

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization HARVEST USA	D Employer identification number 23-2684968
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 11469	E Telephone number (215) 342-7114
		City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19111	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).	

G Website: N/A

J Organization type (check only one) 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.

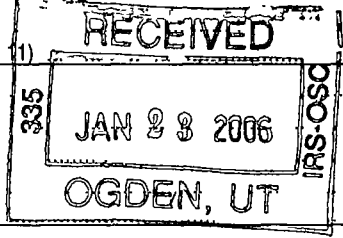
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,047,634.**

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	919,323.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 919,323. noncash \$ _____)	1d		919,323.
	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		4,450.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	111,174.	8a		
	115,670.	8b		
	-4,496.	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	-4,496.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a 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		12,687.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		931,964.	
Expenses	13 Program services (from line 44, column (B))	13	623,641.	
	14 Management and general (from line 44, column (C))	14	185,780.	
	15 Fundraising (from line 44, column (D))	15	126,201.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		935,622.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-3,658.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	286,723.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	5,353.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		288,418.



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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 \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 75,086.	52,560.	13,516.	9,010.
26 Other salaries and wages	26 436,460.	305,522.	78,562.	52,376.
27 Pension plan contributions	27 21,696.	15,187.	3,905.	2,604.
28 Other employee benefits	28 89,969.	62,978.	16,195.	10,796.
29 Payroll taxes	29 36,084.	25,259.	6,495.	4,330.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,005.		7,005.	
32 Legal fees	32 213.		213.	
33 Supplies	33 9,908.	6,936.	1,486.	1,486.
34 Telephone	34 14,728.	7,364.	3,682.	3,682.
35 Postage and shipping	35 17,969.	16,859.	76.	1,034.
36 Occupancy	36 58,120.	29,060.	14,530.	14,530.
37 Equipment rental and maintenance	37 8,602.	4,301.	2,581.	1,720.
38 Printing and publications	38 34,500.	24,150.	5,175.	5,175.
39 Travel	39 29,476.	17,686.	5,895.	5,895.
40 Conferences, conventions, and meetings	40 4,863.	3,631.	445.	787.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 22,482.	11,241.	11,241.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 68,461.	40,907.	14,778.	12,776.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 935,622.	623,641.	185,780.	126,201.

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 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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 SEXUAL SIN AND ADDICTION TO PORNOGRAPHY.	(Grants and allocations \$ _____)	623,641.
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)		623,641.

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	58,007.	45	96,739.	
	46 Savings and temporary cash investments	23,334.	46	13,807.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	11,860.	48c	
	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	12,027.	53	3,176.	
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	140,961.	54	123,787.	
	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	186,646.			
b Less: accumulated depreciation	57b	112,440.	57c		
58 Other assets (describe <input type="checkbox"/>)		60,111.	58		
59 Total assets (add lines 45 through 58) (must equal line 74)		306,300.	59	311,715.	
Liabilities	60 Accounts payable and accrued expenses	19,577.	60	13,374.	
	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	9,923.	
	65 Other liabilities (describe <input type="checkbox"/>)		65		
66 Total liabilities (add lines 60 through 65)		19,577.	66	23,297.	
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	253,095.	67	252,458.	
	68 Temporarily restricted	24,249.	68	26,581.	
	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)		286,723.	73	288,418.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		306,300.	74	311,715.

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 <input type="checkbox"/> 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	85b	
	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.		
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 on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> PA, MD, GA, TN, FL, SC		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	13
91	The books are in care of <input type="checkbox"/> TREASURER Telephone no. <input type="checkbox"/> 215-342-7114		
	Located at <input type="checkbox"/> P.O. BOX 11469, PHILADELPHIA, PA ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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	4,450.	
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	-4,496.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	12,687.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		12,641.	0.
105 Total (add line 104, columns (B), (D), and (E))					12,641.

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 page 34 of the instructions.)

