Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	For	the 2017 caler	idar year, or ta	x year begir	nning		and en	ding							
В	Chec	k if applicable	C Name of org	ganızatıon	Harvest	House	Outrea	ach,	Inc		D E	mployer ic	lentific	ation nu	mber
	Addre	ess change	Doing busin	ess as	Harvest	House					20-	-3781	764	,	
Ī	Name	e change	Number and	d street (or P	O box if mail is	not delivered to	street addres	s)	Room/suit	te	E Te	elephone n	umber		
Ħ	Initial	return	1439 E	71st	Street				1		(91	L8) 88	4-7	667	
Ħ	Final re	eturn/terminated			ovince, country, ai	nd ZIP or foreig	n postal code				1,-				
Ħ	Amer	nded return	Tulsa,	•			, ,				G G	ross receip	ots \$	215,	089.
Ħ		ation pending			incipal officer M	arlene	Cuppit	arh a	m	H(a)		roup return for			
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			X 501(c)(3)						T 507 (`}> ''''		attach a list			
					house.o	(insert no)	4947(a)(1) or	527 L		•		٠.	•	
								1				exemption no			077
_		f organization	X Corporat	tion Tru	ıst Associat	on Other		L Yes	ar of forma	tion 200	<u> </u>	M State	or lega	domicile	OK
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Activities & Governance					est of s		s with	aig	nity	to ou:	r le	ess I	ort	unat	e
nai	ŀ				<u>east Ok</u>										
Ver	2	Check this b	oox ▶ 🔲 ıf th	ie organizat	ion discontinued	ts operation	is or dispose	d of moi	re than 25	% of its net	assets	1			
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∞ 5	4		•	•	ers of the gover	. ,)			· L	4			8
ţį	5	Total number	er of individuals	s employed	ın calendar yea	r 2017 (Part '	√, line 2a)				L	5			11
⋛	6	Total number	er of volunteers	s (estimate	ıf necessary)						- L	6			<u> </u>
Ac	7a	Total unrela	ted business r	evenue fror	n Part VIII, colu	mn (C), line 1	2 .				Ŀ	7a			0.
	_ b	Net unrelate	d business_tax	xable incom	e from Form 99	0-T, line 34		<u>.</u>			1	7b			<u> 0 </u>
										Prior Year	r		Cu	rrent Y	ear
	8	Contribution	is and grants (Part VIII, lir	ne 1h) .					226	, 467	7.		215,	089.
ne	9	Program ser	rvice revenue ((Part VIII, In	ne 2g)									-	
Revenue	10	Investment i	ncome (Part V	/III, column	(A), lines 3, 4,	and 7d) .									
é	11		•		lines 5, 6d, 8c,	•	11e)	_							
_	12		•	, ,	1 (must equal F		•	2)		226	46	7		215,	089
	13				t IX, column (A)		(7 1), 111,10	_,	+	116				123,	
	14				IX, column (A),	•	•				, ,,,,,,	-		<u> </u>	<u> </u>
	15			•	ee benefits (Pa	•	(Δ) lines 5.1	υ)	<u> </u>	56	,223	. -		Q 1	678.
es	l		· ·		(, column (A), lir		(A), iii les 3-1	0,			, 22.	 -		<u> 31,</u>	<u>070.</u>
Expenses	1		-	•	column (D), line	•		517.		· · · · · · · · · · · · · · · · · · ·					-
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	17	•	· ·		lines 11a-11d,	•	l 05)							27 2,	
	18	-		•	st equal Part IX,		III le 25)	•		240					
_	19	Revenue les	s expenses S	Subtract line	18 from line 12 <u>18 from line 12</u>		· · · · · · · · · · · · · · · · · · ·		- 	-13				<u>-57,</u>	
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sset Bala	20		(Part X, line 1	•	. (*		K	€ }	ļ	162	,801	<u> </u>		<u>150,</u>	139.
Net Assets or Fund Balances	21	I otal liabiliti	es (Part X, line	26)		AUG 1 A	2013	9 1							100
		Net assets of	or fund balance	es Subtrac	t line 21 from lir	ie 201 1 4	20.0	7. " <u> </u>		162	<u>, 801</u>	L.		<u>150,</u>	<u> 139.</u>
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					nined this return,		,					of my know	ledge a	nd belief	, it is
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May	the i	RS discuss ti	his return with	the prepare	er shown above	(see instruc	tions)							Yes	No
				- P P		1-12-1000					<u>:</u>				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)



					Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			1	x _	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		-	2	X	
3	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			3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)					
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,					
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C					
	Part III			5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors					
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If					
	"Yes," complete Schedule D, Part I			6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					7.5
	complete Schedule D, Part III			8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a					
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or					x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	• •		9		_
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.			10		x
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			10		-
••	VII, VIII, IX, or X as applicable					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"					
	complete Schedule D, Part VI			11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			11b		x
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII			12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and	f				
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	•	•	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	•		13		X
14a	Did the organization maintain an office, employees, or agents outside of the Office States?		•	14a		X
þ	fundraising, business, investment, and program service activities outside the United States, or aggregate					
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		• •	140		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-	•			 -
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		i			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III	<u>. </u>		19		Х

