Fom 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2019 calen	dar year, or tax y	year beginn	ing		, and	d ending			
B	Check i	if applicable:	C Name of organiz	ation					D Emplo	yer id	entification number
	Address	s change	SALEM HARVE	EST INC							
	Name o	change	Number and street	(or P.O. box if i	mail is not delivered	to street address)		Room/suite		45	-3043885
	Initial re	etum	PO BOX 483						E Teleph	none nu	ımber
	Final return/terminated		City or town			State	ZIP cod	8	1		
\sqcap	Amende	ed return	SALEM			OR	97308	3		503	3.400.6618
m	Applica	tion pending	Foreign country nar	me	Foreign provi	nce/state/county		postal code	F Grou	Exe	mption
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_		-4 80-444	V C	1	Oth (5)					_	
G		nting Method	X Cash	Accrual	Other (specify))	 	n	Check ►		if the organization is
ı								•		attach Schedule B	
J	Tax-exe	mpt status (che	atus (check only one) — X 501(c)(3)					(FOIIII 99		D-EZ, or 990-PF).	
K	Form of	f organization:	ation: X Corporation Trust Association Other								
		-			monte If ame	s receipts are \$20	0 000 or mor	e or if total as	eate		
			re \$500,000 or ma							S	91,702
	art I	Payanu	e Evenese	and Chan	ges in Net A	ssets or Fund	Ralances	(see the in	struction		
						respond to any					
_						<u> </u>	· · · · · · · · · · · · · · · · · · ·				
1	1					ed				1	68,561
	2	_				nd contracts				2	
	3								· -	3	
- 1	4						1 _ 1		·	4	499
	5a		unt from sale of a		•		5a				
	Ь		or other basis an	•			5b				_
	C	•	-		than inventory	(subtract line 5b	from line 5a	a) <i>.</i>	· _	5c	0
	6		d fundraising eve						1	1	
	а		ne from gaming	-	_		1 - 1			- 1	
Revenue							6a			- 1	
8	b		ne from fundrais	-		\$	of cor	ntributions	į	´	
2			ising events rep				1 1				
1			n gross income a			-	6b		22,642	1	
	C		expenses from				6c		5,667	Ì	
	d	Net income	or (loss) from ga	aming and f	undraising ever	nts (add lines 6a	and 6b and	subtract		—	
		•							· ·	6d	16,975
	7a	Gross sales	s of inventory, les	ss retums a	nd allowances						
	b		of goods sold				7b				
	C	•	• •			line 7b from line		<u></u>	—	7c	0
	8		•		•			RECE		8	
	9					<u> </u>	· · · · · · · · · · · · · · · · · · ·	RECE		9	7 86,035
	10		similar amounts				· · · /위		🗁	10	
	11	Benefits pa	id to or for memb	bers		 	+ f3l	· MAY 0	3 202	11.7	
Ехрепвев	12	Salaries, ot	her compensation	on, and emp	loyee benefits		· · · / 7 [:	_ · · · · · · · · · · · · · · · · · · ·	1. COCH	120	53,048
	13	Professiona	al fees and other	payments t	o independent	contractors	· · /· · ·	0000	<u> </u>	132	
9	14	Occupancy	, rent, utilities, ar	nd maintena	ince	contractors		AGNEV	ורט ו	14	2,880
ú	15									15	223
	16								_	16	10,041
_	17					· · · · · · · · ·				17	66,192
2	18					ne 9)			·	18	19,843
88	19			-	• • •	line 27, column		•	 _		
8										19	60,540
Net Assets	20					in Schedule O)				20	
	21					ines 18 through:	20	<u> </u>	. 🏲	21	80,383
		work Reduct	ion Act Notice, s	ee the sepa	rate instruction	ıs.		11	フィ	1)	Form 990-EZ (2019)
HTA	1							\mathcal{L}_{I}		\ I	1 -

FUH	1990-EZ (2019) THE SALEM HARVEST INC				<u> ۱۲ می (۱۲ 45-30 می ا</u>	<u>43885</u>	Page Z
Par	til Balance Sheets (see the instructions for Check if the organization used Schedule O to	r Part II)	್ರಾಂಡ್ ಎಂ. ha: nv auestion in th	ાં S Part II	'althoughten	, ting,	IN THE X
							
