

2020 Exempt Organization Business Tax Return
prepared for:

HARVEST HOUSE OUTREACH INC
1439 E 71st STREET
TULSA, OK 74136

DP FINANCIAL & TAX INC
4775 E 91st ST S, STE 200
TULSA, OK 74137

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, **and ending** , 20

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

C Name of organization HARVEST HOUSE OUTREACH INC
 Doing business as HARVEST HOUSE
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1439 E 71st STREET
 City or town, state or province, country, and ZIP or foreign postal code
TULSA, OK 74136

D Employer identification number
20-3781764

E Telephone number
(918) 884-7667

F Name and address of principal officer:
MARLENE CUNNINGHAM, 1439 E 71st STREET, TULSA, OK 74136

G Gross receipts \$ 266,630.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.TULSAHARVESTHOUSE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2005

M State of legal domicile: OK

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>EMPOWERING THE POOR AND TRANSFORMING LIVES IN NORTHEAST OKLAHOMA, ONE GUEST AT A TIME . . . SINCE 1996.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	18
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	248,955.	266,630.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,955.	266,630.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	115,571.	98,484.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99,176.	100,275.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>17,269.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,716.	42,084.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	263,463.	240,843.
19	Revenue less expenses. Subtract line 18 from line 12	-14,508.	25,787.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	139,287.	177,045.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,070.	1,041.
		135,217.	176,004.	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 08/15/2021

MARLENE CUNNINGHAM, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Tammy L. Swearengin, EA Preparer's signature: Tammy L. Swearengin, EA Date: 09/21/2021 Check if self-employed PTIN: P00238810

Firm's name ▶ DP FINANCIAL & TAX INC Firm's EIN ▶ 26-0022358

Firm's address ▶ 4775 E 91st ST S, STE 200, TULSA, OK 74137 Phone no. (918) 392-7879

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

EMPOWERING THE POOR AND TRANSFORMING LIVES IN NORTHEAST OKLAHOMA, ONE GUEST AT A TIME . . . SINCE 1996.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 117,074. including grants of \$ 30,075.) (Revenue \$ 0.)

FOOD FOR FAMILIES PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

FOOD IS STORED IN AND DISTRIBUTED FROM DONATED FACILITIES. HARVEST HOUSE BENEFITS FROM 6,000 SQ FT OF DONATED SPACE. THIS NON-CASH DONATION IS ESTIMATED TO BE WORTH ABOUT \$18,000 EACH YEAR.

OUTCOMES - HARVEST HOUSE DELIVERED GROCERIES TO 2,722 HOUSEHOLDS IN 2019.

ABOUT 12,150 GROCERY BAGS FULL OF HEATHY, NUTRITIOUS FOOD, ALMOST 211,000

POUNDS IN ALL, WAS PLACED IN THE PANTRIES OF OUR POOREST TULSA NEIGHBORS.

THIS IS ROUGHLY ESTIMATED TO PROVIDE OVER 140,000 MEALS FOR OUR HUNGRY NEIGHBORS.

See Part III, Ln 4a statement

4b (Code:) (Expenses \$ 46,242. including grants of \$ 35,669.) (Revenue \$ 0.)

CLOTHING AND HOUSEHOLD GOODS PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

4c (Code:) (Expenses \$ 20,842. including grants of \$ 20,842.) (Revenue \$ 0.)

UTILITIES ASSISTANCE PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 11,885. including grants of \$ 11,885.) (Revenue \$ 0.) See Statement

4e Total program service expenses ▶ 196,043.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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
1a	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13		X
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► OK
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ►
 JODY STRECK, 1439 E 71st STREE, TULSA, OK 74136 (918)884-7667

