

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)

2007

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HARVEST USA; Number and street: 3901 B MAIN STREET; Room/suite: 304; City or town: PHILADELPHIA PA 19127

D Employer identification number: 23-2684968; E Telephone number: (215) 482-0111; F Accounting method: Accrual

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? No; H(b) If "Yes," enter number of affiliates; H(c) Are all affiliates included? No; H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website:

J Organization type (check only one): 501(c)(3)

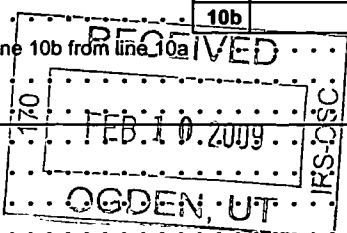
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,376,518

I Group Exemption Number; 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 (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions, Program service revenue, Dividends, Gross sales of inventory, Total revenue (1,222,807), Total expenses (1,359,881), and Net assets at end of year (638,322).



SCANNED FEB 25 2009

Handwritten signature/initials

**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. (See the instructions.)

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 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	386,226	270,358	69,521	46,347
b	Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	362,642	253,849	65,276	43,517
27	Pension plan contributions not included on lines 25a, b, and c	27	31,563	22,094	5,681	3,788
28	Employee benefits not included on lines 25a - 27	28	144,783	101,348	26,061	17,374
29	Payroll taxes	29	49,661	34,763	8,939	5,959
30	Professional fundraising fees	30				
31	Accounting fees	31	26,798		26,798	
32	Legal fees	32	6,209		6,209	
33	Supplies	33	1,530	1,070	230	230
34	Telephone	34	12,079	8,455	1,812	1,812
35	Postage and shipping	35	19,130	19,130		
36	Occupancy	36	102,596	51,298	30,779	20,519
37	Equipment rental and maintenance	37	18,653	9,326	5,596	3,731
38	Printing and publications	38	36,115	25,281	5,417	5,417
39	Travel	39	42,347	29,644	6,351	6,352
40	Conferences, conventions, and meetings	40	14,040	11,372	422	2,246
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	28,458	14,230	8,536	5,692
43	Other expenses not covered above (itemize):					
a	ADVERTISING	43a	2,202	1,035		1,167
b	BANK FEES AND INTEREST	43b	6,810	6,602	104	104
c	BANQUET FEES	43c	1,139	1,139		
d	INSURANCE	43d	9,264	4,632	4,632	
e	CONTINUING EDUC	43e	4,140	3,105		1,035
f	COMPUTER CONSULTING	43f	14,784	10,348	2,218	2,218
g	OFFICE AND MISC	43g	38,712	32,456	4,171	2,085
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,359,881	911,535	278,753	169,593

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 IV Balance Sheets** (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
A s s e t s	45	Cash - non-interest-bearing	198,801	45	125,566	
	46	Savings and temporary cash investments	141,825	46	169,677	
	47 a	Accounts receivable	47a 793			
	b	Less: allowance for doubtful accounts	47b	47c	793	
	48 a	Pledges receivable	48a 101,835			
	b	Less: allowance for doubtful accounts	48b	48c	101,835	
	49	Grants receivable		49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b	51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	29,677	53	33,181	
	54 a	Investments - publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	156,876	54a	172,079
	b	Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment basis	55a				
b	Less: accumulated depreciation (attach schedule)	55b	55c			
56	Investments - other (attach schedule)		56			
57 a	Land, buildings, and equipment: basis	57a 282,011				
b	Less: accumulated depreciation (attach schedule) STM116	57b 190,441	69,595	57c	91,570	
58	Other assets, including program-related investments (describe )		58			
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	796,774	59	694,701		
L i a b i l i t i e s	60	Accounts payable and accrued expenses	6,933	60	56,379	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe )		65		
66	<b>Total liabilities.</b> Add lines 60 through 65	6,933	66	56,379		
N e t A s s e t B a l a n c e s	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	67	Unrestricted	331,446	67	135,701	
	68	Temporarily restricted	449,016	68	493,242	
	69	Permanently restricted	9,379	69	9,379	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	789,841	73	638,322	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	796,774	74	694,701	





Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include 82a, 83a, 84a, 85a, 86a, 87a, 88a, 89a, 90a, 91a.