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 page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *John B. Treman* Signature of officer Date: 1-10-06 *John B. Treman, EXECUTIVE DIRECTOR* Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: *Laura R. Zimm C/P A* Date: 1/10/06 Check if self-employed: Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: PRITCHARD, BIELER, GRUVER & WILLISON, PC EIN: _____
 590 BETHLEHEM PIKE Phone no.: (215) 997-7210
 COLMAR, PA 18915

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

2004

Name of the organization HARVEST USA	Employer identification number 23 2684968
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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
<u>EDWARD LECLAIR</u> ----- <u>PO BOX 11469, PHILADELPHIA, PA 19111</u>	<u>DIR OF DEVEL</u> <u>140 HRS/WEEK</u>	<u>59,245.</u>	<u>6,810.</u>	

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
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	
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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 i 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.		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	779,260.	796,106.	731,709.	705,637.	3,012,712.
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	22,302.	13,315.	19,459.	5,294.	60,370.
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	3,352.	3,595.	6,777.	14,549.	28,273.
19 Net income from unrelated business activities not included in line 18					
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	15,324.	6,238.	SEE STATEMENT 6 6,464.	183.	28,209.
23 Total of lines 15 through 22	820,238.	819,254.	764,409.	725,663.	3,129,564.
24 Line 23 minus line 17	797,936.	805,939.	744,950.	720,369.	3,069,194.
25 Enter 1% of line 23	8,202.	8,193.	7,644.	7,257.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 61,384.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 57,857.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,069,194.
d Add: Amounts from column (e) for lines: 18 28,273. 19 _____ 22 28,209. 26b 57,857.					26d 114,339.
e Public support (line 26c minus line 26d total)					26e 2,954,855.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.2746%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
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 2000 through 2003, 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.

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.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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:	Yes	No	Amount
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.)			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	111,174.	111,085.	0.	89.
LOSS ON DISPOSAL OF FIXED ASSET	0.	4,585.	0.	-4,585.
TO FORM 990, PART I, LINE 8	111,174.	115,670.	0.	-4,496.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN	5,353.
TOTAL TO FORM 990, PART I, LINE 20	5,353.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	372.	372.		
INSURANCE	5,055.	5,055.		
EDUCATION	3,079.	2,278.		801.
DISCRETIONARY	2,259.	2,259.		
EDUCATIONAL MATERIAL	3,306.	3,306.		
MISCELLANEOUS	12,183.	3,046.	6,091.	3,046.
PROFESSIONAL MEMBERSHIPS	2,370.	2,370.		
SOFTWARE MAINTENANCE	20,121.	14,085.	3,018.	3,018.
STEWARDSHIP	245.			245.
VOLUNTEERS	77.	77.		
UTILITIES	16,118.	8,059.	3,224.	4,835.
CONSULTANTS	3,115.		2,445.	670.
BANQUET	161.			161.
TOTAL TO FM 990, LN 43	68,461.	40,907.	14,778.	12,776.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

PROVIDE RESOURCES TO ASSIST INDIVIDUALS TO OVERCOME SEXUAL SIN AND ADDICTION TO PORNOGRAPHY

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EGE CAPITAL	FMV			123,787.	123,787.
TO FORM 990, LINE 54, COL B				123,787.	123,787.

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	15,324.	6,238.	6,464.	183.
TOTAL TO SCHEDULE A, LINE 22	15,324.	6,238.	6,464.	183.