					- {	V	Ma
	D. M. Company of the			Г	200	Yes	No.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	• •	•	•	20a 20b		X
b 24	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	-	-	•	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				21		X
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	-	•	· 1			<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			ļ	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	•		ł			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J				23		x
24 a				Ì			
-	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				1		
	through 24d and complete Schedule K. If "No," go to line 25a			ĺ	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			I			
	to defease any tax-exempt bonds?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			ļ	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ļ			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .			.	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ			
	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			ŀ	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				ļ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ļ			
	disqualified persons? If "Yes," complete Schedule L, Part II	•		•	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Ì	27	l	x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			ŀ	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	•			200		
	Schedule L, Part IV				28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	·					
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			ĺ	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M				29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- 1			
	conservation contributions? If "Yes," complete Schedule M			-	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,						
	Part I				31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete So	hedul	e N,				
	Part II		-	- 1	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			Ì	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
	or IV, and Part V, line 1			.	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		•		35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable.		•	.	35b	-	
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes,", complete Schedule R, Part V, line 2				36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	• •		•	36		<u> </u>
٧,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					·	
	Part VI				37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		•				 -
_	19? Note. All Form 990 filers are required to complete Schedule O				38	X	
UYA					Form	_	(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V				<u> </u>	. –	卫
						Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			1		. 1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	16			의		ı
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						ш
	reportable gaming (gambling) winnings to prize winners?				1c		 ;
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				_	i	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		1			\vdash
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			•	-		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?.			-	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		•	-	3b		<u> </u>
4 a	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)?				<u>4a</u>		X
Ь	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR)	nts					
_	(FBAR)						X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			•	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•	• •	•	. 5c		_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .	•			. 30		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				00		
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		-	"	 -	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
•	and services provided to the payor?				. 7a	<u> </u>	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
_	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? .			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	99 as r	equired?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil	e a Fo	m 1098-0	ር? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the					
	sponsoring organization have excess business holdings at any time during the year?				8		L.,
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	-		-	9a	ļ	L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		-		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			_		1
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	11a			4		
þ	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)	11b				_	igwdapprox
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1 1			12a	-	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	 	₩
а	Is the organization licensed to issue qualified health plans in more than one state?			•	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O					1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	11					
	the organization is licensed to issue qualified health plans	13b				1	
C	Enter the amount of reserves on hand	13c			-	-	-
14 a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? . If "No." applying an explanation in Schodulo O.		-		14a	1 -	X
UYA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			- _	14b		(2017)
					r Oi		(2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10 a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 . 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 X 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **DOK** 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records (918)884-7667 Troy Erb 1439 E 71st Street Tulsa, OK 74136

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Form 990 (2017)

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romi 990 (2017)	Harvest	nouse	Outreach.	Inc

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	Check if Schedule O contains a response or note to any line in this Part VII	•					[
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definintion of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if fletther the organization i	lor arry rela	1	gai	(C		. 55.11		Talog arry curry	sit omosi, direc	or, or tradeo
(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average	(do n	ot ch			than o	ne	Reportable	Reportable	(') Estimated
Tallio and Tido	hours per	()				ıs both		compensation	compensation from	amount of
	week (list any	a i		•		or/truste		from	related	other
	hours for		_	_	<u> </u>	Q	7	the	organizations	compensation
	related organizations	Individual or director	stit	Officer	ey e	nplo Inplo	Former	organization	(W-2/1099-MISC)	from the
	below dotted	et o	है	١٩١	夏	yee	۳ ا	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	ם		Key employee	<u> </u>	(ˈ <u> </u>	organizations
		stee	Institutional trustee		"	ens				-
			Ö			Highest compensated employee		}		
(1) Joel Budd	1									
Board Member		X		\vdash	\vdash	_	<u> </u>			<u> </u>
(2) Gordon Robinson	2									
President	<u> </u>	X	 -	X	<u> </u>	⊢—	<u> </u>			
(3) David Runnels	1									
Board Member		X	\vdash	X	\vdash	├ —	\vdash	ļ		
(4) Joel Dash	1									
Board Member		X	_		<u> </u>	⊢ —	<u> </u>			
(5) Linda Budd	1	1								
Board Member		X	_	-	<u> </u>	↓	\vdash			
(6) David Paulson	1			1		1	1	}		
Board Member		X	\vdash	\vdash	<u> </u>	├ ─	\vdash			
(7) Chris Tham	1			l				!		
Treasurer		X	igspace	X	<u> </u>	<u> </u>	igspace			
(8) Della Bennetts	1	1			Ì					
Secretary		X	$oxed{oxed}$	X	$oxed{oxed}$	↓	$oxed{oxed}$	3,101.		<u></u>
(9) Troy Erb	8	1	1				1	1		
Dir. of Development	 	X	$oxed{oxed}$	X	$oxed{oxed}$	<u> </u>	<u> </u>	11,758.		
(10) Marlene Cunningham	20	1	{		ĺ	ĺ				
Executive Director		X	$oxed{oxed}$	X	ᆫ	↓	<u> </u>	17,000.		
(11)	 	∤	{	l	1	}	1	}		
(12)	 -	\vdash	\vdash	╀	\vdash	├─	\vdash	-		
V-7	 	1	}	1		}		<u> </u>		
(13)		$ar{1}$	Γ				Γ			
(4.4)	 		4	₩	-	 	\vdash	 - 		
(14)	 	-								
		<u></u>		<u></u>	L		<u></u>	1	<u> </u>	l

