Form	990-EZ	
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Short Form

OMB No. 1545-1150

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning January 1 , 2016, and ending December 31 , 20 16 C Name of organization В Check if applicable: D Employer identification number Address change Strong Harvest International 45-3438880 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 8002 NE Hwy 99, PMB #428 360-258-0908 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number **>** Vancouver, WA 98665 Application pending Other (specify) H Check ► ✓ if the organization is **not** G Accounting Method: ✓ Cash Accrual I Website: ▶ www.strongharvest.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 501(c)(3) 501(c) (◄ (insert no.) ↓ 4947(a)(1) or 527 **K** Form of organization: **C**orporation Other Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ 54605 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) \checkmark Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 52,374 2 Program service revenue including government fees and contracts 2 700 3 3 0 4 4 Investment income 3 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses 5b 0 С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than а Revenue 6a 0 b Gross income from fundraising events (not including \$ 140 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 345 Less: direct expenses from gaming and fundraising events . . . 6c С 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 345 7a Gross sales of inventory, less returns and allowances 7a 1,183 7b h 456 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c С 726 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 54,148 10 Grants and similar amounts paid (list in Schedule O) 10 . 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 25,131 Expenses 13 Professional fees and other payments to independent contractors 13 2,513 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 3,680 16 16 23,829 17 Total expenses. Add lines 10 through 16 17 55,154 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,005 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 31.847 20 20 Other changes in net assets or fund balances (explain in Schedule O) 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 30,841 Form 990-EZ (2016) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I

	990-EZ (2016)	or Dort II)				Page 2
Pa	rt II Balance Sheets (see the instructions f Check if the organization used Schedule	,	w question in this l	Dart II		🗸
	Check if the organization used Schedule			(A) Beginning of year	•	
22	Cash, savings, and investments		-	33,517	22	33,216
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			71		0
25	Total assets		[33,588		33,216
26	Total liabilities (describe in Schedule O)		[1,741		2,375
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	31,847		30,841
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule		· ·		(Do	Expenses
Wha	t is the organization's primary exempt purpose?	Dev. world family for	od security, health, eo	conomic viability		equired for section ((c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the				anizations; optional for ers.)
28	Trained 248 new Peer Educators (PEs) in nutrition &	the cultivation and us	se of moringa for goo	d nutrition, clean		
	water, and family income. These new PEs were trained					
	others in Haiti, Togo, Nicaragua, Yap, Columbia, Tan:					
		includes foreign gra			28	a 49,506
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29	a
30						
		includes foreign gra			30;	a
31	Other program services (describe in Schedule O)				~	
20	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	nts, check here .	· · · ▶ 🗋	31a 32	-
Par						-
T ai	Check if the organization used Schedule				15110	
	Oncok in the organization used benedule		(c) Reportable	(d) Health benefits,	·	· · · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation) Estimated amount of other compensation
Rick	Kemmer					
Exec	utive Director	50	18,751	(0	0
Jeri I	Kemmer	_				
Presi	dent	10	0	(0	0
John	Wulf	-				
	president	2	0	(0	0
	Ellen Dolan	-				
Treas		4	0	(0	0
	ria Cheng					
Secre	9 9	2	0	(0	0
	n Wulf					0
Direc		2	0	(0	0
		-				
		-				
					+	
		1				
					+	
		1				
					+	
		1				
]				

Form 99	90-EZ (2016)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
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	33	Yes	No √
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'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, 6a, and 7a, among others)?	35a		✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►0 ; section 4912 ►0 ; section 4955 ►0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40e		
41	List the states with which a copy of this return is filed Oregon	400		V
42a	Located at NPO Box 2003 Battle Ground WA	360-44 980	9-2658 604	8
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).	42b	Yes	No ✓
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	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		. 1	
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	Yes	No √
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		✓ ✓
	Form 990-EZ (see instructions)	45b		✓

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	British and a star						Yes	No
46	Did the organization engage, directly or	indirectly, in political of	campaign activities or	h behalf of or	in oppositio		1220	A TRA
D 1	to candidates for public office? If "Yes,"		, Part I			46		1
Part	VI Section 501(c)(3) organization All section 501(c)(3) organizatio 50 and 51. Check if the organization used S	ns must answer que			mplete the	tables f	or lin	es
	oneok in the organization used o	chequie o to respond	d to any question in	Ins Fait VI	* * * *		Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa		section 501(h) election		luring the ta		Tes	NU
48	Is the organization a school as described					47		V
49a	Did the organization make any transfers							4
b	If "Yes," was the related organization as					49a 49b		V
50	Complete this table for the organization employees) who each received more that	s five highest comper	nsated employees (oth	ner than offic	ers, directors	, trustee	es, an lone."	d ke
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions to benefit plans, a compen	benefits, to employee (e and deferred) Estimate other com	d amou	unt of
None								

