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Form	MMI
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EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax 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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection				
A For the 2020 calendar year, or tax year beginning and ending						•			
	heck if	De: C Name o	f organization	-	D Employer identification number				
	Address AMPLEHARVEST.ORG INC								
	Name Chan		usiness as		27-243327	4			
	Initial	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return		LOVER ROAD	(267) 536-9					
	termi ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code OUNDLAND, NJ 07435		G Gross receipts \$	333,534.			
	_returr _Appli		nd address of principal officer: GARY OPPENHEIMER		H(a) Is this a group retu for subordinates?				
	_ tión pend		AS C ABOVE		H(b) Are all subordinates inclu	····· = =			
ΙT	ax-ex	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🚺 52	7 If "No," attach a lis	t. See instructions			
			AMPLEHARVEST.ORG		H(c) Group exemption	number 🕨			
			X Corporation Trust Association Other ►	L Yea	r of formation: 2010 M	State of legal domicile: NJ			
Pa	irt I	Summary							
e	1		be the organization's mission or most significant activities:						
Activities & Governance			H THE WASTE OF FOOD AND THEREFORE						
srna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispo	sed of mor					
٥ <u>ر</u>	3					10			
3	4		lependent voting members of the governing body (Part VI, line 1b)			9			
es 6	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			4			
viti	6	Total number	of volunteers (estimate if necessary)			25			
∖cti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.			
-	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
					Prior Year	Current Year			
a	8	Contributions	and grants (Part VIII, line 1h)		163,601.	331,705.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.			
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,307.	1,829.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		169,908.	333,534.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		135,097.	161,942.			
use	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses			ing expenses (Part IX, column (D), line 25) 39,8	91.					
ũ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		43,151.	44,546.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		178,248.	206,488.			
	19		expenses. Subtract line 18 from line 12		-8,340.	127,046.			
or					Beginning of Current Year	End of Year			
ets lanc	20	Total assets (I	Part X, line 16)		24,449.	178,364.			
Ass	21		(Part X, line 26)		12,625.	39,494.			
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		11,824.	138,870.			
	rt II								
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my ki	nowledge and belief, it is			
			. Declaration of preparer (other than officer) is based on all information of w						
			Mar Marshin		11/4/21				

	2 Jay William		11/4/21					
Sign	Signature of officer		Date					
Here	GARY OPPENHEIMER, EXEC	UTIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	LEONORA GALLEROS, CPA		11/04/21 self-employed P00181670					
Preparer	Firm's name 🕒 GALLEROS ROBINSO	N CPAS, LLP	Firm's EIN 🕨 27-3263553					
Use Only								
CREAM RIDGE, NJ 08514 Phone no.732-462.20								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions Yes No							
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2020) AMPLEHARVEST.ORG INC 27-2433274	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AMPLEHARVEST.ORG ENVISIONS AN AMERICA WHERE MILLIONS OF GARDENERS	
	ELIMINATE WASTED FOOD, MALNUTRITION AND HUNGER IN THEIR OWN COMMUNI	<u>. T.</u> Y •
	AMPLEHARVEST.ORG WORKS TO DIMINISH THE WASTE OF FOOD AND THEREFORE	7 NTD
	HUNGER IN AMERICA BY USING EDUCATION AND TECHNOLOGY TO ENABLE HOME	AND
2	Did the organization undertake any significant program services during the year which were not listed on the	v .
		es 🛛 No
~	If "Yes," describe these new services on Schedule O.	v .
3		es 🛛 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$141,249. including grants of \$) (Revenue \$) (Revenue \$) URING THE YEAR, AMPLEHARVEST.ORG HAS CONTINUED TO UTILIZE THE INTE) חידוא סי
	TO ENABLE 42 MILLION AMERICANS WHO GROW FOOD IN HOME/COMMUNITY GARD	
	TO EASILY DONATE THEIR EXCESS HARVEST TO ONE OF 7,849 REGISTERED LO	
	FOOD PANTRIES SPREAD ACROSS ALL 50 STATES. THESE FOOD PANTRIES HELP	
	NOURISH THE ONE OUT OF SIX AMERICANS (INCLUDING A QUARTER OF ALL KI	DS
	UNDER SIX) THAT RELY ON THESE PANTRIES.	
	AMPLEHARVEST.ORG'S TWO TIERED APPROACH IS TO BOTH EDUCATE AND ENCOU	
	GROWERS TO DONATE THE FOOD (I.E. AND IGNORE THE "JARS, CANS, BOXES"	
	RESTRICTION OF THE PAST) WHILE MAKING AMERICA'S FOOD PANTRIES/SOUP	
	KITCHENS "VISIBLE" TO THE GROWERS FOR THE FIRST TIME BY ENABLING TH	
	TO REGISTER IN AMPLEHARVEST.ORG'S ONLINE REGISTRY. ONCE THE GROWER	WHO
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		,
4d	Other program services (Describe on Schedule O.)	
10	(Expenses \$ including grants of \$) (Revenue \$)	
4e		
		n 990 (2020)

