

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2001

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

C Name of organization: **HARVEST USA**
 Number and street (or P O box if mail is not delivered to street address): **P.O. BOX 11469**
 City or town, state or country, and ZIP + 4: **PHILADELPHIA, PA 19111**

D Employer identification number: **23-2684968**

E Telephone number: **(215) 342-7114**

F Accounting method: Cash Accrual
 Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: **▶**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: **▶**

G Web site: **▶ N/A**

J Organization type (check only): 501(c) (3) (insert no) 4947(a)(1) or 527

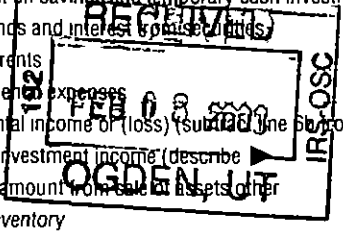
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **766,667.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	731,709.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 731,531. noncash \$ 178.)	1d	731,709.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	6,777.		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
6b	Less rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		2,258.	8a		
b	Less cost or other basis and sales expenses	4,802.	8b		
c	Gain or (loss) (attach schedule)	-2,544.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	-2,544.	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	19,459.		
b	Less direct expenses other than fundraising expenses	9b	11,286.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2	9c	8,173.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	6,464.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	750,579.		
13	Program services (from line 44, column (B))	13	526,158.		
14	Management and general (from line 44, column (C))	14	113,916.		
15	Fundraising (from line 44, column (D))	15	98,417.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	738,491.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	12,088.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	451,472.		
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	20	-13,282.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	450,278.		



FILED FEB 11 2003

G 1

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	71,345.	45,661.	11,415.	14,269.
26	Other salaries and wages	277,144.	199,345.	48,012.	29,787.
27	Pension plan contributions	14,616.	8,366.	2,092.	4,158.
28	Other employee benefits	59,070.	41,549.	10,387.	7,134.
29	Payroll taxes	25,265.	17,657.	4,414.	3,194.
30	Professional fundraising fees				
31	Accounting fees	8,700.		8,344.	356.
32	Legal fees				
33	Supplies	8,735.	6,785.		1,950.
34	Telephone	19,086.	8,132.	4,066.	6,888.
35	Postage and shipping	23,093.	21,416.	40.	1,637.
36	Occupancy	33,464.	19,571.	7,200.	6,693.
37	Equipment rental and maintenance	9,319.	8,402.	129.	788.
38	Printing and publications	49,857.	46,264.		3,593.
39	Travel	38,913.	31,131.		7,782.
40	Conferences, conventions, and meetings	23,187.	21,204.	1,593.	390.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	15,170.	7,585.	7,585.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 4	61,527.	43,090.	8,639.	9,798.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	738,491.	526,158.	113,916.	98,417.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a THE ORGANIZATION PROVIDES INFORMATION AND PROGRAMS TO INDIVIDUALS WHO WISH TO BE FREE FROM HOMOSEXUAL BEHAVIOR AND ADDICTION TO PORNOGRAPHY.	
(Grants and allocations \$ _____)	526,158.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	526,158.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	26,925.	45	28,535.
	46 Savings and temporary cash investments	179,552.	46	185,245.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a 5,220.		
	b Less allowance for doubtful accounts	48b	48c	5,220.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	9,246.	53	9,918.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	186,052.	54	171,465.
	55 a Investments land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment, basis	57a 114,972.			
b Less accumulated depreciation	57b 55,538.	49,322.	57c	59,434.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	456,202.	59	459,817.	
Liabilities	60 Accounts payable and accrued expenses	4,730.	60	9,539.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	4,730.	66	9,539.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	289,812.	67	352,834.
	68 Temporarily restricted	152,281.	68	88,065.
	69 Permanently restricted	9,379.	69	9,379.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	451,472.	73	450,278.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	456,202.	74	459,817.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 13		
91	The books are in care of TREASURER Telephone no 215-342-7114		
	Located at P.O. BOX 11469, PHILADELPHIA, PA ZIP + 4 19111		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,777.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-2,544.	
101 Net income or (loss) from special events			01	8,173.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	6,464.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		18,870.	0.
105 Total (add line 104, columns (B), (D), and (E))					18,870.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

-6-03 *Daniel R. Grabianowski*
V.P./Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2001