22	Cook sovings and investments				Beginning of year		(B) End of year
22	Cash, savings, and investments				53,49	_	71,931
23	Land and buildings				0.45	23	0.450
24	•					2 24	8,452
25	Total assets				61,94		80,383
26	Total liabilities (describe in Schedule O)					3 26	
27					60,54	0 27	80,383
Pa	Statement of Program Service Accompl						_
	Check if the organization used Schedule C	to respond to	any question	n this Part III		╝	Expenses
Wha	at is the organization's primary exempt purpose?	feed hungry	people free of	charge			quired for section (c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplisi	hments for ea	ch of its three la	argest program servi	ces,	orga	inizations; optional
as r	neasured by expenses. In a clear and concise man	ner, describe t	the services pro	ovided, the number o	f	for c	others.)
pers	sons benefited, and other relevant information for ea	ach program ti	itle.			1	
28	To feed hungry families by harvesting food that wo	uld go to was	te and				
	distributing this fresh produce. We serve 8000+ pe	ople a month	during a 6 mo			ŀ	
	harvest season. We harvest 300,000 lbs of food pe					ı	
	(Grants \$) If this amou					28a	66,192
29				····			00,102
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	(Grants \$) If this amou	int includes fo	reian arente et	ack here		│ ~ ~-	1
20						29a	
30	***************************************						
				·		ł	
						. 1	1
				neck here		30a	
31	Other program services (describe in Schedule O)					. 1	}
				neck here		31a	<u> </u>
_32	Total program service expenses. (add lines 28a	through 31a)	<u> </u>		🕨	32	66,192
Pa	rt IV List of Officers, Directors, Trustees, and	Key Employe	es (list each on	e oven if not compense	nted see the inc	truction	ns for Part IV)
	Check if the organization used Schedule O	to respond to	any question in	n this Part IV			Г
	·····			(c) Reportable	(d) Health bene	fits	
			Average s per week	compensation	contributions t	o l	(e) Estimated amount of
	(a) Name and title		d to position	(Forms W-2/1099-MISC)	employee benefit and deferred compa		other compensation
	e Bauman			(it not paid, enter -0-)	and deterried compe	HISOLOTI	
			40.00	44.400			
	cutive Director	Hr/WK	40.00	44,163			
	(Yates				1		
	rd Member	Hr/WK	8.00		<u> </u>		
	n Pearmine						
Boa	rd of Director VP	Hr/WK	4.00				
Rot							
Boa	ert Easton						
	ert Easton rd of Director Pres	Hr/WK	8.00				
	rd of Director Pres	Hr/WK					
Mad	rd of Director Pres ddy Kimmich		8.00				
Mad	rd of Director Pres Idy Kimmich rd Member	Hr/WK					
Mad Boa Roz	rd of Director Pres ddy Kimmich rd Member Shirack	Hr/WK	8.00 4.00				
Bos Roz Bos	rd of Director Pres ddy Kimmich rd Member Shirack rd Secretary		8.00				
Boa Roz Boa Amy	rd of Director Pres ddy Kimmich rd Member Shirack rd Secretary Church	Hr/WK	8.00 4.00 2.00				
Boa Roz Boa Amy Boa	ord of Director Pres Iddy Kimmich Ird Member Shirack Ird Secretary Church Ird Member	Hr/WK	8.00 4.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Iddy Kimmich Ird Member Shirack Ird Secretary Church Ird Member	Hr/WK	8.00 4.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
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Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK Hr/WK Hr/WK	8.00 4.00 2.00 2.00				
Boa Roz Boa Amy Boa Paig	ord of Director Pres Ody Kimmich ord Member Shirack ord Secretary Church ord Member Ge Smith	Hr/WK Hr/WK Hr/WK	8.00 4.00 2.00 2.00				

