

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2021 and ending 12/31/2021

Organization's legal name

HARVEST912INC

Employer ID number

85-3593184

Other names used by organization (DBA)

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Number and street (or P.O. box, if applicable)  
1655 MOORHEADVILLE ROAD

Room/Suite

Telephone number

City or town, state or country and ZIP + 4  
NORTH EAST, PA 16428

Web address, if applicable \_\_\_\_\_

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year .....   
Check if organization is terminating (going out of business) .....

**Information regarding principal officer:**

Name  
KARYN VOOS

Street address  
1655 MOOREHEADVILLE RD

City, state or country and ZIP + 4  
NORTH EAST, PA 16428