HARVEST USA [3664har_001]
Depreciation Expense

Financial
 07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQPT												
SOUNDBOARDS												
000026		COMPUTER EQUIP	1/2/1996	SL / N/A	5.0000	200	100.0000	0	0	200	0	200
000030		COMPUTER EQUIPMENT	7/1/1996	SL / N/A	5.0000	1,454	100.0000	0	0	1,454	0	1,454
000031		PHOTOCOPIER	10/8/1996	SL / N/A	5.0000	4,468	100.0000	0	0	4,468	0	4,468
000032		RECORDER & MICROPHON	2/10/1997	SL / N/A	5.0000	6,638	100.0000	0	0	6,638	0	6,638
000033		COMPUTER HARDWARE	8/18/1997	SL / N/A	5.0000	585	100.0000	0	0	585	0	585
000034		COMPUTER SOFTWARE	9/29/1997	SL / N/A	5.0000	430	100.0000	0	0	430	0	430
000035		ECS PS1800 & MONITOR	9/29/1997	SL / N/A	5.0000	444	100.0000	0	0	444	0	444
000036		OFFICE CONNECT	1/26/1998	SL / N/A	5.0000	931	100.0000	0	0	931	0	931
000037		NORTON ANTIVIRUS	3/2/1998	SL / N/A	3.0000	227	100.0000	0	0	227	0	227
000038		COMPUTER EQUIPMENT	3/2/1998	SL / N/A	3.0000	210	100.0000	0	0	210	0	210
000040		COMPUTER SOFTWARE	11/17/1998	SL / N/A	5.0000	5,018	100.0000	0	0	5,018	0	5,018
000041		QUICKBOOKS SOFTWARE	12/21/1998	SL / N/A	5.0000	245	100.0000	0	0	245	0	245
000046		COMP. MONITOR/PRINTR	5/24/1999	SL / N/A	5.0000	159	100.0000	0	0	159	0	159
000048		WEBRAMP SOFTWARE	4/7/1999	SL / N/A	5.0000	914	100.0000	0	0	914	0	914
000050		COMPUTER ULTRA INTEL	8/19/1999	SL / N/A	5.0000	318	100.0000	0	0	318	0	318
000052		SOFTWARE	10/15/1999	SL / N/A	5.0000	10,494	100.0000	0	0	9,968	525	10,493
000053		5 COMPUTER SPEAKERS	11/10/1999	SL / N/A	5.0000	2,178	100.0000	0	0	2,178	0	2,178
000054		DISKEEPER SOFTWARE	11/11/1999	SL / N/A	5.0000	80	100.0000	0	0	75	5	80
000055		MODEM	11/15/1999	SL / N/A	5.0000	490	100.0000	0	0	490	0	490
000056		2 15" MONITORS	12/20/1999	SL / N/A	5.0000	148	100.0000	0	0	136	12	148

HARVEST USA [3664har_001]
Depreciation Expense

Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
000057		DIGITAL VOICE RECORDER	12/20/1999	SL / N/A	5.0000	318	100.0000	0	0	292	26	318
000059		LAPTOP CONNECTOR TO TV	11/24/1999	SL / N/A	5.0000	133	100.0000	0	0	125	8	133
000061		SCANJET	2/10/2000	SL / N/A	5.0000	199	100.0000	0	0	176	23	199
000062		DIGITAL CAMERA	3/14/2000	SL / N/A	5.0000	546	100.0000	0	0	473	73	546
000063		MEMORY UPGRADE	3/14/2000	SL / N/A	5.0000	1,060	100.0000	0	0	918	141	1,059
000064		MARBLE WHEEL MOUSE	3/14/2000	SL / N/A	5.0000	85	100.0000	0	0	74	11	85
000066		COMPUTER (IM)	5/4/2000	SL / N/A	5.0000	86	100.0000	0	0	71	14	85
000010		PC PROJECTOR & COMPUTER MEMORY	8/28/2000	SL / N/A	5.0000	2,294	100.0000	0	0	1,796	459	2,255
000070		COMPUTER	9/25/2000	SL / N/A	7.0000	3,796	100.0000	0	0	2,693	542	3,235
000080		BACKUP AND MEMORY	11/13/2000	SL / N/A	5.0000	3,406	100.0000	0	0	2,497	681	3,178
000090		COMPUTER EQUIPMENT	3/19/2001	SL / N/A	3.0000	1,374	100.0000	0	0	1,374	0	1,374
000100		COMPUTER - OFFICE ASST	4/30/2001	SL / N/A	3.0000	1,765	100.0000	0	0	1,765	0	1,765
000110		QUICKBOOKS SOFTWARE	6/27/2001	SL / N/A	5.0000	2,008	100.0000	0	0	1,238	402	1,640
000120		Raiser's Edge for Windows SQLA Database Version Software	1/29/2001	SL / N/A	3.0000	571	100.0000	0	0	571	0	571
000160		Camera Accessories	1/5/2001	SL / N/A	3.0000	2,666	100.0000	0	0	2,666	0	2,666
000180		Computer Firewall and Antivirus Protection	8/25/2001	SL / N/A	7.0000	127	100.0000	0	0	67	18	85
000190		Graphics Card for Computer	10/31/2001	SL / N/A	3.0000	2,783	100.0000	0	0	2,551	232	2,783
000200		VPN Setup and Work (Firewall)	11/30/2001	SL / N/A	3.0000	139	100.0000	0	0	123	16	139
000210		Conference Call Unit	1/25/2002	SL / N/A	3.0000	488	100.0000	0	0	407	81	488
000220		RE Software and Subscription	2/21/2002	SL / N/A	7.0000	136	100.0000	0	0	58	19	77
000230			5/1/2002	SL / N/A	3.0000	1,375	100.0000	0	0	993	382	1,375