Form	990	(2020)

 Form 990 (2020)
 AMPLEHARVEST.ORG INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

Form 990 (2020)

Form 990 (2020)	AMPLEHARVEST		
Part IV	Checklist	of Required Schedules	(continue	ed)

AMPLEHARVEST.ORG INC

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┝──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		<u> </u>
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	AMPLEHARVEST.ORG INC 27-24 ttv Statements Regarding Other IRS Filings and Tax Compliance (continued) 27-24	332	274	P	_{age} 5
Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)				
•		Г		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4			
	filed for the calendar year ending with or within the year covered by this return	_	2b	Х	
b					
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	··· F	0.		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	··· -	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	···	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4a		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?				
b	If "Yes," enter the name of the foreign country	- 1			
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- F	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	г	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		50 5C		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	F	50		<u> </u>
Ua			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	F	Ua		<u> </u>
D.			6b		
7	Organizations that may receive deductible contributions under section 170(c).	··	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	nr?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	" F	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	F	10		<u> </u>
Ŭ	to file Form 8282?		7c		x
d		.	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7f		
g					
h					
8					
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	C	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	C	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	_			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_ J			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	_			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_			
	organization is licensed to issue qualified health plans	_			
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	··· F	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	ļ			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.			000	(0000)

Form **990** (2020)

AMPLEHARVEST.ORG INC

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
_		Ι.			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the			3		x
	of officers, directors, trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	escribe			
	in Schedule O how this was done	· · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NJ$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)s onlv)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.		,	,,)		
	Own website X Another's website X Upon request Other (explain	م م م	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
_0	GARY OPPENHEIMER - 267-536-9880	ar				
	24 CLOVER ROAD, NEWFOUNDLAND, NJ 07435					

Form 990 (2		27-2433274	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated				
	Employees, and Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	-			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARY OPPENHEIMER	40.00	_	_				uL.			
EXECUTIVE DIRECTOR/FOUNDER		1		x				54,167.	Ο.	0.
(2) JOHN POWERS	1.00									
PRESIDENT		X		x				0.	Ο.	0.
(3) TERRY L. MCCRARY	1.00									
TREASURER		x		x				0.	Ο.	0.
(4) DAVID SANK	1.00									
BOARD MEMBER		x						0.	Ο.	Ο.
(5) WENDY GONZALEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) BRIAN J. KIRKPATRICK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MATTHEW STRABONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CATHERINE B. LEWUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JESSICA SALGUEIRO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ALANNA ARENSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MIKE SUTTERER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ELIZABETH RAE ROSENSTEIN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
		-								
		1								
										- 000 (2222)

Form 990		/EST.ORG	; I	NC	1					27-24	<u>4332</u>	274	Р	age 8
Part V	Occubit A. Officers, Directors, 1143		oloy	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fr org an	pensa om th anizat d relat anizati	ation e :ion :ed
											-+			
1b Su	btotal								54,167.		0.			0.
c To	tal from continuation sheets to Part VI tal (add lines 1b and 1c)	I, Section A							0. 54,167.		0.			0.
	tal number of individuals (including but n mpensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3			0
	d the organization list any former officer,	,			•		'		, , ,	,	ſ		Yes	No
4 Fo	e 1a? If "Yes," complete Schedule J for s r any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X X
5 Dic	d related organizations greater than \$150 d any person listed on line 1a receive or a ndered to the organization? <i>If</i> "Yes." com	ccrue compen	Isati	on fr	om	any	unre					4		X
	B. Independent Contractors			51 30		5013								
	mplete this table for your five highest co e organization. Report compensation for	-									oensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompe	;) nsatio	n
	tal number of independent contractors (i 00.000 of compensation from the organia	•	ot lin	nitec	d to f	thos (ted	above) who received mo	ore than				

