

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

**2021**

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>HEAVENLY HARVEST FOUNDATION  |   | <b>D Employer identification number</b><br>47-1633353  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>19 EAST 26TH STREET            | <b>E Telephone number</b><br>917-828-3233 |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10010                          |   | <b>F Group Exemption Number</b> ▶  |
|  | <b>G Accounting Method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ |   | <b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990). |

**I Website:** ▶ WWW.HEAVENLYHARVESTFOUNDATION.ORG

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

**K Form of organization:**  Corporation  Trust  Association  Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **126,463.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 77,463.  |
|------------|--|--|----------|
|            | 2  | Program service revenue including government fees and contracts  | 49,000.  |
|            | 3  | Membership dues and assessments  |          |
|            | 4  | Investment income  |          |
|            | 5a   | Gross amount from sale of assets other than inventory  |          |
|            | b  | Less: cost or other basis and sales expenses   |          |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  |          |
|            | 6  | Gaming and fundraising events:   |          |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  |          |
|            | b  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |          |
| c          | Less: direct expenses from gaming and fundraising events   |  |          |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |  |          |
| 7a         | Gross sales of inventory, less returns and allowances  |  |          |
| b          | Less: cost of goods sold   |  |          |
| 7c         | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                     |  |          |
| 8          | Other revenue (describe in Schedule O)   |  |          |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | ▶  | 126,463. |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   |          |
|            | 11   | Benefits paid to or for members  |          |
|            | 12   | Salaries, other compensation, and employee benefits  |          |
|            | 13   | Professional fees and other payments to independent contractors  |          |
|            | 14   | Occupancy, rent, utilities, and maintenance  |          |
|            | 15   | Printing, publications, postage, and shipping  |          |
|            | 16   | Other expenses (describe in Schedule O) SEE SCHEDULE O   |          |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   | ▶  | 112,309. |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  | 14,154.  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | 32,003.  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 0.       |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  | ▶        |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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