

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01/01/2023 **and ending** 12/31/2023

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
STRONG HARVEST INTERNATIONAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10013 NE HAZEL DELL AVENUE 233
 City or town, state or province, country, and ZIP or foreign postal code
VANCOUVER, WA 98685-5203

D Employer identification number
45-3438880

E Telephone number
360-258-0908

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify): _____

H Check **if the organization is not required to attach Schedule B (Form 990).**

I Website: www.strongharvest.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

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 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 62,744

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1 Contributions, gifts, grants, and similar amounts received																													62,741		
	2 Program service revenue including government fees and contracts																													0		
	3 Membership dues and assessments																														0	
	4 Investment income																														3	
	5a Gross amount from sale of assets other than inventory																														0	
	b Less: cost or other basis and sales expenses																															0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																															0
	6 Gaming and fundraising events:																															
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																															0
	b Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																															0
c Less: direct expenses from gaming and fundraising events																															0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															0	
7a Gross sales of inventory, less returns and allowances																															0	
b Less: cost of goods sold																															0	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																															0	
8 Other revenue (describe in Schedule O)																															0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															62,744	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														0	
	11 Benefits paid to or for members																														0	
	12 Salaries, other compensation, and employee benefits																														44,672	
	13 Professional fees and other payments to independent contractors																															22,212
	14 Occupancy, rent, utilities, and maintenance																															0
	15 Printing, publications, postage, and shipping																															0
	16 Other expenses (describe in Schedule O) <u>.See Schedule O, Statement 1</u>																															37,646
17 Total expenses. Add lines 10 through 16																															104,530	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)																														-41,786	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																														188,716	
	20 Other changes in net assets or fund balances (explain in Schedule O) <u>.See Schedule O, Statemer</u>																															10,665
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																															157,595

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	190,307	22 158,484
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	190,307	25 158,484
26 Total liabilities (describe in Schedule O) <i>See Schedule O, Statement 3</i>	1,591	26 889
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	188,716	27 157,595

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? *See Schedule O, Statement 4*

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>HOLISTIC COMMUNITY DEVELOPMENT - IN 2023, STRONG HARVEST CONTINUED TO BRING HOLISTIC COMMUNITY DEVELOPMENT TO FAMILIES AROUND THE WORLD PRIMARILY THROUGH</u> <u>(Continued on Schedule O, Statement 5)</u> (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	84,280
29 <u>WATER SYSTEM FOR PRIMARY SCHOOL - IN 2023, STRONG HARVEST PROVIDED FUNDS FOR A NEW WATER CATCHMENT SYSTEM, INCLUDING METAL ROOF, ROOF STRUCTURE, WATER TANK, AND WATER TOWER, FOR NARETISHO PRIMARY SCHOOL IN TANZANIA.</u> (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,363
30 <u>WATER STORAGE SYSTEMS - IN 2023, STRONG HARVEST CONTINUED WITH A WATER TANK PROJECT IN PARTNERSHIP WITH THE STRONG HARVEST MAASAI PEER EDUCATOR WOMEN'S</u> <u>(Continued on Schedule O, Statement 6)</u> (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,118
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	89,761

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD KEMMER EXECUTIVE DIRECTOR	23.00	32,366		
MEGAN PETERSON PRESIDENT	30.00	12,307		
YAKOUBA HEMA VICE PRESIDENT	1.00	0		
HEATHER REYNOLDS TREASURER	1.00	0		
NIKKI WETHERINGTON SECRETARY	1.00	0		
HEIZAL NJUGUNA BOARD MEMBER	1.00	0		
CATHERINE KANIARU BOARD MEMBER	1.00	0		
LAURIE SUNDBY BOARD MEMBER	1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part 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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed:
42a The organization's books are in care of:
42b 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:
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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 Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here	<i>Richard Kemmer</i>	05/09/2024
	Signature of officer	Date
	RICHARD KEMMER, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEREMY CORK	<i>Jeremy Cork</i>	05/09/2024		P01544850
	Firm's name	EASY OFFICE DBA JITASA		Firm's EIN	26-2176601
	Firm's address	1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642		Phone no.	208-287-4777

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization STRONG HARVEST INTERNATIONAL	Employer identification number 45-3438880
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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)(vii)**. (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:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	90,900	72,427	101,480	185,525	62,741	513,073
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	90,900	72,427	101,480	185,525	62,741	513,073
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)						160,241
6 Public support. Subtract line 5 from line 4						352,832

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	90,900	72,427	101,480	185,525	62,741	513,073
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7	2	293	50	3	355
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.)						
11 Total support. Add lines 7 through 10						513,428
12 Gross receipts from related activities, etc. (see instructions)					12	48,113
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	68.72 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	69.64 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Table with 2 columns: Name of the organization (STRONG HARVEST INTERNATIONAL) and Employer identification number (45-3438880)

Organization type (check one):

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

- [] 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

- [x] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

STRONG HARVEST INTERNATIONAL

Employer identification number

45-3438880

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

STRONG HARVEST INTERNATIONAL

Employer identification number

45-3438880

Area with horizontal dashed lines for providing supplemental information.