90a List the states with which a copy of this return is filed PA, MD, GA, TN, FL, SC
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 15

91a The books are in care of % TREASURER Telephone no 215-482-0111
Located at 3901B MAIN STE 304 PHILADELPHIA PA ZIP + 4 19127

Table for 91a continuation with Yes/No columns. Row 91b: At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country... 91b Yes No X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

**Part VII Analysis of Income-Producing Activities**(See 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEMINARS AND TRAINING					10,730
b OTHER INCOME					1,161
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings & temporary cash investments			14	9,372	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue. a _____			15	549	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				9,921	11,891
105 Total (add line 104, columns (B), (D), and (E))					21,812

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**(See 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).
93A	ORG PROVIDES PROGRAMS TO INDIVIDUALS FOR FREEDOM FROM SEXUAL SINS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**(See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**(See 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).

**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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**

Signature of officer: *Michael Black* Date: 1-30-2009

Type or print name and title: K. Nicholas Black Executive Director

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 01-30-2009 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GDH ACCOUNTING SERVICES, LLC  
PO BOX 96  
EARLINGTON, PA 18918

EIN: 2156604946 Phone no.: 2156604946

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),**  
**or 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplementary Information -- (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

**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 ▶				

**Part II-A 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
<b>GDH ACCOUNTING SERVICES LLC</b> 121 E CHESTNUT ST STE SOUDERTON PA 18964	ACCOUNTING	22,224
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (Yes: 1, No: X); 2. Substantial contributors (2a-2e); 3. Grants and section 403(b) plans (3a-3d); 4. Donor advised funds (4a-4c); d. Total number of donor advised funds; e. Aggregate value of assets; f. Total number of separate funds; g. Aggregate value of assets.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28 ) . . . . .	1,432,617	1,095,023	919,323	779,260	4,226,223
16 Membership fees received . . . . .	0	0	0	0	0
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 . . . . .	18,039	24,989	0	22,302	65,330
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	7,448	10,595	4,450	3,352	25,845
19 Net income from unrelated business activities not included in line 18 . . . . .	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .	0	0	0	0	0
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 . . . . .	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	378	0	0	15,324	15,702
23 Total of lines 15 through 22 . . . . .	1,458,482	1,130,607	923,773	820,238	4,333,100
24 Line 23 minus line 17 . . . . .	1,440,443	1,105,618	923,773	797,936	4,267,770
25 Enter 1% of line 23 . . . . .	14,585	11,306	9,238	8,202	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶				26a	85,355
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶				26b	190,268
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶				26c	4,267,770
d Add. Amounts from column (e) for lines 18 25,845 19 22 15,702 26b 190,268 . . . . . ▶				26d	231,815
e Public support (line 26c minus line 26d total) . . . . . ▶				26e	4,035,955
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶				26f	94.57%

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:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

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 11b, 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:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶	27c	
d Add: Line 27a total . . . . . and line 27b total . . . . . ▶	27d	
e Public support (line 27c total minus line 27d total) . . . . . ▶	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ▶	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions )

**(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? . . . . .		
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.)		
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 )		
34a. 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 11 of the instructions.)

(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
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-		
	<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
	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	41	
	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	0

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question label, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.



Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

HARVEST USA

23-2684968

FORM 990, SCH FOR PART IV, LINE 57  
LAND ETC. SCHEDULE

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
LAND BLDG EQUIPMENT	<u>282,011</u>	<u>190,441</u>	<u>91,570</u>
TOTAL	<u>282,011</u>	<u>190,441</u>	<u>91,570</u>

**Statement of Program Service Accomplishments**

**2007 01**

Name(s) as shown on return

Your Social Security Number

**HARVEST USA**

**23-2684968**

**FORM 990, PART III (a)**

**Grants and Allocations**            \$0  
**Program Service Expenses**    \$911535  
**Includes Foreign Grants**      NO

**Explanation**

**THE ORGANIZATION PROVIDES TEACHING, RESOURCES AND MINISTRY SUPPORT TO CHURCHES  
AND INDIVIDUALS REGARDING HELP FOR SEXUAL STRUGGLES AND ADDICTIONS.**

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer Identification number. Includes address: HARVEST USA, 3901 B MAIN STREET, PHILADELPHIA PA 19127.

- Check type of return to be filed (file a separate application for each return).
[X] Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
Form 990-T (sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

The books are in the care of TREASURER
Telephone No 215-482-0111 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 corporation required to file Form 990-T) extension of time until 02-17, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 20 or
[X] tax year beginning 07-01, 2007, and ending 06-30, 2008

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

Table with 3 rows (3a, 3b, 3c) and 2 columns (Amount, Unit). 3a: tentative tax less any nonrefundable credits. 3b: refundable credits and estimated tax payments made. 3c: Balance Due.

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.