HARVEST USA [3664har_001]
Depreciation Expense
 Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQPT												
MS Computer												
000240		Color Printer - MS	7/30/2001	SL / N/A	5.0000	345	100.0000	0	0	208	69	277
000260		Remote Mouse	8/25/2001	SL / N/A	7.0000	343	100.0000	0	0	180	49	229
000270		Projector	9/24/2001	SL / N/A	7.0000	177	100.0000	0	0	90	25	115
000290		VPN Firewall setup and work	10/31/2001	SL / N/A	7.0000	2,700	100.0000	0	0	1,332	386	1,718
000300		Camera and camera equipment	1/25/2002	SL / N/A	3.0000	488	100.0000	0	0	407	81	488
000310		Computer Equipment 256MB module	3/31/2002	SL / N/A	7.0000	1,193	100.0000	0	0	488	170	658
000330		Install Voicemail	3/31/2002	SL / N/A	7.0000	198	100.0000	0	0	116	28	144
000440		2 Computer Stations	4/29/2002	SL / N/A	7.0000	406	100.0000	0	0	160	58	218
000450		Alarm System Installation	4/30/2002	SL / N/A	5.0000	3,635	100.0000	0	0	1,635	727	2,362
000460		New Network Server	4/30/2002	SL / N/A	7.0000	325	100.0000	0	0	127	46	173
001007		Blackbaud - Final Payment RE7	9/30/2002	SL / N/A	5.0000	608	100.0000	0	0	194	122	316
000980		Deil - Upgrade Software	9/1/2003	SL / N/A	3.0000	2,815	100.0000	0	0	782	938	1,720
000990		Blackbaud - Additional Software	9/1/2003	SL / N/A	3.0000	1,787	100.0000	0	0	496	596	1,092
001000		Phone System/Voicemail Upgrade	9/12/2003	SL / N/A	3.0000	3,858	100.0000	0	0	1,072	1,286	2,358
001003		New computers	3/18/2004	SL / N/A	5.0000	2,760	100.0000	0	0	138	552	690
001005		New Computers	1/1/2005	SL / N/A	5.0000	27,262	100.0000	0	0	0	2,726	2,726
001006		New Network Server	1/1/2005	SL / N/A	5.0000	13,900	100.0000	0	0	0	1,390	1,390
001008	D	SERVER POWER PACK - NORTHEAST	9/30/2002	SL / N/A	5.0000	8,636	100.0000	0	0	2,756	1,295	4,051
000810		NETWORK SERVER - NORTHEAST	12/30/2002	SL / N/A	5.0000	839	100.0000	0	0	290	168	458
000820	D	CINGULAR WIRELESS - MS	9/30/2002	SL / N/A	5.0000	9,244	100.0000	0	0	2,950	0	2,950