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ABGO

Located at ▶ PO Box 483 City Salem ST OR ZIP + 4 ▶ 97308 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	Yes	
detailed description of each activity in Schedule O. 4. Wiver any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 3. Did the organization be unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 5. If "Yes' to line 35a, has the organization de a Form 199-Ti for the year? If "No," provide an explanation in Schedule O. 5. If "Yes' to line 35a, has the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III. 3. Section 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asserts during the year? If "Yes," complete schedule Parts of Schedule N. 3. Did the organization file Form 1120-POL for this year? 3. Did the organization file Form 1120-POL for this year? 3. Did the organization file Form 1120-POL for this year? 3. Did the organization made in a prior year and still outstanding at the end of the tax year covered by this return? 3. If "Yes," complete schedule L. Part II and enter the total amount involved. 3. Section 501(c)(7) organizations. Enter 3. Initiation fees and capital contributions included on line 9. 3. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 P. 3. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 P. 3. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on a prophibited tax shelter transaction? If "Yes," complete schedule persons during the year under sections 4912 P. 4. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizati		x x x
Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 34 b ID it the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 5 b If "Yes' to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 5 c Vas the organization as excino 501(c)4, 501(c)(5) or 501(c)(6) organization subject to section 603(e)) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 5 c Teler amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 5 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?. 5 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 5 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the y		x
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form \$901 for the year? If "No," provide an explanation in Schedule O. 355 or 350 (10)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy stax requirements during the year? If "Yes," complete Schedule C, Part III . 355. 36 Did the organization undergo a fliguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule A. 37a 36 and 37a 37a		x
change on Schedule O. See instructions. 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6a, and 7a, among others)? 5 li "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No, "provide an explanation in Schedule O. 35i. Vas the organization as exciscin 501(4), 501(4)(5) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 4. 1 and the organization of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37a 5a 5i dit the organization be Form 1120-PCL for this year? 5 lid the organization be Form 1120-PCL for this year? 5 lid the organization be Form 1120-PCL for this year? 5 lid the organization be Form 1120-PCL for this year? 5 lid the organization be Form 1120-PCL for this year? 5 lid the organization be Form 1120-PCL for this year? 5 lif "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 39 39 39 39 39 30 30 30		x
15 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among othersi?). b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spliciable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization from whom, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Did the organization from whom, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Did the organization school. 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of dub facilities. 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶		x
activities (such as those reported on lines 2, 6a, and 7a, among others)? b f 'Yes' to line 35a, has the organization field a Form 990-T for the year? if 'No,* provide an explanation in Schedule O. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? if 'Yes," complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if 'Yes," complete schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b If Yes' to line 35s, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(s) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete special parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 38 bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bid 1' Yes," complete Schedule L, Part II and enter the total amount involved. 38 bid 1' Yes," complete Schedule L, Part II and enter the total amount involved. 38 bid 1' Yes, and capital contributions included on line 9. 39 Gross receipts, included on line 9, or public use of dub facilities. 39 Gross receipts, included on line 9, or public use of dub facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-07 "If "Yes," complete Schedule L, Part 1. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reminuments by the organization of the year, and the reminument of tax on line 40c reminuments by the organization of the year, and the prior year is a proper year. 41 List the states with which a copy of this return is filed. ▶ OR 42 a Th		
c Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 38 a Did the organization file Form 1120-PQL for this year? 39 b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38 b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 5 section 4912 ▶ 5 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I and enter the total amount of tax imposed on organizations managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T. 40 Its the states with which a copy of this return is filed. ▶ OR 10 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FincEN Form 114, Report o		x
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 38 a Did the organization in lie Form 1120-POL, for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9. 39 Section 501(c)(3) and solitical expenditures. Enter amount of tax imposed on the organization during the year under: section 4911 P. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 P. 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E-Z? If "Yes," complete Schedule L, Part 1. 401 C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization. 40 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T. 41 List the states with which a copy of this return is filed. 42 The organization for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42 If "Yes,		x
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 38 a Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(2) organizations. Enter: 1 initiation fees and capital contributions included on line 9 38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 Responsible to the organization organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40 List the states with which a copy of this return is filled. 40 Part of the states with which a copy of this return is filled. 40 Part of the states with which a copy of this return is filled. 40 Part of the states with which a copy of this return is filled. 40 Part of the organization or solventy organization have an interest in or a signature or other authority over a financial account in a		
Tenter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 3 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. 38 b Gross receipts, included on line 9, for public use of club facilities 38 b Initiation fees and capital contributions included on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 401 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T. 401 List the states with which a copy of this return is filed. ▶ OR Telephone no. ▶ 503 Located at ▶ PO Box 483	 	
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum? 38 b I*"Yes," complete Schedule L, Part II and enter the total amount involved. 38 Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 ≥ 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ≥ 39 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ≥ 39 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 41 List the states with which a copy of this return is filed. ▶ OR 42 The organization's books are in care of ▶ Elise Bauman Telephone no. ▶ 503 42 The organization's books are in care of ▶ Elise Bauman Telephone no. ▶ 503 43 Located at ▶ PO Box 483 City Salem ST OR ZIP + 4 ▶ 97308 44 A try time during the calendar year, did the organization have an interest in or a signature or other authority over as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ 34 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 44 Did the or		X
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c At any time during the calendar year, did the organization maintain an office outside the United States?		
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44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
completed instead of Form 990-EZ	Ye	o l No
completed instead of Form 990-EZ	1.6	es No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	1-	-
completed instead of Form 990-EZ	T	
c Did the organization receive any payments for indoor tanning services during the year?		X
	+	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		
explanation in Schedule O	-	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	—	<u> </u>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the		
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X
Form 990-EZ. See instructions	990-E	

