independent of a software of other independent contra the organization complete Schedu pleted Schedule A	I's five highest compo- anization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of servi- (b) Type of servi- (c) Type of	ice	nust attack	Compensati	on	N
51 Com \$100 (a lone d Tota 52 Did com Inder penalties ue, correct, au	I number of other independent contra the organization complete Schedu pleted Schedule A	anization. If there is no dent contractor actors each receiving ule A? Note: All se return, including accompan n officer) is based on all info	ensated independent one, enter "None." (b) Type of servi- (b) Type of servi- (c) Type of	nizations r nizations r	nust attack	Compensati	on	N
51 Com \$100 (a lone d Tota 52 Did com Inder penalties ue, correct, ar Sign Here	I number of other independent contra the organization complete Schedule A	anization. If there is no dent contractor actors each receiving ule A? Note: All se return, including accompan n officer) is based on all info	ensated independent one, enter "None." (b) Type of servi- (b) Type of servi- (c) Type of	hizations r hizations r his, and to the as any knowle Dar	nust attack	Compensati	on	
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	n 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.										
Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	v.irs.gov/form990. Employer identifica	Inspection								
Name of the organization Strong Harvest Interna	tional		3438880								
FORM 990-EZ, PART I, LINE 16: Program, Administrative, and Fundraising expenses not included in the above											
FORM 990-EZ, PART II, LINE 24: Electronic equipment											
FORM 990-EZ, PART II	, LINE 26: Current liabilities including credit card and payroll liabilities										
FORM 990-EZ, PART V	, LINE 34 Bylaws were updated as follows:										
Article 3.3 Director	term limits were instituted										
Article 3.4 Annual n	neeting month was changed from March to April										
Article 4.2 Board of	ficer term limits were instituted										

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

Cat. No. 51056K

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

(D)

(E)

Departn	nent of the Treasury	► Attach to Form 990 or Form 990-EZ.						Open to Public
Internal	Revenue Service	Information about	it Schedule A (For	m 990 or 990-EZ) and its	Inspection			
Name	of the organization						Employer identification	n number
Strong Harvest International							the second se	38880
Par	to all a state of the state of		ity Status (All organizations must complete this part.) See instructions.					
	Contraction of the Contraction o			s: (For lines 1 through				
				on of churches descri				
				(Attach Schedule E (F				
				anization described i				~~
4		me, city, and state		onjunction with a hosp	oital desc	ribed in s	section 1/0(b)(1)(A)	(III). Enter the
5	second and and another and analysis			college or university	owned o	r operate	d by a government	al unit described in
5		(b)(1)(A)(iv). (Com		college of university	owneu o	operate	to by a government	ai unit described in
6			,	mental unit described	l in sectio	on 170(b)	(1)(Δ)(_V)	
				tantial part of its sup				the general public
		section 170(b)(1)			porenon	a goro.		r the general public
8	A community	trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organizat	ion that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross
	receipts from	n activities related	to its exempt	functions-subject to	certain	exception	ns, and (2) no more	than 331/3% of its
	A 10.5			unrelated business				x) from businesses
		-		75. See section 509(a				
		•	 N 	sively to test for public	-			
11	0	U	()	vely for the benefit of,				
				escribed in section 5				
		50		the type of supporting	105			
а				supervised, or control				
		n. You must com	1	egularly appoint or ele	ci a maju	any of the		es of the supporting
b	-		-	d or controlled in con	nection w	ith its su	nnorted organization	o(s) by having
U	10.000.0 0.000 MM			anization vested in th				
		-		Sections A and C.				
С	Type III fui	nctionally integra	ted. A supportir	ng organization operat	ted in cor	nection	with, and functionall	y integrated with,
	its support	ed organization(s)	(see instructions	s). You must comple	te Part IV	/, Section	ns A, D, and E.	
d				porting organization o				
		, ,	•	zation generally must				an attentiveness
	-	-		mplete Part IV, Secti				
е				written determination				I, Type III
				onally integrated supp	borting or	ganizatio	n .	[]
f		per of supported of lowing information		oorted organization(s).	•••	•••		· ·
9	(i) Name of supporte		(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
	() Name of Support	Su organization	(1) 2.14	(described on lines 1-9	listed in you	ur governing	support (see	other support (see
above (see i					docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(~)								
(B)								
(C)								

Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Form 990 or 990-EZ.

OMB No. 1545-0047

2015

Schedule A (Form 990 or 990-EZ) 2015

Part	(Complete only if you checked th						
	Part III. If the organization fails to						any under
Secti	on A. Public Support	quality and		iou poloti, pi	edee comple		
	dar 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.")		17,052	56,192	41,412	37,585	152,241
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		17,052	56,192	41,412	37,585	152,241
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	(2) 2011	(b) 2012	(a) 2012	(1) 2014	(0) 2015	(1) Total
Calen 7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2011	(b) 2012	(c) 2013 56,192	(d) 2014 41,412	(e) 2015 37,585	(f) Total 152,241
8	Gross income from interest, dividends,		17,052	50,192	41,412	37,303	132,241
0	payments received on securities loans, rents, royalties and income from similar sources			2	34	11	47
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,810	1,810
11	Total support. Add lines 7 through 10						154,098
12	Gross receipts from related activities, etc.				[12	1,810
13	First five years. If the Form 990 is for th	•			•		
	organization, check this box and stop her		<u></u>	· · · · ·	<u></u>	<u>· · · · ·</u>	🕨 🗸
	on C. Computation of Public Suppor			(Т	44	
14	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch				-	14	<u>%</u> %
15 16a	33 ¹ / ₃ % support test—2015. If the organiz						
100	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ			-			
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mer Part VI how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumstar umstances" test	ices" test, che t. The organiza	ck this box and tion qualifies a	d stop here. Es as a publicly su	xplain in pported
b	10%-facts-and-circumstances test-20	14. If the org	anization did no	t check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the eets the "fact	e "facts-and-cir s-and-circumsta	cumstances" t ances" test. Th	test, check thine organization	s box and sto qualifies as a	p here. publicly
18	Private foundation. If the organization di						
	instructions		8				. 🕨 🗆

Schedule A (Form 990 or 990-EZ) 2015

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