HARVEST USA [3664har_001]
Depreciation Expense
 Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQPT												
000870		FAX MACHINE - MS	8/23/2002	SL / N/A	7.0000	279	100.0000	0	0	91	40	131
000880		DELL COMPUTER SERVER - MS	8/23/2002	SL / N/A	7.0000	120	100.0000	0	0	39	17	56
000890		POWER POINT SOFTWARE - MS (SARAH LIPP)	12/30/2002	SL / N/A	5.0000	439	100.0000	0	0	125	88	213
000900		ANTI-VIRUS SOFTWARE - MS	1/30/2003	SL / N/A	3.0000	350	100.0000	0	0	152	117	269
000910		TELEPHONE SYSTEM - MS	2/26/2003	SL / N/A	3.0000	414	100.0000	0	0	173	138	311
000930		TELEPHONE SYSTEM - MS	4/29/2003	SL / N/A	7.0000	3,876	100.0000	0	0	692	554	1,246
		Subtotal: EQPT				147,983		0	0	70,709	15,336	86,045
		Less dispositions and exchanges:				17,880		0	0	5,706	0	7,001
		Net for: EQPT				130,103		0	0	65,003	15,336	79,044
FURN												
000001		FURNITURE - MISC	1/1/1992	SL / N/A	8.0000	1,233	100.0000	0	0	1,232	0	1,232
000002		FURNITURE - MISC	1/1/1992	SL / N/A	7.0000	353	100.0000	0	0	346	0	346
000004		TV & VCR	1/1/1992	SL / N/A	5.0000	430	100.0000	0	0	430	0	430
000005		FURNITURE - MISC	1/1/1992	SL / N/A	5.0000	391	100.0000	0	0	391	0	391
000006		FURNITURE - MISC	1/1/1992	SL / N/A	5.0000	299	100.0000	0	0	299	0	299
000013		LOVESEAT(2) & SOFA	12/20/1994	SL / N/A	10.0000	1,277	100.0000	0	0	1,226	51	1,277
000014		FURNITURE - VARIOUS	12/16/1994	SL / N/A	10.0000	1,204	100.0000	0	0	1,152	52	1,204
000015		DESK & FILING CABS	1/6/1995	SL / N/A	10.0000	300	100.0000	0	0	285	15	300
000016		CHAIR & FILING CAB	2/10/1995	SL / N/A	10.0000	423	100.0000	0	0	396	25	421
000027		FURNITURE-VOL ROOM	3/4/1996	SL / N/A	10.0000	214	100.0000	0	0	177	21	198
000028		FURNITURE - LIBRARY	3/4/1996	SL / N/A	10.0000	385	100.0000	0	0	323	39	362
000029		EXHIBIT BOOTH	4/1/1996	SL / N/A	10.0000	4,810	100.0000	0	0	3,968	481	4,449
000029		EXHIBIT DISPLAY										

HARVEST USA [3664har_001]
Depreciation Expense
 Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
000039		TELEPHONE SYSTEM	6/22/1998	SL / N/A	7.0000	513	100.0000	0	0	333	73	406
000042		EXHIBIT DISPLAY	9/1/1998	SL / N/A	7.0000	8,025	100.0000	0	0	5,025	1,146	6,171
000043		DISPLAY PANELS	9/23/1998	SL / N/A	7.0000	2,373	100.0000	0	0	1,487	339	1,826
000044		DISPLAY PANELS	11/20/1998	SL / N/A	7.0000	1,175	100.0000	0	0	717	168	885
000045		SHELVES	12/30/1998	SL / N/A	7.0000	960	100.0000	0	0	577	137	714
000047		MID-BACK MANAGER CHAIR	2/8/1999	SL / N/A	7.0000	179	100.0000	0	0	106	26	132
000049		3 STORAGE CABINETS	7/23/1999	SL / N/A	7.0000	106	100.0000	0	0	57	15	72
000051		EXHIBIT DISPLAY PANELS	8/27/1999	SL / N/A	7.0000	366	100.0000	0	0	195	52	247
000058		4-TIER DISPLAY CASE	11/10/1999	SL / N/A	7.0000	1,098	100.0000	0	0	560	157	717
000060		DISPLAY PANELS	2/4/2000	SL / N/A	7.0000	475	100.0000	0	0	230	68	298
000065		TRIPOD	4/19/2000	SL / N/A	7.0000	359	100.0000	0	0	168	51	219
000067		DESK, BOOKCASE & CHAIR	5/21/2000	SL / N/A	7.0000	124	100.0000	0	0	57	18	75
000130		DESKS, DRAWERS, AND FILE CABINETS	8/28/2000	SL / N/A	7.0000	569	100.0000	0	0	247	81	328
000140		PARTITION, LAMP ETC	4/30/2001	SL / N/A	7.0000	3,184	100.0000	0	0	1,171	455	1,626
000150		Office Furnishings	6/27/2001	SL / N/A	7.0000	457	100.0000	0	0	160	65	225
000250		Freeman Decorating MS	8/25/2001	SL / N/A	7.0000	1,097	100.0000	0	0	367	157	524
000280		Office Renovations	9/24/2001	SL / N/A	7.0000	568	100.0000	0	0	185	81	266
000320		Faucets for office	3/31/2002	SL / N/A	7.0000	140	100.0000	0	0	39	20	59
000340		Sofa & Loveseats - Mark Hartzell Reimb	3/31/2002	SL / N/A	7.0000	179	100.0000	0	0	50	26	76
000350		Lowe's home imp. purch & vtop denim (Lowe's) and office renovations	4/18/2002	SL / N/A	7.0000	750	100.0000	0	0	201	107	308
000360			4/29/2002	SL / N/A	7.0000	471	100.0000	0	0	126	67	193

