



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

### Expenses

(Required for section 501(c)(3)  
and 501(c)(4) organizations and  
section 4947(a)(1) trusts,  
optional for others.)

What is the organization's primary exempt purpose? Service to homeless

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 service to homeless individuals including temp housing  
food and medical care

(Grants \$ 96,200.) If this amount includes foreign grants, check here

28a 96,200.

29

(Grants \$  ) If this amount includes foreign grants, check here

29a

30

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses (add lines 28a through 31a)**

32 96,200.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

List each one even if not compensated (See the instr.)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
Shelia Reed PO Box 339 DALTON GA 30721	ex Direc	0		

## Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return or Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b	Did the organization file Form 1120-POL for this year?	38a	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee? Were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations Enter	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40a	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	X
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes", complete Schedule L, Part I	40c	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40d	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40e	X
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41	List the states with which a copy of this return is filed ►		
42a	The organization's books are in care of ► Shelia Reed Telephone no ► 706-277-2578 Located at ► Dalton GA GA DALTON ZIP + 4 ► 30721-	42b	X
b	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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(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				

f Total number of other employees paid over \$100,000 ►

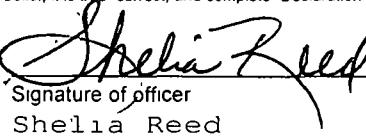
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

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

Sign Here

►  02/23/2011  
 Signature of officer  
 Shelia Reed

Date  
Executive Director

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
		02/23/2011		P00640105

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Jackie L. Rogers PC 219 N Fourth Avenue CHATSWORTH GA 30705-	02/23/2011		P00640105

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Jackie L. Rogers PC 219 N Fourth Avenue CHATSWORTH GA 30705-	02/23/2011		P00640105

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Jackie L. Rogers PC 219 N Fourth Avenue CHATSWORTH GA 30705-	02/23/2011		P00640105

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Jackie L. Rogers PC 219 N Fourth Avenue CHATSWORTH GA 30705-	02/23/2011		P00640105

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

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

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.      ► See separate instructions.

► See separate instructions.

**Name of the organization**

Harvest Outreach Centers Inc

**Employer identification number**

58-1805295

**Part I** **Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described <b>section 170(b)(1)(A)(i)</b> .	Section 509(a)(2)
2	<input type="checkbox"/> A school described <b>insection 170(b)(1)(A)(ii)</b> . (Attach Schedule E )	
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described <b>section 170(b)(1)(A)(iii)</b>	
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described <b>section 170(b)(1)(A)(iii)</b> Enter the hospital's name, city, and state _____	
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II )	
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described <b>section 170(b)(1)(A)(v)</b> .	
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described <b>insection 170(b)(1)(A)(vi)</b> (Complete Part II )	
8	<input type="checkbox"/> A community trust described <b>insection 170(b)(1)(A)(vi)</b> (Complete Part II )	
9	<input type="checkbox"/> 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 exempt 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 <b>Se</b> <b>section 509(a)(2)</b> (Complete Part III )	
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety <b>Section 509(a)(4)</b>	
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) <b>Section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h	
e	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other	
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)	
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box	
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	
g	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	
g	(ii) A family member of a person described in (i) above?	
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	
h	Provide the following information about the supported organization(s)	

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I )

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge

4 Total. Add lines 1 through 3

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 Public support. Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	53652.	67222.	61173.	74209.	93279.	349535.
2						
3						
4	53652.	67222.	61173.	74209.	93279.	349535.
5						
6						349535.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

7 Amounts from line 4

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

9 Net income from unrelated business activities, whether or not the business is regularly carried on

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )

11 Total support. Add lines 7 through 10

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	53652.	67222.	61173.	74209.	93279.	349535.
8						
9						
10						
11						349535.

12 Gross receipts from related activities, etc (see instructions)

12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2008 Schedule A, Part II, line 14

16a 33 1/3% support test - 2009 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

► ► ► ► ► ►

US 990

## Other Expenses

2009

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
Medical	1,249.			
Insurance	2,780.			
Bank Service Charge	610.			
Professional Fees	1,490.			
Food	17,093.			
Telephone	4,381.			
Supplies	5,195.			
Pest control	1,070.			
Postage	235.			
Office Supplies	3,188.			
Clothing	2,238.			
Advertising	1,692.			
Equipment	2,583.			
Vehicle exp	742.			
mileage	5,091.			
Equipment rent	1,170.			
Travel allowance	6,757.			
Repair	2,280.			
Aid to individuals	10,682.			
misc	1,785.			
depreciation	2,222.			
	74,533.			

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

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. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  Harvest Outreach Centers Inc	Employer identification number  58-1805295
	Number, street, and room or suite no. If a P O box, see instructions  PO Box 3396	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  Dalton GA 30721	

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

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

<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 8870

- The books are in the care of ► Shelia Reed  
Telephone No ► 706-277-2578 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 JAN 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 \_\_\_\_\_ or  
►  tax year beginning Jun 01, 20 09, and ending May 31, 20 10

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	3a \$
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	3b \$
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	3c \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)