Form 9	90-EZ (2011	SALEM HARVEST INC	· · · · · · . · .				45-30438	385	Page 4
								Yes	No
46		organization engage, directly or indirect	•						
		dates for public office? If "Yes," comple		<u> </u>	<u></u>	<u> </u>	. 46	<u> </u>	X
Part	— А 5	ection 501(c)(3) Organizations C Il section 501(c)(3) organizations r 0 and 51.	must answer questions						_
	С	heck if the organization used Sche	edule O to respond to ar	ny question in th	is Part VI	· · · · ·			
								Yes	No
47		organization engage in lobbying activition "Yes," complete Schedule C, Part II.	es or have a section 501(h)			ax 	. 47		x
48	is the or	ganization a school as described in sec	ction 170(b)(1)(A)(ii)? If "Ye	s," complete Sche	edule E		. 48		Х
49 a		organization make any transfers to an e					. 49a		X
þ		was the related organization a section					. 49b	L	X
50	Complet	e this table for the organization's five h	ighest compensated emplo	yees (other than o	officers, dire	ctors, trustees,	and key		
	employe	es) who each received more than \$100	0,000 of compensation from	i the organization. T			ne." I		
	(a	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	contrit benefit	Health benefits, outions to employee plans, and deferred compensation	(e) Estim other c	ated amo ompense	
	None								
Title		· · · · · · · · · · · · · · · · · · ·	Hr/WK .00				 		
Name			Hrwk .00				:		
Name			THIVEK 150						
Title			HrMK .00	1					
Name									
Title)		Hr/WK .00				ļ		
Name				1					
Title			Hr/WK .00				L		
f		mber of other employees paid over \$10 to this table for the organization's five h		P	who ooch	Topolisad mara	than		
51		o of compensation from the organization			WIID GAGI	leceived indie	u ian		
	\$ 100,00	O O Compensation nom the organization	orr. Il diere is riorie, enter i]					
		(a) Name and business address of each independ	dent contractor	(b) Type o	f service	(0) Compense	ation	
Name	None	Str				ŀ			
Crty		<u>ST</u>	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str ST	ZIP	1					
Crty Name		Str			.,		<u> </u>		
City		ST	ZIP]					
Name		Str			· · · · · · · · · · · · · · · · · · ·				
City		ST	ZIP						
d	Total nu	mber of other independent contractors	each receiving over \$100,0	000	. •		 		
52		organization complete Schedule A? No ed Schedule A	te: All section 501(c)(3) org	janizations must a	nttach a		► X Y	98] No
Under	penaities of	perjury, I declare that I have examined this return, omplete. Declaration of preparer (other than office)	Including accompanying schedules r) is based on all information of whi	and statements, and t ch preparer has any kn	o the best of my owledge	knowledge and be	dief, it is		
	1	Eline James	-	, , , , , , , , , , , , , , , , , , , ,		4/26	1202		
Sign		Signature of officer				Date	1		
Here		Elise Bauman				Executive Dir	ector		
		Type or print name and title							
Paid	1	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
	parer				L	self-employed			
	Only	Firm's name		····		Firm's EIN ▶ Phone no.		-	
May	he IRS d	iscuss this return with the preparer sho	wn above? See instructions	3			► T Y	98	No
iviay I	" IO 11 40 (I	manda and infalli with the higherdi allo.	assiss out mandone	· · · · · · · · ·		_ <u></u>	<u> </u>		,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Employer Identification number