Other Expenses Structured Explanation

Description	Amount
OFFICE EXPENSES	16,212
TRAVEL EXPENSES	8,351
INFORMATION TECHNOLOGY	4,942
PAYROLL TAXES	4,045
BANK AND MERCHANT FEES	2,183
INSURANCE	1,913
Total:	37,646

Other Changes In Net Assets Structured Explanation

Description	Amount
UNREALIZED GAINS	10,665
Total:	10,665

Other Liabilities Structured Explanation

Description	EOY Amount
ACCOUNTS PAYABLE	889
Total:	889

Primary Exempt Purpose

Primary Exempt Purpose

STRONG HARVEST INTERNATIONAL'S PRIMARY EXEMPT PURPOSE IS TO FIGHT HUNGER AND POVERTY BY EMPOWERING DEVELOPING-WORLD FAMILIES WITH THE KNOWLEDGE OF HOW TO GROW AND USE THE MULTI-FACETED MORINGA TREE FOR IMPROVED HEALTH, INCREASED FAMILY INCOME AND ENVIRONMENTAL CARE.

First Program Service Accomplishments Description

Description

MORINGA TRAINING. OUR WORK IN TANZANIA, TOGO, NICARAGUA, INDIA, AND MALAWI THIS YEAR ENCOMPASSED THE FOLLOWING: 1) PROVIDING INTRODUCTORY MORINGA TRAINING TO 2,753 PEOPLE, SHARING HOW MORINGA CAN POSITIVELY IMPACT THEIR LIVES; 2) TRAINING 299 NEW MORINGA PEER EDUCATORS (PES) WHO ARE NOW EQUIPPED TO PLANT, HARVEST, AND USE MORINGA TO IMPROVE THEIR OWN LIVES, AS WELL AS TO SHARE THE KNOWLEDGE OF MORINGA WITH THEIR COMMUNITIES; AND 3) HOLDING CONTINUING EDUCATION WORKSHOPS FOR 939 PARTICIPANTS, EXPANDING THEIR MORINGA KNOWLEDGE. IN ADDITION TO TEACHING THE RICH NUTRITIONAL VALUE OF MORINGA, ALONG WITH ITS POSITIVE ENVIRONMENTAL IMPACT, WE FOCUSED ON INCREASING FAMILY INCOME THROUGH MORINGA PRODUCT TRAINING, WHICH WAS VERY WELL RECEIVED BY ALL WHO PARTICIPATED. WE ARE CONTINUING IN A PARTNERSHIP WITH CHILDREN OF PROMISE, A GLOBAL CHILD SPONSORSHIP PROGRAM, TO PROVIDE MORINGA TRAINING FOR THEIR NATIONAL LEADERS, VOLUNTEERS, AND PARENTS OF SPONSORED CHILDREN. THIS IS INCREASING THE REACH AND IMPACT OF STRONG HARVEST MORINGA TRAINING ON A GLOBAL SCALE.

Third Program Service Accomplishments Description

Description

SAVINGS GROUP IN ARMAME, TANZANIA. THE WOMEN AND CHILDREN IN THIS REMOTE VILLAGE WALKED 12.5 MILES ROUNDTRIP MULTIPLE TIMES EACH WEEK TO GET WATER AT THE NEAREST SPRING. THE SAVINGS GROUP DECIDED TO MAKE LOANS TO FAMILIES TO ADD A METAL ROOF AND GUTTER TO ONE STRUCTURE IN EACH FAMILY COMPOUND AND STRONG HARVEST WOULD THEN PROVIDE A CEMENT PAD AND A 1,000-LITER WATER TANK TO CAPTURE RAINWATER FROM THE METAL ROOF AND GUTTER SYSTEM. NOW, THESE FAMILIES HAVE WATER RIGHT AT THEIR HOMES FOR THE VERY FIRST TIME. THE POSITIVE IMPACT OF HAVING ACCESS TO WATER AT HOME IS CHANGING THEIR LIVES - THE WOMEN NOW HAVE TIME FOR OTHER IMPORTANT LIFE ACTIVITIES AND THE CHILDREN HAVE MORE TIME FOR THEIR STUDIES. IN 2023, STRONG HARVEST PLACED WATER TANKS WITH 7 FAMILIES.