		Statement of Revenue Check if Schedule O contains a response of	r note to any line in this	Part VIII	_		. \square
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a				
in a	ь	Membership dues	1b	}	1		
S, E	c	Fundraising events	1c				1
Program Service Revenue and Other Similar Amounts	d	Related organizations	1d	1	1		
	e	Government grants (contributions) .	1e				
ë S	f	All other contributions, gifts, grants,			}		ł
E E		and similar amounts not included above	1f 215,089.				
Ę Ó	g	Noncash contributions included in lines 1a-1		1	1		
a C	_	Total. Add lines 1a–1f		215,089.	1		
	<u> </u>		Business Code				
ž	2a		 				<u> </u>
Š	b		,				
8	C				 		
2	d		1		 		
Ę	e				 		
E BC		All other program service revenue	_				
Ę	g	Takal Addison On Of			 		
	3	Investment income (including dividends, inte					
		Income from investment of tax-exempt bond			· -		
	4		proceeds .		 		
	5	Royalties (ı) Real	(ii) Personal		 		
		Gross rents	(II) I ersonal	1			
	Ι.		- 		,]		
	b	·					
	<u>.</u>	Rental income or (loss)			 		
		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·				
	/ a	Gross amount from sales of (i) Secuntie	s (II) Other	1	ļ .		
	١.	assets other than inventory					
	P	Less cost or other basis			,		1
		and sales expenses		1			
	J	Gain or (loss)	· · · •				
	a	Net gain or (loss)	 _				
9	1_			!			
Je J	8a	Gross income from fundraising			!		
é	ļ	events (not including \$]]		
Other Revenue		of contributions reported on line 1c)			1		
ă	Ι.	See Part IV, line 18	a	}			
	1	Less direct expenses			-		
	1	Net income or (loss) from fundraising events	·		 		
	9a	Gross income from gaming activities					
)	See Part IV, line 19	a	ļ			
	1	Less direct expenses .	b				<u></u>
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less	Ì				
		returns and allowances	a	_]		}.
	b	Less cost of goods sold	b[
	<u>c</u>	Net income or (loss) from sales inventory	<u>. ; . </u>		<u> </u>	<u> </u>	
	<u> </u>	Miscellaneous Revenue	Business Code		<u> </u>		
	11 a		_		ļ		
	b	·	_		<u> </u>		
	C	·	_		ļ		<u> </u>
	d	All other revenue					
	9	Total. Add lines 11a-11d			<u> </u>		<u> </u>
	12	Total revenue. See instructions	. <u>.</u> •	215,089.			

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all colu		ations must complete c	olumn (A)	
	Check if Schedule O contains a response or note to any		<u></u>	<u> </u>	. X
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and ·	10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21.				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	123,158.	123,158.		
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16 .				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,			24 272	
	and key employees	31,859.		31,859.	
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
_	described in section 4958(c)(3)(B)	44.045	40 500	4 545	
7	Other salaries and wages	44,015.	42,500.	1,515.	
8	Pension plan accruals and contributions (include section				
9	401(k) and 403(b) employer contributions)				
10	Other employee benefits	F 904	2 251	2 552	
11	Payroll taxes	5,804.	3,251.	2,553.	
	Fees for services (non-employees)		J	}	
	Management .				
	Legal	1,694.		1,694.	
	Accounting Lobbying	1,094.		1,094.	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	1,506.	1,506.		
12		272.		272.	
13	Office expenses .	8,509.	872.	7,120.	517.
14	Information technology	0,000.	0.2.		<u> </u>
15	Royalties				
16	Occupancy .	45,000.		45,000.	
17	Travel .	2,300.	2,234.	66.	
18	Payments of travel or entertainment expenses for any	= /			
	federal, state, or local public officials				
19	Conferences, conventions, and meetings	193.	-	193.	
20	Interest	20.		20.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,375.	1,758.	1,617.	
23	Insurance	4,506.		4,506.	
24	Other expenses Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e If line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O)				
а	Facility & Equipment	426.	426.		
b	Meals	109.		109.	
C					
d					
θ	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	272,746.	175,705.	96,524.	517.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check			{	
	here ▶ if following SOP 98-2 (ASC 958-720)				

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Form 990 (2017)

\top	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
l		Beginning of year		End of year
1	Cash — non-interest-bearing.	153,684.	1	62,664
2	Savings and temporary cash investments		2	80,000
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees,		- 	
١	and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		} }	
ł	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)]]	
			6	
_	Complete Part II of Schedule L		7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges		- -	
10 a	Land, buildings, and equipment cost or			
Ι.	other basis Complete Part VI of Schedule D	0 117	12-	7 47
	Less accumulated depreciation . 10b 36,240.	9,117.	10c	7,47
11	Investments — publicly traded securities		11	 —
12	Investments — other securities See Part IV, line 11		12	
13	Investments — program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	1.60 001	15	150 12
16	Total assets. Add lines 1 through 15 (must equal line 34).	162,801.	16	150,13
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees,		<u> </u>	
	highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities		<u> </u>	
ł	not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
İ	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27			
l	through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
}	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🕱 and complete			
1	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	162,801.	32	150,13
1	Total net assets or fund balances	162,801.	33	150,13
27 28 29 30 31 32 33 34	Total fict doubtle of faile buildings			

Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part XII, column (A), line 12)	Form 9	90 (2017) Harvest House Outreach, Inc	20-378176	4 Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -57, 657, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 162, 801. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	Part	XI Reconciliation of Net Assets			
2 272,746. 3 Revenue less expenses Subtract line 2 from line 1 4 162,801. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Pror penod adjustments Pror penod adjustments Services and use of facilities Pror penod adjustments Services are fund balances (explain in Schedule O) To Net assets or fund balances (explain in Schedule O) To Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 99 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization or sinancial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis bower the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis Both consolidated and separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	_	
3	1	Total revenue (must equal Part VIII, column (A), line 12)			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a. Were the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O 2a. Were the organization's financial statements compled or reviewed by an independent accountant? 2a Were the organization's financial statements or the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis. If "Yes," check a box below to indicate whether the financial statements or the year were audited on a separate basis. If the organization changed either its o	2	Total expenses (must equal Part IX, column (A), line 25) .	27	2,7	<u>46.</u>
Solution Net unrealized gains (losses) on investments Solution Soluti	3	Revenue less expenses Subtract line 2 from line 1		7,6	<u> 57 .</u>
6 Donated services and use of facilities 7 Investment expenses 8 Prior pend adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (8)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1337 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	16	2,8	01.
7 Investment expenses 8 Pror perod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, or both Separate basis Consolidated whether the financial statements for the year were audited on a separate basis, or both Separate basis Consolidated hasis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b if "Yes," did the organization undergo the required audit or a	5	Net unrealized gains (losses) on investments			
8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Desparate basis Cill "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Cill "Yes," to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	6	Donated services and use of facilities	4	5,0	00.
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	7	Investment expenses			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	8	Prior period adjustments			-5 .
33. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)			
33. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Cash X Accrual Other			15	0,1	39.
1 Accounting method used to prepare the Form 990	Part	XII Financial Statements and Reporting			
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII			
If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b				Yes	No
2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis	2 a	- · · · · · · · · · · · · · · · · · · ·	2a		$\overline{\mathbf{x}}$
basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			separate		
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Separate basis Consolidated basis Both consolidated and separate basis		1	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis clif "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by an independent accountant?	2b	ĺ	$\overline{\mathbf{x}}$
basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			. consolidated		
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				j j	
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	c				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		, , ,	2c		
Schedule O 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
the Single Audit Act and OMB Circular A-133?	3 a				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	·	. јза		x
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	·	- 		_ - _
			3b		
	UYA			n 990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of	the organization					Employer identification	n number			
Harv	est House Outreach	. Inc				20-3781764				
Part			organizations must	comple	te this p					
	ganization is not a private founda									
1 🗆	A church, convention of church		•		•	•				
2							C			
=	A school described in section		=	•			/24			
3 [A hospital or a cooperative hos						_ ()			
4 _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
_	hospital's name, city, and state									
5 _			ollege or university ov	vned or o	perated b	y a governmental u	nit described in			
	section 170(b)(1)(A)(iv). (Cor	nplete Part II)								
6 [] A federal, state, or local gover	nment or govern	mental unit described	d ın secti	on 170(b)(1)(A)(v).				
7	An organization that normally	receives a subst	antial part of its supp	ort from a	a governr	mental unit or from t	he general public			
	described in section 170(b)(1)				•					
8 Г	A community trust described in			e Part II)						
9 🗂	An agricultural research organ				perated u	n conjunction with a	land-grant college			
· L	or university or a non-land-gra									
	university	in conege or agr	roditare (see mistraeth	ons, Lite	CI tile Hai	inc, only, and state c	in the conege of			
10 🕱	_	roccives (1) me	ro than 22 1/20/ of ita	ourned:	from con	tributions mombors	bin food and aroon			
10 12	An organization that normally receipts from activities related support from gross investment	to its exempt fui	nctions-subject to cer	tain exce	entions a	nd (2) no more than	133 1/3% of its			
	support from gross investment	income and uni	related business taxal	ble incom	ie (less s	ection 511 tax) from	businesses			
	 acquired by the organization a 	fter June 30, 19	75 See section 509(a)(2). (Co	omplete F	Part III)				
11	An organization organized and	•	•	•		· · · ·				
12 _	An organization organized and									
	one or more publicly supported									
	the box in lines 12a through 12		* -			•				
а	Type I. A supporting organiz	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), ty	ypically by giving			
	the supported organization(s) the power to re	gularly appoint or ele	ct a majo	ority of the	e directors or trustee	es of the supporting			
	organization You must com	plete Part IV, S	Sections A and B.	•	•					
b	Type II. A supporting organiz	-		nection w	ith its su	oported organization	n(s), by having			
	control or management of the									
	organization(s) You must co						30 m.o oapponoa			
С	Type III functionally integra	•	**	ited in co	nnection	with and functional	ly integrated with			
·	its supported organization(s)						iy integrated with,			
d							tod organization/s\			
u	Type III non-functionally in									
	that is not functionally integra						an attentiveness			
	requirement (see instructions									
е	Check this box if the organization						II, Type III			
_	functionally integrated, or Ty		onally integrated supp	porting or	ganızatıo	n				
f	Enter the number of supported of									
g	Provide the following information	about the supp	orted organization(s)							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1-10		ir governing ment?	, , ,	other support (see			
			above (see instructions))	docu	nent/	instructions)	instructions)			
				Yes	No					
/A \										
(A)										
										