SAL	<u>EM</u>	HARVEST INC					45-30	43885
Pai	rt I	Reason for Public Char	Ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.	
The 1	orga	anization is not a private foundat A church, convention of church)
2	H	A school described in section 1	•				(~)(1).	•
3	H	A hospital or a cooperative hos		•			n	
4	Ħ	A medical research organization	. , .		•		•	ter the
•	_	hospital's name, city, and state	:					***************************************
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg plete Part II.)	e or university owned	or operate	ed by a go	vemmental unit desc	aribed in
6		A federal, state, or local govern	ment or governmen	ntal unit described in se	ection 170)(b)(1)(A)((v).	
7	X	An organization that normally redescribed in section 170(b)(1)(m a gove	mmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9		An agricultural research organior university or a non-land-grar university:						
10		An organization that normally or receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See se	ection 509	9(a)(4).	
12								
8 h	ı	Type I. A supporting organization(sorganization. You must con Type II. A supporting organization.	s) the power to reguinglete Part IV, Section 1981	larly appoint or elect a tions A and B.	majority o	of the dire	ctors or trustees of th	ne supporting
_	•	control or management of the organization(s). You must o	ne supporting organi complete Part IV, S	ization vested in the sa ectlons A and C.	ime perso	ns that co	introl or manage the	supported
C	;	its supported organization(s)	ated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,
d	1	Type III non-functionally integrated in that is not functionally integrated integrated in the control of the co	ntegrated. A suppor ated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection vibution re	vith its supported org quirement and an at	anization(s) tentiveness
6	,	Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination from	n the IRS	that it is a		e III
f		Enter the number of supported	-		ig organiz			[
9	l	Provide the following information	n about the support	ed organization(s).				
	(1)	Name of supported organization	(0) EIN	(III) Type of organization (described on lines 1–10 above (see Instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)			•			-		
(B)		······································						
(C)		· · · · · · · · · · · · · · · · · · ·		<u></u>				
(D)								
						ļ		
(E)							-	

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.)

Sec	tion A. Public Support	. ,					
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		35,502	56,915	56,286	68,561	217,264
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	0	35,502	58,915	56,286	68,561	217,284
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			*			
6	Public support. Subtract line 5 from line 4				, ,		217,264
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	35,502	56,915	56,286	68,561	217,264
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources		66	145	357	499	1,067
9	Net income from unrelated business activities, whether or not the business is regularly carried on			1	30.		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10		,	.,			218,331
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here.	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)		▶ 🔲
	tion C. Computation of Public Suj			<u> </u>		44]	00.549/
	Public support percentage for 2019 (line 6, c					14	99.51% 65.98%
15 16a	Public support percentage from 2018 Schede 33 1/3% support test—2019. If the organizand stop here. The organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	33 1/3% support test—2018. If the organization qualified box and stop here. The organization qualified	es as a publicly su	pported organizatio	n			▶ 🗀
17a	10%-facts-and-circumstances test2019 10% or more, and if the organization meets to Part VI how the organization meets the "facts organization	the "facts-and-circus- s-and-circumstanc	umstances" test, ches" test. The organ	eck this box and sization qualifies as	top here. Explain a publicly support	in ed	▶ 🗍
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and is the "facts-and-ci	i-circumstances" te rcumstances" test.	st, check this box a The organization of	and stop here. Jualifies as a public	ły	▶□
18	Private foundation. If the organization did rinstructions						▶□