Forn	n 99(0 (2				ST.	ORG INC			27-2433	274 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a respo	onse	or note to any line				
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
irar		b	Membership dues		1b						
o So		с	Fundraising events		1c						
i i i i i		d	Related organizations		1d						
s, o		е	Government grants (contr	ributio	ons) 1e						
<u>s</u> io		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included	l abov	e 1f		331,705.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	a-1f 1g	\$					
an Co		h	Total. Add lines 1a-1f				►	331,705.			
							Business Code				
¢	2	а									
, ki	_	b									
Ser		c									
E		d									
Program Service Revenue		2									
Pro		f	All other program service	rovor							
_			Total. Add lines 2a-2f								
	3		Investment income (includ								
	3		other similar amounts)	-							
	4		Income from investment of								
					-		1				
	5		Royalties		(i) Rea		(ii) Personal				
	_				(1) nea		(II) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s)							
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
venue			and sales expenses	7b							
		С	Gain or (loss)	7c							
Re		d	Net gain or (loss)				►				
Other	8	а	Gross income from fundraisi	-							
đ			including \$		of						
			contributions reported on	line [·]	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fund	raising ever	nt <u>s</u>	►				
	9	а	Gross income from gamin	ng act	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s	►				
			Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
_			Net income or (loss) from				▶				
		_					Business Code				
snc	11	а	OTHER				900099	1,829.			1,829.
nec		b									
Miscellaneous Revenue		č									
Pee Be	1		All other revenue			_					
Σ			Total. Add lines 11a-11d					1,829.			
	12		Total revenue. See instruction					333,534.	0.	0.	1,829.

FEES

MISCELLANEOUS

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

All other expenses

а

b С d

е

25

26

Form	990 (2020) AMPLEHARVEST	.ORG INC		27-24	433
	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	54,167.	37,917.	5,417.	
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	54,107.	57,917.	5,417.	
7	Other salaries and wages	95,560.	86,290.	5,150.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,215.	9,888.	1,005.	
11	Fees for services (nonemployees):	, -	- /	,	
а	Management				
b	Legal				
с	Accounting	3,750.		3,750.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	<u>26,764</u> . 2,186.	<u>1,332.</u> 2,186.	9,350.	
12	Advertising and promotion			17.0	
13	Office expenses	4,387.	3,636.	676.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,142.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	4 148			

4,148.

1,169.

206,488.

141,249.

(D) Fundraising expenses

10,833.

4,120.

1,322.

16,082.

2,142.

4,148.

1,169.

39,891.

0.

25,348.

75.

X

IPLEHARVEST.ORG INC	
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AI

Form 990 (2020)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 178,364. 24,449. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 178,364 24,449. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 12,625. 3,962 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 35,532. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 12,625. 39,494. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗴 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,824. 136,370. Net assets without donor restrictions 27 27 Net assets with donor restrictions 2,500. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 11,824. 138,870. 32 32 24,449. 178,364. 33 33 Total liabilities and net assets/fund balances

Form 990 (2020)