Name of the organization

HARVEST USA

Employer identification number

23 2684968

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	705,637.	575,732.	547,484.	445,370.	2,274,223.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,294.	20,696.	6,458.	10,858.	43,306.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	14,549.	14,825.	9,824.	8,997.	48,195.
19 Net income from unrelated business activities not included in line 18		0.			
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	183.	189.	147.	56.	575.
23 Total of lines 15 through 22	725,663.	611,442.	563,913.	465,281.	2,366,299.
24 Line 23 minus line 17	720,369.	590,746.	557,455.	454,423.	2,322,993.
25 Enter 1% of line 23	7,257.	6,114.	5,639.	4,653.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 46,460.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b 123,780.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 2,322,993.
	d Add Amounts from column (e) for lines 18 48,195. 19 19 22 575. 26b 123,780.				26d 172,550.
	e Public support (line 26c minus line 26d total)				26e 2,150,443.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 92.5721%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15 16 17 20 21				27c N/A
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
EGE CAPITAL	2,258.	4,802.	0.	-2,544.	
TO FORM 990, PART I, LINE 8	2,258.	4,802.	0.	-2,544.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
BANQUET FEES	19,459.		19,459.	11,286.	8,173.	
TO FM 990, PART I, LINE 9	19,459.		19,459.	11,286.	8,173.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION	AMOUNT			
UNREALIZED LOSS	-13,282.			
TOTAL TO FORM 990, PART I, LINE 20	-13,282.			

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ADVERTISING	1,049.	1,023.	0.	26.		
INSURANCE	3,458.	3,458.	0.	0.		
EDUCATION	6,005.	5,397.	0.	608.		
CONTRIBUTIONS	1,680.	1,680.	0.	0.		
DISCRETIONARY	1,877.	1,877.	0.	0.		
EDUCATIONAL MATERIAL	3,206.	2,005.	0.	1,201.		
MISCELLANEOUS	18,846.	11,666.	6,190.	990.		
PROFESSIONAL MEMBERSHIPS	1,680.	1,680.	0.	0.		
SOFTWARE MAINTENANCE	11,073.	8,873.	0.	2,200.		

HARVEST USA

23-2684968

STEWARDSHIP TRAINING AND RECRUITMENT	1,360.	0.	0.	1,360.
UTILITIES	109.	109.	0.	0.
VOLUNTEERS	10,051.	4,820.	2,449.	2,782.
	1,133.	502.	0.	631.
TOTAL TO FM 990, LN 43	61,527.	43,090.	8,639.	9,798.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

PROVIDE COUNSELING TO CHANGE HOMOSEXUAL BEHAVIOR AND ADDICTION TO PORNOGRAPH

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EGE CAPITAL			171,465.		171,465.
TO 990, LN 54 COL B			171,465.		171,465.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
BANQUET EXPENSES	11,286.
UNREALIZED LOSS	-13,282.
TOTAL TO FORM 990, PART IV-A	-1,996.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
BANQUET EXPENSES		11,286.	
TOTAL TO FORM 990, PART IV-B		11,286.	

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
OTHER INCOME	183.	189.	147.	56.	
TOTAL TO SCHEDULE A, LINE 22	183.	189.	147.	56.	

HARVEST USA
Comprehensive Depreciation [Depreciation]
GAAP
For the Period July 1, 2001 to June 30, 2002