(B)				ļ						
			-	 						
(C)										
			·	 	 					
(D)										
				 						
(E)										
					L					

Schedule A (Form 990 or 990-EZ) 2017 Harvest House Outreach, Inc 20-3781764 Page 2

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Fotal
1	Gifts, grants, contributions, and						
	membership fees received (Do not			1	1	 	
	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					1	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
_	sources .	·					ļ <u>.</u>
9	Net income from unrelated business						
	activities, whether or not the business						i
40	is regularly carried on .						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI)		////				
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(coo instruct	1000	<u></u>	L <u>.</u>	12	<u> </u>
13	First five years. If the Form 990 is for the			thurd fourth	or fifth toy woo		F01/a\/2\
13	organization, check this box and stop he		s inst, second	, tillia, louitii,	or murtax yea	i as a section	50 I(C)(S)
Secti	on C. Computation of Public Suppo		<u> </u>			<u>·</u>	
14	Public support percentage for 2017 (line	column (f) o	livided by line	11 column (f)	<u> </u>	14	
15	Public support percentage from 2016 Sch			, , oo.a (i)		15	
16a	33 1/3 % support test-2017. If the organ	./		on line 13. an	nd line 14 is 33		
	box and stop here. The organization qua					-	. • □
b	33 1/3 % support test-2016. If the organ				Sa and line 15	ıs 33 1/3 % or	more
	check this box and stop here. The organ						▶ □
17a	10%-facts-and-circumstances test-201					or 16b and li	ne 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa	acts-and-circu	mstances" test	The organiza	ation qualifies	as a publicly si	upported
	organization .						. ▶ □
b	10%-facts-and-circumstances test-201	6. If the orga	nization did no	t check a box	on line 13, 16a	a. 16b. or 17a	and line
-	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m	eets the "facts	s-and-circumst	ances" test Ti	he organization	qualifies as a	publicly
	supported organization						`. ´▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	s, 16a, 16b, 17	a, or 17b, che	ck this box and	l see
	instructions	<u> </u>	•	· .			▶ □

Schedule A (Form 990 or 990-EZ) 2017 Harvest House Outreach, Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")		142,087.	155,622.	226,467.	215,089.	871,220.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					,	
	unrelated trade or business under section 513						
4	Tax revenues levied for the					!	1
	organization's benefit and either paid			ļ]	ļ	J
	to or expended on its behalf		L				
5	The value of services or facilities			ł		}	
	furnished by a governmental unit to the						
	organization without charge			[<u> </u>		
6		131,955.	1 42 ,087.	<u>155,622.</u>	226,467.	215,089 .	871,220.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			[
	persons that exceed the greater of \$5,000			}	İ		
	or 1% of the amount on line 13 for the year				_	<u> </u>	
С	Add lines 7a and 7b	· 				 	
8	Public support. (Subtract line 7c from	,		ļ			071 000
Socti	on B. Total Support			l	J	·	871,220.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							871,220.
10a	Gross income from interest, dividends,	<u> </u>					3.27220.
	payments received on securities loans, rents,			1	1	Ì	
	royalties, and income from similar sources			1])	
b	Unrelated business taxable income (less	-					
	section 511 taxes) from businesses		1	1		Į	
	acquired after June 30, 1975				<u></u>		
С	Add lines 10a and 10b .				ļ	<u></u>	
11	Net income from unrelated business		ì	ì	}	ì	}
	activities not included in line 10b, whether				1	1	
	or not the business is regularly carried on				<u> </u>	ļ	
12	Other income Do not include gain or	ł	}	ļ	}	}	
	loss from the sale of capital assets			1	1	1	
40	(Explain in Part VI)	45,000.	45,000.	45,000.	45,000	45,000	225,000.
13	Total support. (Add lines 9, 10c, 11, and 12)	176 055	107 007	200 622	271 467	360 000	
14	First five years. If the Form 990 is for th						1,096,220.
17	organization, check this box and stop he	_	3 11/31, 3000110	i, ama, roarar,	or mar tax yea	ar 43 4 5000.001	▶ □
Secti	on C. Computation of Public Suppo					- 	
15	Public support percentage for 2017 (line			e 13. column	(f)) .	. 15	79.48%
16	Public support percentage from 2016				(7)	16	78.47%
	on D. Computation of Investment In						
17	Investment income percentage for 2017			by line 13, co	olumn (f))	. 17	%
18	Investment income percentage from 20					18	%
19a	33 1/3 % support test-2017. If the organ						
	line 17 is not more than 331/3 %, check this	-	-	•			
b	33 1/3 % support test-2016. If the organi						
20	line 18 is not more than 331/3%, check this Private foundation . If the organization of	-	-	-			