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

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 definition 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON ROBINSON BOARD MEMBER	1.00	X					0.	0.	0.	
(2) MARLENE CUNNINGHAM EXECUTIVE DIRECTOR	20.00	X		X			26,000.	0.	0.	
(3) PHIL CUNNINGHAM DIRECTOR OF DEVELOPMENT	14.00	X					13,873.	0.	0.	
(4) CHRIS THAM TREASURER	2.00	X		X			0.	0.	0.	
(5) BEVERLY ALLEN SECRETARY	2.00	X		X			0.	0.	0.	
(6) CHRIS BUSCH PRESIDENT	2.00	X		X			0.	0.	0.	
(7) JOEL BUDD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JOEL DASH BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DONNIE JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DAVID PAULSON BOARD MEMBER	1.00	X					0.	0.	0.	
(11) DAVID RUNNELS BOARD MEMBER	1.00	X					0.	0.	0.	
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							39,873.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							39,873.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	266,630.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 33,300.			
	h	Total. Add lines 1a-1f		266,630.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue . .					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue		0.	0.	0.	
	e	Total. Add lines 11a-11d		0.			
12	Total revenue. See instructions		266,630.	0.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,484.	98,484.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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, and key employees	39,873.	18,702.	7,298.	13,873.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,276.	52,086.	0.	1,190.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,126.	5,506.	1,620.	0.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	395.	0.	395.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,931.	0.	4,931.	0.
12 Advertising and promotion	253.	0.	253.	0.
13 Office expenses	12,610.	0.	10,404.	2,206.
14 Information technology				
15 Royalties				
16 Occupancy	18,603.	18,603.	0.	0.
17 Travel	1,128.	1,128.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21.	21.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,765.	1,513.	1,252.	0.
23 Insurance	1,314.	0.	1,314.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEALS	64.	0.	64.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	240,843.	196,043.	27,531.	17,269.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	89,231.	1	129,754.
	2 Savings and temporary cash investments	40,000.	2	40,000.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,300.		
	b Less: accumulated depreciation	10b 9,009.	10,056.	10c 7,291.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		139,287.	16	177,045.
Liabilities	17 Accounts payable and accrued expenses	4,070.	17	1,041.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		4,070.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		135,217.	31
32 Total net assets or fund balances		135,217.	32	176,004.
33 Total liabilities and net assets/fund balances		139,287.	33	177,045.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	266,630.
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,843.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,217.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	15,000.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,004.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on 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?		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 on Schedule O and describe any steps taken to undergo such audits.		

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$6,166 including grants of \$6,166) (Revenue \$0) INFANT SERVICES PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.
(Code:) (Expenses \$210 including grants of \$210) (Revenue \$0) TRANSPORTATION ASSISTANCE PROGRAM PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.
(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0) EMERGENCY GROCERIES PROGRAM PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.
(Code:) (Expenses \$5,509 including grants of \$5,509) (Revenue \$0) VISION CARE PROGRAM PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.
(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0) INTERVIEW PROGRAM PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

Additional information from your Form 990: Return of Organization Exempt from Income Tax**Form 990: Return of Organization Exempt from Income Tax**
Form 990, Page 2, Part III, Line 4a (continued)**Continuation Statement**

Description
EACH WEDNESDAY WE HAVE SEVERAL VARIETIES OF FRESH PRODUCE, FRESH BREAD AND
LOTS OF FROZEN MEATS AND VEGETABLES TO ENSURE A HEALTHY VARIETY OF FOODS
FOR THE MENU. WE EXPECT TO ACHIEVE ADDITIONAL GROWTH IN OUTCOMES FOR THIS
PROGRAM IN 2020.

CLIENT COPY

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HARVEST HOUSE OUTREACH INC	Employer identification number 20-3781764
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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 A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	226,467.	215,089.	217,030.	248,955.	266,630.	1,174,171.
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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	226,467.	215,089.	217,030.	248,955.	266,630.	1,174,171.
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 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,174,171.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	226,467.	215,089.	217,030.	248,955.	266,630.	1,174,171.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,000.	45,000.	18,000.	12,862.	15,000.	135,862.
13 Total support. (Add lines 9, 10c, 11, and 12.)	271,467.	260,089.	235,030.	261,817.	281,630.	1,310,033.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	89.63 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	86.14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	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)? <i>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).</i>		
1		

Section 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 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
1	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt III Ln 12: Other Income Part III, Line 12 Description: DONATED FACILITIES

2016: 45000. 2017: 45000. 2018: 18000. 2019: 12862. 2020: 15000.