Asset ID	Class EOPT	Placed in Service Date	Asset Balances			Lifespan (Yr/Mo)	Depreciation Method	Book Cost	Depreciable Basis		Prior Reported Depreciation	Current & Accum Depreciation			Net Book Value	
			Beginning	Additions	Deletions				Ending	Blk. Use %		Net 3179A LAFTD	Current Dep. & AFTD	Beginning Accum Dep.		Net Sec. 179E/79A
000010	COMPUTER (IM)	8/28/2000	2,294	0	0	5.0	2,294	0	421	0	421	459	0	0	879	1,415
000028	SOUNDBOARDS	12/7/1996	200	0	0	5.0	200	0	200	0	200	0	0	0	200	0
000030	COMPUTER EQUIP	7/1/1998	1,454	0	0	5.0	1,454	0	1,454	0	1,454	0	0	0	1,454	0
000031	COMPUTER EQUIPMENT	10/8/1996	4,468	0	0	5.0	4,468	0	4,246	0	4,246	222	0	0	4,468	0
000032	PHOTOCOPIER	2/10/1997	6,638	0	0	5.0	6,638	0	5,864	0	5,864	774	0	0	6,638	0
000033	RECORDER & MICROPHON	8/18/1997	585	0	0	5.0	585	0	458	0	458	117	0	0	575	10
000034	COMPUTER HARDWARE	9/29/1997	430	0	0	3.0	430	0	429	0	429	0	0	0	429	1
000035	COMPUTER SOFTWARE	9/29/1997	444	0	0	3.0	444	0	444	0	444	0	0	0	444	0
000036	ECS PS:800 & MONITOR	12/6/1998	931	0	0	3.0	931	0	931	0	931	0	0	0	931	1
000037	OFFICE CONNECT	3/2/1998	227	0	0	3.0	227	0	227	0	227	0	0	0	227	0
000038	NORTON ANTI-VIRUS	3/2/1998	210	0	0	3.0	210	0	210	0	210	0	0	0	210	0
000040	COMPUTER EQUIPMENT	11/17/1998	5,018	0	0	3.0	5,018	0	4,460	0	4,460	558	0	0	5,018	0
000041	COMPUTER SOFTWARE	12/21/1996	245	0	0	3.0	245	0	211	0	211	34	0	0	245	0
000046	QUICKBOOKS SOFTWARE	5/24/1999	159	0	0	3.0	159	0	115	0	115	44	0	0	159	0
000048	COMP MONITOR/PRINTR	4/7/1999	914	0	0	3.0	914	0	685	0	685	228	0	0	914	0
000050	WEBRAMP SOFTWARE	8/19/1998	318	0	0	3.0	318	0	203	0	203	106	0	0	309	9
000052	COMPUTER ULTRA INTEL	10/15/1999	10,494	0	0	5.0	10,494	0	3,673	0	3,673	2,099	0	0	5,772	4,722
000053	SOFTWARE	11/10/1999	2,178	0	0	3.0	2,178	0	1,210	0	1,210	726	0	0	1,936	242
000054	5 COMPUTER SPEAKERS	11/11/1999	80	0	0	5.0	80	0	27	0	27	16	0	0	43	37
000055	DISKEEPER SOFTWARE	11/15/1999	490	0	0	3.0	490	0	272	0	272	163	0	0	436	54
000056	MODEM	12/20/1999	148	0	0	5.0	148	0	47	0	47	30	0	0	77	72
000057	2 15" MONITORS	12/20/1999	318	0	0	5.0	318	0	101	0	101	64	0	0	164	154
000059	DIGITAL VOICE RECORDER	11/24/1999	133	0	0	5.0	133	0	44	0	44	27	0	0	71	62
000081	LAPTOP CONNECTOR TO TV	2/10/2000	199	0	0	5.0	199	0	56	0	56	40	0	0	96	103
000062	SCANJET	3/14/2000	546	0	0	5.0	546	0	146	0	146	109	0	0	255	291
000063	DIGITAL CAMERA	3/14/2000	1,060	0	0	5.0	1,060	0	283	0	283	212	0	0	495	565
000064	MEMORY UPGRADE	3/14/2000	85	0	0	5.0	85	0	23	0	23	17	0	0	40	45
000066	MARBLE WHEEL MOUSE	5/4/2000	86	0	0	5.0	86	0	20	0	20	17	0	0	37	49
000070	PC PROJECTOR & COMPUTER MEMORY															