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations		V	NI.	-
	A William I I I I I I I I I I I I I I I I I I I		Yes	No	ì
1	Are all of the organization's supported organizations listed by name in the organization's governing			1	ļ
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			 -	J
_	class or purpose, describe the designation If historic and continuing relationship, explain	_1		<u> </u>	ī
2	Did the organization have any supported organization that does not have an IRS determination of status				ļ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			} _	}
	organization was described in section 509(a)(1) or (2)	2			-
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				l
	(b) and (c) below	3a		L	_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1	ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination	3 <u>b</u>			
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				J
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				Ì
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a			•
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				Ì
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1	١
	despite being controlled or supervised by or in connection with its supported organizations	4b			•
С	Did the organization support any foreign supported organization that does not have an IRS determination				Ì
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ľ	Ì
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				ļ
	purposes	4c		i	,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				1
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN				l
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,				1
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			1	I
	was accomplished (such as by amendment to the organizing document)	5a			•
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				١
	designated in the organization's organizing document?	5b			,
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				Ī
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			1	
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	i		Į	ļ
	Part VI.	6		 	٦
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1	Ì
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				-
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7			1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?				1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		 	_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				Ì
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1	ĺ
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a			J
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which				Ī
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			ل
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			 	1
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		1	_
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	- - -		†	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	l i		1	
	supporting organizations)? If "Yes," answer 10b below	10a		 	_
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	. 70		\vdash	1
_	determine whether the organization had excess business holdings)	10b		1	۷

	e A (Form 990 or 990-EZ) 2017 Harvest House Outreach, Inc 20-37	817	64 F	2age 5
Part	Supporting Organizations (continued)		Voc	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
<u>Secti</u>	on B. Type I Supporting Organizations			
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	 	Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		'	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	L	L
Secti	on C. Type II Supporting Organizations			
4	Notice and some of the company to the discrete or to other discrete discrete the toy were placed as a second of the discrete or	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		}
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's	}	}	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		
	supported organizations played in this regard	3		
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	ctions	s)
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	. /		_41
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see	ınsıru	cuons)
2	Activities Test Answer (a) and (b) below.	-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	']	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	[Ì	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>	 	
	that these activities constituted substantially all of its activities	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been organization's involvement, one or more		[!
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	1	((
	activities but for the organization's involvement	2b		├ ──┘
3	Parent of Supported Organizations Answer (a) and (b) below.	20	 	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	1
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		ı —

Schedule A (Form 990 or 990-EZ) 2017 Harvest House Outreach, Inc		20	-3781764 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan		
Check here if the organization satisfied the Integral Part Test as a qualifying See instructions. All other Type III non-functionally integrated supporting or	trus	t on Nov 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1
4 Enter greater of line 2 or line 3	4		

5

6

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017 Harvest House Outreach, Inc

20-3781764 Page 7

Schedule A (F	Supplement Part III, line lines 1 and 2 3a, and 3b,	ital Informat 12, Part IV, 3 2, Part IV, Se Part V, line 1	ion. Provide t Section A, line ection C, line 1, , Part V, Secti	he explanations 1, 2, 3b, 3c, Part IV, Second B, line 1e,	, 4b, 4c, 5a, 6, tion D, lines 2 Part V, Sectio	Part II, line 10 9a, 9b, 9c, 11a and 3, Part IV,	a, 11b, and 11 Section E, lin and 8, and Pa	20-3781764 T7a or 17b, Ic, Part IV, Section es 1c, 2a, 2b, art V, Section E,	
	II Line1	.2				·	<u> </u>		
\$45,00	0 per ye	ar in d	onated u	se of f	acilities	5			
			<u></u>						
					<u> </u>				
	······································	·							
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Inspection

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

lar	vest House Outreach, Inc		20-3781764
Part		vised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advise	d funds are the organization's
	property, subject to the organization's exclusive legal control		
6	Did the organization inform all grantees, donors, and donor		used only for chantable
	purposes and not for the benefit of the donor or donor advi-	sor, or for any other purpose conferring impe	ermissible
	private benefit?	· · · · · ·	Yes N
art			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organiz		
	Preservation of land for public use (e.g., recreation or		nistorically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	f a conservation easement on the last day
	of the tax year		Held at the End of the Tax Yo
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .	•	. 2b
c	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquire	· ·	
u	listed in the National Register	atter 7725/50, and not on a motorio od dota	. 2d
,	Number of conservation easements modified, transferred,	released extinguished or terminated by the	
3		released, extinguished, or terminated by the	
	organization during the tax year ▶ Number of states where property subject to conservation e	annoment is located >	
4 5	Does the organization have a written policy regarding the p	- 	olations
9	and enforcement of the conservation easements it holds?	enouse mornioring, inspection, nationing of wi	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting	handling of volations, and enforcing conse	
•	Start and volunteer flours devoted to morntoning, inspecting	g, mandling of violations, and emoleting conse	station casements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	indica of violations, and anforcing consequate	ion eacements during the year
7		indling of violations, and enforcing conservat	ion easements during the year
	Donate and the second second at the second s	and actions the requirements of section 170/	F)(4)(B)(i)
8	Does each conservation easement reported on line 2(d) at	bove satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?	otion occoments in its rounning and avnonce	
9	In Part XIII, describe how the organization reports conserv		
	include, if applicable, the text of the footnote to the organiz conservation easements	ation's financial statements that describes th	le organization's accounting to
art		os of Art Historical Treasures of	or Other Similar Assets
ar t	Complete if the organization answered	•	o Other Sillinai Assets.
			ant and balance about wades of ort
1a	If the organization elected, as permitted under SFAS 116 (•	
	historical treasures, or other similar assets held for public		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		transfer for a selection of and
b	If the organization elected, as permitted under SFAS 116	•	
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service, provide the following
	amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical to	treasures, or other similar assets for financia	I gain, provide the following amounts
	required to be reported under SFAS 116 (ASC 958) relating	•	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X . perwork Reduction Act Notice, see the instructions for Form 9	<u></u>	Schedule D (Form 990) 2