CLIENT COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Name of the organization <u>HARVEST HOUSE OUTREACH INC</u>	Employer identification number <u>20-3781764</u>
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

HARVEST HOUSE OUTREACH INC

Employer identification number

20-3781764

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DAVID E AND CASSIE L TEMPLE FOUNDATION PO BOX 35362 TULSA OK 74153	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GEORGE KAISER FAMILY FOUNDATION 7030 SOUTH YALE AVENUE STE 600 TULSA OK 74136	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	QT FOUNDATION PO BOX 3475 TULSA OK 74101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHRISTIAN LIFE FOUNDATION PO BOX 4626 TULSA OK 74159	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE OXLEY FOUNDATION 1437 SOUTH BOULDER AVENUE STE 770 TULSA OK 74119	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOSEPH AND VIRGINIA DIBERT FOUNDATION PO BOX 3627 Tulsa OK 74101	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARVEST HOUSE OUTREACH INC	Employer identification number 20-3781764
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE HELMERICH TRUST 1437 SOUTH BOULDER AVENUE TULSA OK 74119	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE ANNE AND HENRY ZARROW FOUNDATION 401 SOUTH BOSTON AVENUE STE 900 TULSA OK 74103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE RALPH & FRANCES MCGILL FOUNDATION PO BOX 3627 TULSA OK 74101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JESS L AND MIRIAM B STEVENS FOUNDATION 4000 ONE WILLIAMS CENTER TULSA OK 74172	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE H A & MARY K CHAPMAN CHARITABLE TRUST 121 SOUTH TEJON STREET STE 1105 COLORADO SPRINGS CO 80903	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE SHARNA & IRVIN FRANK FOUNDATION 3125-B SOUTH YALE AVENUE TULSA OK 74135	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARVEST HOUSE OUTREACH INC	Employer identification number 20-3781764
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization HARVEST HOUSE OUTREACH INC	Employer identification number 20-3781764
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: HARVEST HOUSE OUTREACH INC; Employer identification number: 20-3781764

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			0.
b Buildings				
c Leasehold improvements				
d Equipment		16,300.	9,009.	7,291.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,291.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

HARVEST HOUSE OUTREACH INC

Employer identification number

20-3781764

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

HARVEST HOUSE OUTREACH INC

Employer identification number

20-3781764

Part I 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	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	x		33,300.	
6 Cars and other vehicles				
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 contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution 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 which isn't required to be used for exempt purposes for the entire holding period?		x
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		x
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		x
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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

2020

**Open to Public
Inspection**

Name of the organization

HARVEST HOUSE OUTREACH INC

Employer identification number

20-3781764

Other: VALUES STATEMENT - HARVEST HOUSE IS COMMITTED TO SERVING THE POOR AND
NEEDY IN THE TULSA COMMUNITY BY ADDRESSING SOME OF THEIR MOST PRESSING NEEDS
IN A MANNER THAT PRESERVES THEIR DIGNITY AND AFFIRMS THEIR SELF-WORTH. OUR FOCUS
INCLUDES HELP IN ELIMINATING OR BYPASSING THE HURDLES THAT ARE PREVENTING THE
GUEST FROM ACHIEVING SELF-SUFFICIENCY. ALTHOUGH WE ARE A MULTI-SERVICE AGENCY,
THERE ARE TIMES WHEN WE ARE UNABLE TO FULLY MEET ALL OF OUR GUEST'S NEEDS. IN
THOSE CASES, WE STRIVE TO EDUCATE OUR GUESTS ABOUT THE CONTINUUM OF CARE AVAILABLE
IN TULSA AND SERVE AS A FRONT DOOR TO OTHER AGENCIES TO HELP OUR GUESTS SECURE
ADDITIONAL SERVICES TO MEET PRESENTING THEM WITH NEW JOB OPPORTUNITIES AND EDUCATION
OPTIONS TO HELP THEM CLIMB OUT OF POVERTY AND ULTIMATELY BECOME SELF-SUFFICIENT.

Pt VI, Line 2: PHIL CUNNINGHAM AND MARLENE CUNNINGHAM ARE MARRIED.

Pt VI, Line 11b: THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO SUBMISSION.

Pt VI, Line 12c: HARVEST HOUSE BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST
POLICY FORM EACH YEAR.

Pt VI, Line 15a: EXECUTIVE DIRECTOR AND VP OF DEVELOPMENT.

Pt VI, Line 15b: 2018.