Asset ID	Class	EOPT	Selected Dates				Asset Balance				Depreciable Basis				Current & Accrued Depreciation					
			Placed in Service Date	Disposal Date	Beginning	Ending	Book Cost	ITC Reduction Amount	Bus. Use %	Net (179A) & APTD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & APTD	Net (179A) & APTD	Net Additions/Deletions	Ending Accum Depr	Net Book Value		
00080	COMPUTER		9/25/2000		3,786	0	3,786	SL100FM	5.0	3,786	0	3,786	0	533	3,786	633	750	0	1,392	2,404
00090	BACKUP AND MEMORY		11/13/2000		3,408	0	3,408	SL100FM	5.0	3,408	0	3,408	0	454	3,408	454	681	0	+1,135	2,271
00100	COMPUTER EQUIPMENT		3/19/2001		1,374	0	1,374	SL100FM	3.0	1,374	0	1,374	0	153	1,374	153	458	0	611	763
00110	COMPUTER OFFICE ASST		4/30/2001		1,765	0	1,765	SL100FM	3.0	1,765	0	1,765	0	147	1,765	147	588	0	735	1,030
00120	QUICKBOOKS SOFTWARE		6/27/2001		2,008	0	2,008	SL100FM	5.0	2,008	0	2,008	0	33	2,008	33	402	0	435	1,573
00160	Raiser's Edge for Windows SOLA Database Version Software		1/5/2001		571	0	571	SL100FM	3.0	571	0	571	0	95	571	95	190	0	266	286
00180	Camera Accessories		2,668	0	2,668	0	2,668	SL100FM	3.0	2,668	0	2,668	0	444	2,668	444	889	0	1,333	1,333
00190	Computer Firewall and Antivirus Protection		0	127	0	127	SL100FM	5.0	127	0	127	0	0	127	0	23	0	0	104	
00200	Graphics Card for Computer		0	2,783	0	2,783	SL100FM	3.0	2,783	0	2,783	0	0	2,783	0	696	0	696	2,087	
00210	VPN Setup and Work (Firewall)		0	139	0	139	SL100FM	3.0	139	0	139	0	0	139	0	31	0	31	108	
00220	Conference Call Unit		0	488	0	488	SL100FM	3.0	488	0	488	0	0	488	0	81	0	81	408	
00230	RE Software and Subscription		0	136	0	136	SL100FM	5.0	136	0	136	0	0	136	0	11	0	11	125	
00240	MS Computer		0	1,375	0	1,375	SL100FM	3.0	1,375	0	1,375	0	0	1,375	0	78	0	78	1,208	
00260	Color Printer MS		0	345	0	345	SL100FM	5.0	345	0	345	0	0	345	0	69	0	69	278	
00270	Flexore Mouse		0	343	0	343	SL100FM	5.0	343	0	343	0	0	343	0	63	0	63	260	
00280	Projector		0	177	0	177	SL100FM	5.0	177	0	177	0	0	177	0	30	0	30	148	
00300	VPN Firewall setup and work		0	2,700	0	2,700	SL100FM	5.0	2,700	0	2,700	0	0	2,700	0	405	0	405	2,295	
00310	Camera and camera equipment		0	488	0	488	SL100FM	3.0	488	0	488	0	0	488	0	81	0	81	408	
00330	Computer Equipment 256MB module		0	1,193	0	1,193	SL100FM	5.0	1,193	0	1,193	0	0	1,193	0	80	0	80	1,113	
00440	Install Vocaline		0	198	0	198	SL100FM	3.0	198	0	198	0	0	198	0	22	0	22	178	
00450	2 Computer Stations		0	408	0	408	SL100FM	5.0	408	0	408	0	0	408	0	20	0	20	388	
00460	Alarm System Installation		0	3,635	0	3,635	SL100FM	5.0	3,635	0	3,635	0	0	3,635	0	182	0	182	3,453	
Total			55,938	14,857	0	70,795		70,795	0	70,795	0	28,419	70,795	28,419	11,914	0	40,333	30,462		
0001	FURNITURE MISC		1/1/1992		1,233	0	1,233	SL100FM	8.0	1,233	0	1,233	0	1,233	0	0	0	0	1,233	1
0002	FURNITURE MISC		1/1/1992		353	0	353	SL100FM	7.0	353	0	353	0	348	353	348	0	0	348	7
0004	TV & VCR		1/1/1992		430	0	430	SL100FM	5.0	430	0	430	0	430	430	430	0	0	430	0
0005	FURNITURE MISC		1/1/1992		391	0	391	SL100FM	5.0	391	0	391	0	391	391	391	0	0	391	0
0006	FURNITURE MISC		1/1/1992		299	0	299	SL100FM	5.0	299	0	299	0	299	299	299	0	0	299	0
0013	LOVESEAT(2) & SOFA		12/20/1994		1,277	0	1,277	SL100FM	10.0	1,277	0	1,277	0	842	1,275	842	128	0	970	307
0014	FURNITURE VARIOUS		12/18/1994		1,204	0	1,204	SL100FM	10.0	1,204	0	1,204	0	791	1,208	791	120	0	911	293