	ule D (Form 990) 2017 Harvest Ho							781764	Page 2	
Part	III Organizations Maintaining								inued)	
3	Using the organization's acquisition, access	sion, and other record	s, check an	y of the fol	llowing that ar	e a signi	ficant use of its coll	ection items		
	(check all that apply)			- 7 .	_					
а	Public exhibition d Loan or exchange programs									
b										
C	Preservation for future generations									
4	Provide a description of the organization's c	collections and explain	how they for	urther the	organization's	exempt	purpose in Part XIII			
5	During the year, did the organization solicit			cal treasu	res, or other s	ımılar as	ssets to be sold to ra	_	r - 1	
	rather than to be maintained as part of the o		n?	<u>.</u>	:			Yes	No	
Part			_			_				
	Complete if the organization 990, Part X, line 21	answered "Yes"	on Form	1 990, P	art IV, line	9, or r	eported an amo	ount on Fo	rm	
1a	Is the organization an agent, trustee, custoo	ian or other intermed	ary for cont	ributions o	or other assets	not inc	luded			
	on Form 990, Part X?	nan or other memoral	idi y 101 0011.		J. 5(,16) 4556(, ,,,,,		☐ Yes	No	
_	· ·	· I and assemble the fal	· · ·							
D	If "Yes," explain the arrangement in Part XII	and complete the rol	lowing table	•		_	T			
						-	Amou	ını		
С	Beginning balance					1c	<u> </u>			
d	Additions during the year .					10	<u> </u>			
е	Distributions during the year					. <u>1e</u>	<u>- </u>			
f	Ending balance .				•	1f				
2a	Did the organization include an amount on f	orm 990, Part X, line	21, for esc	row or cus	stodial accoun	t liability	?	Yes	No	
b	If "Yes," explain the arrangement in Part XII								Ħ	
Part		oncontrole il the ca	фіспацопп	ао осол р						
ait	Complete if the organization	answered "Ves"	on Form	aan p	art IV line	10				
	Complete it the organization						(A) There was back	T (-) E		
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years back	(e) Four yea	ars back	
1a	Beginning of year balance							ļ		
b	Contributions					_		<u> </u>		
С	Net investment earnings, gains, and		ľ			_				
	losses		1							
d	Grants or scholarships	<u> </u>	1					1		
_	Other expenditures for facilities and				-			<u> </u>		
•	•				ľ					
_	programs		 		 	_		 		
r	Administrative expenses	<u> </u>	↓		{ -			 		
9	End of year balance	L	<u> </u>		<u> </u>			ــــــــــــــــــــــــــــــــــــــ		
2	Provide the estimated percentage of the cur	rrent year end balance	e (line 1g, c	olumn (a))	held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶ %	6								
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%								
3a	Are there endowment funds not in the poss	•	ation that are	e held and	ladministered	for the				
-4	organization by	31 410 01guill20		unu				Ye	s No	
	•							3a(i)		
	(i) unrelated organizations	• •	•							
_	(ii) related organizations						- • •	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organia	•			•	-		3b		
4	Describe in Part XIII the intended uses of the		wment fund	<u> s</u>						
Par	t VI Land, Buildings, and Equi									
	Complete if the organization	answered "Yes'	on Form	1 990, P	art IV, line	11a S	See Form 990,	Part X, line	e 10.	
	Description of property	(a) Cost or oth		י י	r other basis ther)		Accumulated epreciation	(d) Book val	lue	
1a	Land			 						
						_				
b	Buildings	·		 						
С	Leasehold improvements			 	2 74 5		26 642		475	
d	Equipment			4	13,715.		36,240.		<u>475.</u>	
e	Other			<u> </u>						
	Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 10	<u>)c) </u>		. •		<u>475.</u>	
UYA							Sche	dule D (Form	990) 2017	