				1				
-								
********		-						
1	lotal number of other employees paid o	Vor \$100 000						
f 51	Total number of other employees paid o Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
	Complete this table for the organization	n's five highest comp anization. If there is no	ensated independent			eceived		tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."					- tha
51 None	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each independent Total number of other independent contra	n's five highest comp panization. If there is no indent contractor	ensated independent one, enter "None." (b) Type of sen	vice	(c) Cc	ompensatio		tha
51 None	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen- (a) Name and business address of each indepen- (b) Name and business address of each indepen- (b) Name and business address of each indepen- (a) Name and business address of each indepen- (b) Name address of each indepen- (b) Na	n's five highest comp janization. If there is no indent contractor ractors each receiving fule A? Note: All se	ensated independent one, enter "None." (b) Type of sen	nice	(c) Co		n	
51 None d 52 Under p	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen- (a) Name and business address of each indepen- tion of the organization complete Schedule A	n's five highest comp anization. If there is no indent contractor ractors each receiving lule A? Note: All se	ensated independent one, enter "None." (b) Type of sen	nice	(c) Co ust attach a 	a A Ves	on	40
51 None d 52 Under p	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen- (a) Name and business address of each indepen- completed Schedule A	n's five highest comp janization. If there is no indent contractor ractors each receiving lule A? Note: All se s return, including accompan an officer) is based on all info	ensated independent one, enter "None." (b) Type of sen	nice	(c) Co ust attach a 	a A Ves	on	40
51 None d 52 Under pr true, cor	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent contra- business of perjuny, I declare that I have examined this prect, and complete. Beclaration of preparer fother that Name address of the period of t	n's five highest comp anization. If there is no indent contractor ractors each receiving lule A? Note: All se	ensated independent one, enter "None." (b) Type of sen	nice	(c) Co ust attach a 	a A Ves	on	40
51 None d 52 Under pot true, cor	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each independent (a) Name and business address of each independent (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and (c) N	n's five highest comp janization. If there is no indent contractor ractors each receiving lule A? Note: All se s return, including accompan an officer) is based on all info	ensated independent one, enter "None." (b) Type of sen	nice	(c) Co ust attach a 	a A Ves	on	40
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Form 990-EZ (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Strong	Harvost	Internationa	1

45-3438880 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

Provide the following information about the supported organization(s) α

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total

earen	au yeu (er neeu yeu beginnig ii) y	(4) 2012	(10) 2010	(0) 2011	(4) 2010	(0) 2010	(1) 10101
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,052	56,192	41,412	37,585	50.274	204,615
2	Tax revenues levied for the organization's benefit and either paid	17,032	50,192	41,412	57,000	52,374	204,015
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	17,052	56,192	41,412	37,585	52,374	204,615
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)						61,927
6	Public support. Subtract line 5 from line 4						142,688
	ion B. Total Support	(a) 2012	(6) 0010	(a) 0014	(d) 001E	(a) 0016	(f) Total
Calen 7	adar year (or fiscal year beginning in) ►	(a) 2012 17,052	(b) 2013 56,192	(c) 2014 41,412	(d) 2015 37,585	(e) 2016 52,374	(f) Total 204,615
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	30,172	34		32,374	50
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0		0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	12 ear as a sectio	204,665 2,536 n 501(c)(3)
Secti	ion C. Computation of Public Suppor						
	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch 33 ¹ / ₃ % support test - 2016. If the organi box and stop here. The organization qual 33 ¹ / ₃ % support test - 2015. If the organi	nedule A, Part ization did not lifies as a publ zation did not	II, line 14 check the box icly supported check a box o	on line 13, ar organization n line 13 or 16	 nd line 14 is 33 a, and line 15	 is 33 ¹ /3% or m	► □ ore, check
17a	this box and stop here. The organization 10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	016. If the orga eets the "facts facts-and-circ	anization did n -and-circumsta umstances" te	ot check a box ances" test, ch st. The organiz	x on line 13, 1 heck this box a zation qualifies	6a, or 16b, and and stop here. s as a publicly	d line 14 is Explain in supported
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets th neets the "fac	e "facts-and-c ts-and-circums	circumstances' stances" test.	' test, check t The organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	l, or 17b, chec	k this box and	see ▶□
					Soh	edule Δ (Form 99	or 000-E7) 2016

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	is on	OMB No. 1545-0047
Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	-	Inspection
Name of the organization	Af event	Employer identific	
Strong Harvest Interna	tional	45-	3438880
FORM 990-EZ, PART I,	LINE 16: Program, Administrative, and Fundraising expenses not included in th	e above.	
FORM 990-EZ, PART II	, LINE 24: Electronic equipment fully depreciated in 2016		
FORM 990-EZ, PART II	, LINE26: Current liabilities include credit card and payroll liabilities		