HARVEST USA [3664har_001]
Depreciation Expense
 Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method/ Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
FURN												
		Chairs for Office										
000370			4/29/2002	SL / N/A	7.0000	1,015	100.0000	0	0	272	145	417
		Workstation Accessories and Keyboard Stands										
000380			4/29/2002	SL / N/A	7.0000	2,234	100.0000	0	0	598	319	917
		LAN Server Stands										
000390			4/29/2002	SL / N/A	7.0000	328	100.0000	0	0	88	47	135
		Office Furnishings #35 and other										
000400			4/29/2002	SL / N/A	7.0000	481	100.0000	0	0	129	69	198
		Office Refrigerator										
000410			4/29/2002	SL / N/A	7.0000	476	100.0000	0	0	128	68	196
		Vacuum										
000420			4/29/2002	SL / N/A	7.0000	323	100.0000	0	0	86	46	132
		Artwork for Office										
000430			4/29/2002	SL / N/A	7.0000	289	100.0000	0	0	77	41	118
		Coffee Tables and Misc										
000470			5/31/2002	SL / N/A	7.0000	179	100.0000	0	0	47	26	73
		Couch and 3 Loveseats for Office										
000480			6/1/2002	SL / N/A	7.0000	1,479	100.0000	0	0	371	211	582
		Down Payment on Vertical Blinds										
000490			6/25/2002	SL / N/A	7.0000	305	100.0000	0	0	77	44	121
		4 Lamps for Office										
000500			6/25/2002	SL / N/A	7.0000	110	100.0000	0	0	28	16	44
		Road Front Signage										
000970			8/28/2003	SL / N/A	7.0000	506	100.0000	0	0	84	72	156
		Conference Table - Wish List Sept 03										
001001			9/23/2003	SL / N/A	7.0000	663	100.0000	0	0	50	95	145
		Conference Furniture - Wish List Sept 03										
001002			10/10/2003	SL / N/A	7.0000	1,364	100.0000	0	0	102	195	297
		Display Purchase										
001004			2/20/2004	SL / N/A	7.0000	912	100.0000	0	0	30	130	160
		Office Furniture - MS										
000770			5/28/2003	SL / N/A	7.0000	1,313	100.0000	0	0	219	188	407
		Office Furniture - MS										
000780			5/28/2003	SL / N/A	7.0000	2,585	100.0000	0	0	431	369	800
		Vertical Blinds - MS										
000800			6/3/2003	SL / N/A	7.0000	991	100.0000	0	0	150	142	292
		OFFICE FURNITURE - NORTHEAST										
000830			11/23/2002	SL / N/A	7.0000	248	100.0000	0	0	59	35	94
		OFFICE CHAIRS - NORTHEAST										
000840			4/29/2003	SL / N/A	7.0000	120	100.0000	0	0	23	17	40
		SCREEN FOR BACKROOM - MS										