Form 9	90 (2020) AMPLEHARVEST.ORG INC	27.	-2433274	Pag	_{je} 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1 1	Fotal revenue (must equal Part VIII, column (A), line 12)	1	333	,53	34.
2 1	Fotal expenses (must equal Part IX, column (A), line 25)	2	206	,48	88.
3 F	Revenue less expenses. Subtract line 2 from line 1	3	127	,04	46.
4 N	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,82	24.
5 N	Net unrealized gains (losses) on investments	5			
6 [Donated services and use of facilities	6			
	nvestment expenses	7			
	Prior period adjustments	8			
9 (Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 N	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	138	,87	70.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1 /	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 📃 Other				
ŀ	f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a \	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
ŀ	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
S	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b V	Nere the organization's financial statements audited by an independent accountant?		2b	X	
ŀ	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c l	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
r	eview, or compilation of its financial statements and selection of an independent accountant?		2c	X	
ŀ	f the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	D.		
3a A	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit		
	Act and OMB Circular A-133?		<u>3a</u>		X
b li	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed auc	lit		
c	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nan	ne o	τu	ne organization									
D	.			EHARVEST . OI					2	7-2433274		
Pa	art I		Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	orga	aniz	zation is not a private found	dation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1			A church, convention of ch	nurches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2			A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3			A hospital or a cooperative	e hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4			A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
			city, and state:									
5		_	An organization operated f	for the benefit of a col	leae or university owned	or operate	ed by a oc	vernmental u	nit describe	ed in		
·	L	-	section 170(b)(1)(A)(iv). (
6		٦	A federal, state, or local go		antal unit described in	section 17	70(6)(1)(1)	(v)				
7		-	· · · · ·	-						aublia dagaribad in		
'			An organization that norma		niiai part of its support if	on a yove	minentai		ie general j			
~		_	section 170(b)(1)(A)(vi). (0									
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:									
10	X											
			activities related to its exer	mpt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
			income and unrelated busi	iness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	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 or	rganizations describe	d in section 509(a)(1) o	r 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.										
а] Type I. A supporting org	anization operated, s	upervised, or controlled I	by its supp	ported org	anization(s), ty	pically by	giving		
			the supported organizati	ion(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
			organization. You must	complete Part IV, Se	ections A and B.							
b	, [] Type II. A supporting or	ganization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing		
			control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
			organization(s). You mus	st complete Part IV,	Sections A and C.							
с	; [] Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,		
			its supported organizatio						, ,			
d	ιſ] Type III non-functional		-				ted organiz	zation(s)		
	_		that is not functionally in									
			requirement (see instruct		• •	•		-				
е	Γ		Check this box if the org	-					I Type III			
-			functionally integrated, o					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe			
f	Fr	ntei	r the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0						
			ide the following informatio	0	d organization(s)							
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
T-+												
Tota	al									1		

Schedule A (Form 990 or 990-EZ) 2020 AMPLEHARVEST.ORG INC Part II Support Schedule for Organizations Described in S

27-2433274 Page 2

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.)

Caleadar year (or fice 1 year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total or dependence on this behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to or expendence on its behalf and ether paid to organization without charge to the paid to organization included on line 1 that exceeds 2% of the answer the same to the answer the same to organization includes on the same to organization in the same to organization in the same to organization in the same to capital assets (Explain In Part VI). If the organization is forth and the same table is the same ta	Sec	ction A. Public Support						
membership fees received. (Do not. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and ather paid to or expended on its behalf include any "unusual grants.") 3 The value of services or facilities furnished a grant and the paid to or expended on its behalf include any "unusual grants.") 4 Total. Add lines 1 through 3 include any "unusual grants.") include any "unusual grants.") 5 The portion of total contributions by seach person (other than a government) unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). include any "unusual grants.") 6 Public support. Some thes them in 4. include any "unusual grants.") include any "unusual grants.") 7 Amounts from line 4 include any "unusual grants.") include any "unusual grants.") include any "unusual grants.") 8 Oreas income from similar sources			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants') 2 2 Tax revenues levied for the organization includes any expended on its behalf	1							
2 Tax revenues levis for the organization's benefit and ether paid to or expended on its behall 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thrackeeds 2% of the amount shown on line 11, column (f) 6 Public support. Bevere the storm in the section B. Total Support Calendar yset (or fised year beginning in) 6 A governmental unit or publicly supported organization systems								
ication's benefit and either pair to or expended on its behalf	2							
or expended on its behalf	2	0						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 4 Total. Add lines 1 through 3 5 1 1 5 The portion total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Submark into a service is a service								
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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		meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	organization		
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		more, and if the organization meets th	e facts-and-circun	nstances test, che	eck this box and s	stop here. Explain i	in Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
	18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ind see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AMPLEHARVEST.ORG INC

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

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

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	299,001.	166,410.	108,031.	163,601.	329,205.	1066248.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	299,001.	166,410.	108,031.	163,601.	329,205.	1066248.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1066248.
Sec	ction B. Total Support	•					
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	299,001.	166,410.	108,031.	163,601.	329,205.	1066248.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	299,001.	166,410.	108,031.	163,601.	329,205.	1066248.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
_	check this box and stop here	-					>
	ction C. Computation of Publi						100 00
	Public support percentage for 2020 (I		•	column (f))			100.00 %
<u>16</u>	Public support percentage from 2019					16	100.00 %
	ction D. Computation of Inves						0.0
17	1 0					17	.00 %
18	Investment income percentage from :			an line 14 and line		18	<u>%</u>
19a	33 1/3% support tests - 2020. If the	-					∕ is not ► X
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