Asset ID	Class	FURN	Asset Balances			Depreciable Basis			Current & Accum Depreciation			Net Book Value			
			Placed In Service Date	Disposal Date	Beginning	Additions	Deletions	Ending	Depreciable Basis	Book Cost	Yr. Mo		Current Depreciation	Accum Depreciation	Net Book Value
000015			18/1/995		300	0	0	0	300	185	30	0	0	225	75
000016			2/10/1995		423	0	0	0	423	270	42	0	0	312	111
000027			3/4/1996		214	0	0	0	214	113	21	0	0	134	80
000028			3/4/1996		365	0	0	0	365	207	39	0	0	248	140
000029			4/17/1996		4,810	0	0	0	4,810	2,525	481	0	0	3,066	1,804
000039			9/22/1998		513	0	0	0	513	158	51	0	0	209	304
000042			9/17/1998		8,025	0	0	0	8,025	2,274	803	0	0	3,077	4,948
000043			9/23/1998		2,373	0	0	0	2,373	673	237	0	0	910	1,463
000044			11/20/1998		1,175	0	0	0	1,175	314	118	0	0	432	744
000045			12/30/1998		860	0	0	0	860	248	86	0	0	344	516
000047			28/1/999		179	0	0	0	179	44	18	0	0	62	117
000049			7/23/1999		106	0	0	0	106	21	11	0	0	32	74
000051			8/27/1999		366	0	0	0	366	70	37	0	0	107	259
000056			11/10/1999		1,098	0	0	0	1,098	183	110	0	0	293	805
000060			2/4/2000		475	0	0	0	475	67	48	0	0	115	360
000065			4/19/2000		359	0	0	0	359	45	36	0	0	81	278
000067			5/21/2000		124	0	0	0	124	14	12	0	0	27	97
001130			8/28/2000		569	0	0	0	569	52	57	0	0	109	460
001140			4/30/2001		3,184	0	0	0	3,184	80	318	0	0	398	2,786
001150			6/27/2001		457	0	0	0	457	4	48	0	0	50	408
002250			8/25/2001		0	1,097	0	0	1,097	0	101	0	0	101	997
002260			9/24/2001		0	568	0	0	568	0	47	0	0	47	521
003320			3/31/2002		0	140	0	0	140	0	5	0	0	5	135
003440			3/31/2002		0	179	0	0	179	0	6	0	0	6	173
003500			4/18/2002		0	750	0	0	750	0	19	0	0	19	731
003600			4/29/2002		0	471	0	0	471	0	12	0	0	12	459
003700			4/29/2002		0	1,015	0	0	1,015	0	25	0	0	25	990
003800			4/29/2002		0	2,234	0	0	2,234	0	56	0	0	56	2,178
003900			4/29/2002		0	328	0	0	328	0	8	0	0	8	320
004000			4/29/2002		0	481	0	0	481	0	12	0	0	12	469
004100			4/29/2002		0	478	0	0	478	0	12	0	0	12	464

**HARVEST USA
PART V, LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>SALARY</u>
WILLIAM W PARR, JR	3015 OAK DRIVE, EAST NORRITON, PA 19401	BOARD PRESIDENT	\$ -
DANIEL R GRABIANOWSKI	239 MATHER ROAD, JENKINTOWN, PA 19046-3133	BOARD VICE PRES & TREAS	\$ -
THOMAS T TAYLOR	617 MONTGOMERY AVENUE, FOX CHASE MANOR, PA 19046	BOARD MEMBER	\$ -
JAMES P MCKERNAN	713 ALENE ROAD, AMBLER, PA 19002	BOARD MEMBER	\$ -
DR GARY L RUPP	870 KEYES AVENUE, WINTER PARK, FL 32789	BOARD MEMBER	\$ -
MIDGE RUTH	127 ROSETREE LANE, EXTON, PA 19341	BOARD MEMBER	\$ -
MARY BETH SHIELDS	2209 OLD HICKORY BOULEVARD, NASHVILLE, TN 37215	BOARD MEMBER	\$ -
CHARLES COLLINS	9218 WINDSTONE DRIVE, OOLTEWAH, TN 37363	BOARD MEMBER	\$ -
HARTLEY CONNETT	ROUTE 113, BOX 48, CHESTER SPRINGS, PA 19425	BOARD MEMBER	\$ -
STEPHEN W BROWN	901 KENSINGTON GARDEN DRIVE, OVIEDO, FL 32765	BOARD MEMBER	\$ -

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HARVEST USA	Employer identification number 23-2684968
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 11469	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHILADELPHIA, PA 19111	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *B. M. A.* Title ▶ **CPA** Date ▶ **11/12/02**
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)