Schedule A (Fo	rm 990 or 990-EZ) 2019	SALEM HARVEST INC			45-3043885	Page 8
Part VI	III, line 12; Part IV, Se B, lines 1 and 2; Part	nation. Provide the explanation ection A, lines 1, 2, 3b, 3c, 4b, 4 IV, Section C, line 1; Part IV, S	ns required by Part II, line 10, Part 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and section D, lines 2 and 3; Part IV, Se	11c, Part IV, ection E, lines	Section 1c, 2a, 2b,	
			Part V, Section D, lines 5, 6, and 8		Section E,	
	lines 2, 5, and 6. Also	complete this part for any add	itional information. (See instruction	IS.)		
			*		-++	
				•		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	i die organization					Limployer identification	
	M HARVEST INC			<u> </u>	1 10 4 10 15	45-304	
Par					ered "Yes" on For	m 990, Part IV, III	ne 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	isea tunas tnrou			ng activities. Check a of non-government g		
a	Mail solicitations		-				
D	Internet and email solicitations				of government grant	3	
C	Phone solicitations		g [S	pecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written of key employees listed in Form 990, F	Part VII) or entity	in connec	tion with p	rofessional fundraisi	ng services?	Yes No
b	If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the		s (fundrais	ers) pursua	ant to agreements u	nder which the fund	raiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	 		Yes	No			
1		ļ				ļ	
			ļ		0	0	0
2		THE PERSON WITH PROPERTY AND A SECOND PROPER			0	0	0
3]			0	0	0
4					0	0	0
5					0	. 0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total		1	<u></u>	·	0	0	0
3	List all states in which the organizat registration or licensing.	ion is registered	or license	d to solicit	contributions or has	been notified it is e	

	t II	more than \$15,000 of fu	•	outions and gross inco		
T		events with gross receip	ts greater than \$5,000 (a) Event #1 Fundraising	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		-	(event type)	(event type)	(total number)	∞l. (c))
	1	Gross receipts	22,642		0	22,642
	2	Less: Contributions Gross income (line 1 minus			0	
	3	line 2)	22,642		0	22,642
	4	Cash prizes			0	
	5	Noncash pnzes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	
						L
	9	Other direct expenses	5,667		0	5,667
	9 10 11	Direct expense summary. Add	lines 4 through 9 in colur			(5,667)
ar	10	Direct expense summary. Add Net income summary. Subtrac Gaming. Complete if th	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer	nn (d)		(5,667) 16,975
7	10 11	Direct expense summary. Add Net income summary. Subtract	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer	nn (d)		(5,667) 16,975
7	10 11	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form S	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(5,667) 16,975 eported more (d) Total gaming (add col. (a) through col. (c))
	10 11	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form Street Gross revenue.	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(5,667) 16,975 eported more (d) Total gaming (add col. (a) through col. (c))
	10 11	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form S	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(5,667) 16,975 eported more (d) Total gaming (add col. (a) through col. (c))
	10 11 3111	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form Street Gross revenue.	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(5,667) 16,975 eported more (d) Total gaming (add col. (a) through col. (c))
7	10 11 1 2	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form Section of the summary. Gross revenue	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(d) Total gaming (add col. (a) through col. (c))
	10 11 1 2 3	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form Section of the complete in the complete	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 90-EZ, line 6a. (a) Bingo	mn (d)		(d) Total gaming (add col. (a) through col. (c))
	10 11 1 2 3 4	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form States Gross revenue	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a.	nn (d)		(d) Total gaming (add col. (a) through col. (c))
	10 11 1 2 3 4 5	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form States Gross revenue	lines 4 through 9 in colur t line 10 from line 3, colur e organization answer 190-EZ, line 6a. (a) Bingo	mn (d)	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Is the organization licensed to conduct gaming activities in each of these states?.......

If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2019 SALEM HARVEST INC	45	<u>-3043885</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	_	_	
a	- · · · · · · · · · · · · · · · · · · ·	13a		%
р		13b	<u>. </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records:	nd		
	Name ►			
	Address ▶			~~~~
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$0 and the			
	amount of gaming revenue retained by the third party > \$0			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶	-		
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year \$	•		0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional part III.			
	See instructions.			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2019

Open to Public Inspection
Employer Identification number

SALEM HARVEST INC 45-3043885 Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 251 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 980 Form 990-EZ, Part I, Line 16, Other Expenses: Vehicle Maint & repair. 1,638 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance 4,420 Form 990-EZ, Part I, Line 16, Other Expenses: Business Fees: 262 Form 990-EZ, Part I, Line 16, Other Expenses: Phone: 436 Form 990-EZ, Part I, Line 16, Other Expenses: outreach: 2,054 Form 990-EZ, Part II, Line 24, Other Assets: 40' shipping container, ATV, ladders. Beginning of year: 8,452, End of year: 8,452 Form 990-EZ, Part II, Line 26, Liabilities: payroll liability: Beginning of year: 1,403, End of year: 0

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
SALEM HARVEST INC	45-3043885
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<i>}</i>	

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