HARVEST USA [3664har_001]
Depreciation Expense
Financial

07/01/2004 - 06/30/2005

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	
000850		CHAIRS AND OFFICE FURNITURE - MS	7/1/2002	SL / N/A	7.0000	155	100.0000	0	0	0	44	22	66
000860		(2) PROJECTOR SCREENS FOR PRESENTATIONS	8/23/2002	SL / N/A	7.0000	877	100.0000	0	0	0	240	125	365
000940		OFFICE FURNISHINGS - MS	12/18/2002	SL / N/A	7.0000	237	100.0000	0	0	0	62	34	96
000960		Subtotal: FURN	7/24/2002	SL / N/A	7.0000	305	100.0000	0	0	0	88	44	132
		Less dispositions and exchanges:				51,982		0	0	0	25,766	6,493	32,259
		Net for: FURN				51,982		0	0	0	25,766	6,493	32,259
		LIMP											
		KITCHEN AREA IMPROVEMENTS/MARTIN E. RUFF											
000170		Office Renovations - MS	7/20/2000	SL / N/A	7.0000	2,470	100.0000	0	0	0	248	353	601
000720		Office Window Tinting - MS	2/26/2003	SL / N/A	7.0000	854	100.0000	0	0	0	46	122	168
000790		Subtotal: LIMP	5/21/2003	SL / N/A	7.0000	1,239	100.0000	0	0	0	191	177	368
		Less dispositions and exchanges:				4,563		0	0	0	485	652	1,137
		Net for: LIMP				4,563		0	0	0	485	652	1,137
		Subtotal:				204,528		0	0	0	96,960	22,481	119,441
		Less dispositions and exchanges:				17,880		0	0	0	5,706	0	7,001
		Grand Totals				186,648		0	0	0	91,254	22,481	112,440

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

NAME	TITLE	ADDRESS	SALARY
WILLIAM W. PARR JR.	BOARD MEMBER	1911 YORKSHIRE DRIVE, BLUE BELL, PA 19422	\$ -
DANIEL R. GRABIANOWSKI	PRESIDENT	239 MATHER ROAD, JENKINTOWN, PA 19046	\$ -
DOROTHY BOERSMA	TREASURER	5754 NORTH FAIRHILL STREET, PHILADELPHIA, PA 19120	\$ -
TAD MAHAN	SECRETARY	1399 PENLLYN BLUE BELL PIKE, BLUE BELL, PA 19422	\$ -
TOM LONDRES	BOARD MEMBER	201 E OAK AVENUE, MOORESTOWN, NJ 08057-2704	\$ -
HARTLEY CONNETT	BOARD MEMBER	ROUTE 113, BOX 48, CHESTER SPRINGS, PA 19425	\$ -
CHARLES COLLINS	BOARD MEMBER	9218 WINDSTONE DRIVE, OOLTEWAH, TN 37363	\$ -
CHUCK SUTTON	BOARD MEMBER	728 PARKVALE AVENUE, LANGHORNE, PA 19047	\$ -
PAM FERRISS	BOARD MEMBER	6325 WESTCATES COURT, BRENTWOOD, TN 37027	\$ -
STEPHEN W. BROWN	BOARD MEMBER	539 VERSAILLES DRIVE, MAITLAND, FL 32751	\$ -
NINA L. YENCHKO	VICE PRESIDENT	116 LANCIA DRIVE, EAST NORWICH, NY 11732	\$ -
REV. MATTHEW P. RISTUCCIA	BOARD MEMBER	59 CEDAR LANE, PRINCETON, NJ 08540-5308	\$ -

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HARVEST USA	Employer identification number 23-2684968
File by the due date for filing your return. See instructions	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 |

- The books are in the care of ▶ **TREASURER**
 Telephone No. ▶ **215-342-7114** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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, 2004**, and ending **JUN 30, 2005**.
- 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.