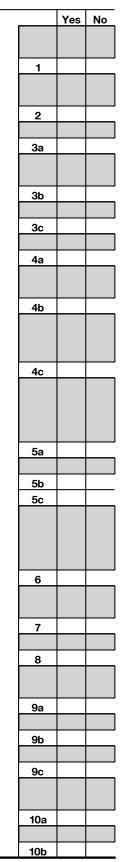
Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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



		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization	ation used to satisfy the Integral Pa	rt Test during the vear	(see instructions).
-			t rest during the year	(000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a g	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	.).
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "*Yes*" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

3b

Yes No

а

Schedule A (Form 990 or 990-EZ) 2020 AMPLEHARVEST.ORG INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional			-

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AMPLEHARVEST.ORG INC

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 AMPLEHARVEST.ORG INC	27-2433274 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule B

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

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

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AMPI	EHAR	VEST	•ORG	INC
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	·
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 for an exclusively religious, charitable, etc., exclusively religious, exclu

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

AMPLEHARVEST.ORG INC

Name of organization

Employer identification number

27-2433274

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS (VIA BESSEMER TRUST) BESSEMER TRUST CO. 630 FIFTH AVE. NEW YORK, NY 10111	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Name of organization

Faye

AMPLEHARVEST.ORG INC

Employer identification number

27-2433274

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization		Employer identification number
AMPLE	HARVEST.ORG INC		27-2433274
Part III		a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	t Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee

SCHEDULE I	D
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Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.





Internal Revenue Service Name of the organization

Name	of the organization <u>AMPLEHARVEST.ORG</u> IN	NC	Employer identification number 27-2433274
Par			
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	L writing that the assets held in donor advi	l sed funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			
b	- · · · · · · · · · · · · · · · · · · ·		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rele		
	vear 🕨	, , , ,	5 5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Par			ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	plic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB A	-	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

b Assets included in Form 990, Page 10, Page	art /

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Sche	dule D (Form 990) 2020 AMPLEHAR	VEST.ORG	INC					27-24	33274	P	_{age} 2
Par	t III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tre	easures, or	^r Other	Simila	ar Assets	s _{(contin}	ued)	
3	Using the organization's acquisition, accession,	, and other record	s, check	any of the f	following that	make sig	nificant	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	how th	ey further th	ne organizatio	n's exem	pt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations o	of art, his	storical treas	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered "	Yes" on I	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian		•					_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	lowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7.		¬
	Did the organization include an amount on Form						y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. Ch						<u></u>				
T ai									(-) [haali
4.		(a) Current year	(D) P	rior year	(c) Two year	s dack (a) Three	years back	(e) Four	years	DACK
1a 5	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
T	Administrative expenses										
y 2	End of year balance	tweet and beleng) hold oo:						
2	Provide the estimated percentage of the curren Board designated or quasi-endowment	•		, column (a)) neiù as.						
a b	Permanent endowment	%	_%								
0	Term endowment %	70									
C	The percentages on lines 2a, 2b, and 2c should										
32	Are there endowment funds not in the possessi	•	tion that	t are held ar	nd administer	od for the	oraani	zation			
Ja	by:	on on the organiza		ale neiù al			organi	Lation	Г	Yes	No
	(i) Unrelated organizations								3a(i)	103	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizatio										
4	Describe in Part XIII the intended uses of the or										
Par	t VI Land, Buildings, and Equipmer										
	Complete if the organization answered "	Yes" on Form 990), Part IV	, line 11a. S	see Form 990.	, Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other		cumula	ted	(d) Book	valu	e
		basis (investr		. ,	(other)	• •	reciatio		(,		•
1 a	Land	1									
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must equ		X colur	n (B) line 1	0c)						0.
				<u>, , , , , , , , , , , , , , , , , , , </u>				Schedule	D (Form	990)	2020

Dort VII	Investmente	Other Securities
) (Form 990) 2020	AMPLEHARVEST.ORG

Complete if the organization answered "Yes"	on Form 990, Part IV, line	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	no-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line -	1d See Form 990 Part X line 15	
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a)	on Form 990, Part IV, line -	1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (B) line 13.) ►	Description	1d. See Form 990, Part X, line 15.	(b) Book value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.) Description		
(7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes') Description		
(7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes') Description		5.
(7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes' . (a) Description of liability) Description		5.
 (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Complete if the organization answered "Yes' (a) Description of liability (1) Federal income taxes) Description		5.
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes' . (a) Description of liability (1) Federal income taxes (2) (3)) Description		5.
(7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes' (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes' . (a) Description of liability (1) Federal income taxes (2) (3) (4)) Description		5.
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INC