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

UYA

Schedule D (Form 990) 2017

Scriedi	ule D (Form 990) 2017 Harvest House Outreach, Inc			20-3781	764 Page 4
Par				per Return.	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIII)	. 2d			
e	Add lines 2a through 2d	•		. 2e	
3	Subtract line 2e from line 1	. , ;		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b	•		. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>	5	
Part				es per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV,	line 12a		
1	Total expenses and losses per audited financial statements	•	-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		——————————————————————————————————————	
b	Prior year adjustments	. 2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	. <u>2</u> d			
e	Add lines 2a through 2d		-	2e	
3	Subtract line 2e from line 1	· , i		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	· 		
þ	Other (Describe in Part XIII)	_4b			
С	Add lines 4a and 4b			. 4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	<u> </u>	<u></u>	5	
Part	XIII Supplemental Information.				
Part XI	, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional	information		
				 	
					

Schedule D (I	Form 990) 2017	Harvest	House	Outreach,	Inc		20-3781764	Page 5
Part XIII	Supplemen	ntal Informat	ion (contin	Outreach, nued)				
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SCHEDULE I (Form 990)

Governments, and Individuals in the United States

2017	
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Schedule I (Form 990) (2017) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Employer identification number **%** □ Open to Public (h) Purpose of grant or assistance Inspection 20-3781764 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (f) applicable) grant cash assistance other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (P) EIN (a) Name and address of organization Harvest House Outreach, Department of the Treasury Name of the organization Internal Revenue Service Part II (10) (11) 12 Ξ <u>4</u> (2) 9 0 (8) (6) (2) (3)

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Page 2 20-3781764

Schedule I (Form 990) (2017) Food, Clothing, Supplies (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I (Form 990) (2017) Harvest House Outreach, Inc.
Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) FMV 95,735. (d) Amount of noncash assistance 27,422. (c) Amount of cash grant Monitoring procedures Part III can be duplicated if additional space is needed

(b) Number of recipients 1Direct Assistance-Clients (a) Type of grant or assistance Part 1 Line 2 Part IV ¥ ≿ 9 S ~ က

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

20-3781764 Harvest House Outreach, Inc

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determinin ntribution amo	g ounts
1	Art – Works of art						
2	Art - Historical treasures .						
3	Art – Fractional interests .						
4	Books and publications .						
5	Clothing and household						
	goods	x		36,400.			
6	Cars and other vehicles		· <u>· · · · · · · · · · · · · · · · · · </u>				
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded .						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests				_		
12	Securities – Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution – Other .	}			_		
15	Real estate - Residential						
16	Real estate – Commercial .						
17	Real estate – Other .						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens .						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28_	Other ()			[
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for which the	}		
	organization completed Form 8283, Par	t IV, Donee A	cknowledgement		29		0
						Yes	No
30 a	During the year, did the organization red	eive by contr	ibution any property reported in	Part I, lines 1 through 28,			
	that it must hold for at least three years	from the date	of the initial contribution, and w	hich isn't required to be used for	r exempt		
	purposes for the entire holding period?				-	30a	X
b	If "Yes," describe the arrangement in Pa	art II					
31	Does the organization have a gift accep	tance policy t	hat requires the review of any n	onstandard			
	contributions?				•	31	X
32 a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, proc	ess, or sell noncash]	
	contributions? .	•				32a	<u> </u>
b	If "Yes," describe in Part II						
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ch column (a) is checked,			
	describe in Part II						

Schedule M	(Form 990) 2017	<u> Harvest</u>	House	Outreach,	Inc_	20-378	31764 Page 2
Part II	Supplemental Info	ormation. Pr	ovide the	information red	guired by Par	t I, lines 30b, 32b, and 33,	and whether
	the organization is	reporting in Pa	art I. colur	mn (b), the num	ber of contri	butions, the number of iter	ns received,
	or a combination of	f both Also co	molete th	is part for any a	additional info	ormation	,
	or a combination of	1 00111 7130 00	inpicte tri	is part for any c	additional init	21110001	
							
							
							
							
							
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			- <u> </u>				
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LIVA						Schedu	ile M (Form 990) 2017

UYA

. SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

►Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Harvest House Outreach, Inc	20-3781764
	
	
	
	
	
	
	
	
	

age	2

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Harvest House Outreach, Inc

Employer identification number 20-3781764

Part III Line 4d

Expenses: \$9508.00 including grants of: \$9508.00 Revenue: \$0.00

Part III Line 4d

Infant Services Program

Part III

Please see the Statement of Program Service Accomplishments for details

Part III Line 4d

Expenses: \$3618.00 including grants of: \$3618.00 Revenue: \$0.00

Part III Line 4d

Christmas at Harvest House Program

Part III Line 4d

Please see the Statement of Program Service Accomplishments for details

Part III Line 4d

Expenses: \$820.00 including grants of: \$820.00 Revenue: \$0.00

Part III Line 4d

Vision Care Program

Part III Line 4d

Please see the Statement of Program Service Accomplishments for details

Part III Line 4d

Expenses: \$560.00 including grants of: \$560.00 Revenue: \$0.00

Part III Line 4d

Transportation Assistance Program

Part III Line 4d

Please see the Statement of Program Service Accomplishments for details

Part III Line 4d

Sack Lunch & Emergency Food Programs - See the Statement of Program

Part III Line 4d

Service Accomplishments. Financials in Food for Families Program