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

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

(III ... X

Sche	dule D (Form 990) 2020 AMPLEHARVEST.ORG INC			27-2	433274	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re			• *
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	903	,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	570,429.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	570	<u>,429.</u>
3	Subtract line 2e from line 1			3	333	,534.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	333	,534.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	776	,917.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		/ / / /			
а	Donated services and use of facilities	2a	570,429.			
b	Prior year adjustments	2b				
с	Other losses					
d	· · · · · · · · · · · · · · · · · · ·					
е	Add lines 2a through 2d			2e		,429.
3	Subtract line 2e from line 1			3	206	,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	206	,488.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

THOSE POSITIONS ARE MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY

TAXING AUTHORITIES. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD

NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT

RECOGNITION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



AMPLEHARVEST.ORG INC

Employer identification number 27-2433274

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

EDUCATION AND TECHNOLOGY TO ENABLE HOME AND COMMUNITY GARDENERS TO

SHARE EXCESS HARVEST WITH NEARBY PANTRIES.

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

COMMUNITY GARDENERS TO SHARE THEIR EXCESS HARVESTS WITH A NEARBY FOOD

PANTRY INSTEAD OF LETTING IT GO TO WASTE.

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

HAS AN OVERLY ABUNDANT HARVEST LEARNS THAT THEY CAN DONATE THE FOOD AND

ONCE THEY THEN LOCATE A NEARBY FOOD PANTRY ON AMPLEHARVEST.ORG, A

CONNECTION IS MADE AND THEY DONATE THE FOOD THEMSELVES ON A DATE/TIME

THAT IS REQUESTED BY THE PANTRY. THE JUST-IN-TIME LOGIC IN THE PROGRAM

ELIMINATES THE NEED FOR THE PANTRY TO REFRIGERATE OR STORE THE FOOD,

AND IT IS TYPICALLY TAKEN HOME BY THE FOOD PANTRY CLIENTS WITHIN HOURS

OF BEING HARVESTED. AS A RESULT, THE FOOD THEY GET IS FRESHER THAN

WHAT MOST OF US CAN BUY AT A SUPERMARKET. LASTLY, THIS BECOMES THE

START OF A LIFELONG RELATIONSHIP BETWEEN THE GROWER AND THE PANTRY.

THE QUALITY OF THE FOOD AT THE PANTRY IS IMPROVED, THEIR COSTS GO DOWN, THE CARBON FOOT PRINT OF THE FOOD IS REDUCED, THE WASTE STREAM IS DIMINISHED AND THE LOSS OF FOOD IN AMERICA IS REDUCED - ALL AT NO COST TO THE DONOR OR THE FOOD PANTRY.

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

THE DRAFT FORM 990 IS PROVIDED BY MANAGEMENT TO BOARD MEMBERS VIA E-MAIL

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
AMPLEHARVEST.ORG INC	27-2433274

FOR A DETAIL REVIEW. COMMENTS AND CHANGES FROM THE MEMBERS ARE INCORPORATED

INTO THE FORM 990. THE REVISED DRAFT FORM 990 IS PROVIDED TO THE BOARD

MEMBERS VIA E-MAIL FOR REVIEW AND APPROVAL PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

COMPENSATION OF OFFICERS AND KEY EMPLOYEES REQUIRES REVIEW AND APPROVAL BY THE BOARD. THE PERIODIC REVIEWS INCLUDES WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM S LENGTH BARGAINING.

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

THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST AT 24 CLOVER ROAD, NEWFOUNDLAND, NJ

07435. ITS FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED AND PROFESSIONAL FEES:

Name of the organization Image of the organization Employee identification number 27-2433274 PROGRAM SERVICE EXPENSES 1,332. MANAGEMENT AND GENERAL EXPENSES 9,350. FUNDRAISING EXPENSES 16,082. TOTAL EXPENSES 26,764. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 26,764. FORM 990, PART XII, LINE 2C THIS PROCESS HAS NOT CHANGED FROM LAST YEAR.	Schedule O (Form 990 or 990-EZ) 2020	Page 2
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FORM 990, PART XII, LINE 2C	TOTAL EXPENSES	26,764.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	26,764.
THIS PROCESS HAS NOT CHANGED FROM LAST YEAR.	FORM 990, PART XII, LINE 2C	
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