Pt VI, Line 19: HARVEST HOUSE MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Pt III, Line 4d:

Expenses: \$6,166 including grants of: \$6,166 Revenue: \$0

Description: INFANT SERVICES

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

Expenses: \$210 including grants of: \$210 Revenue: \$0

Description: TRANSPORTATION ASSISTANCE PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

Name of the organization

Employer identification number

HARVEST HOUSE OUTREACH INC

20-3781764

Expenses: \$0 including grants of: \$0 Revenue: \$0

Description: EMERGENCY GROCERIES PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

Expenses: \$5,509 including grants of: \$5,509 Revenue: \$0

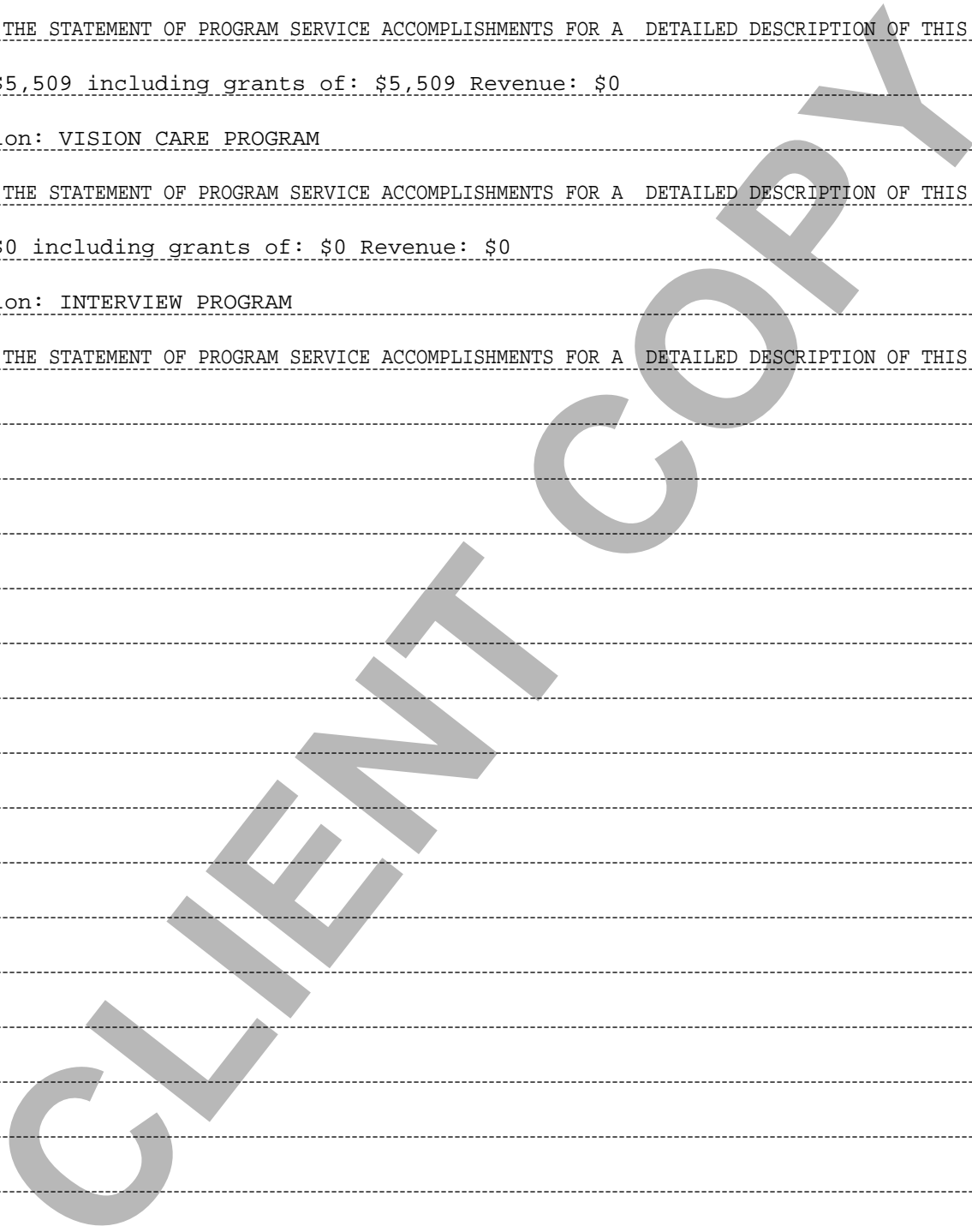
Description: VISION CARE PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.

Expenses: \$0 including grants of: \$0 Revenue: \$0

Description: INTERVIEW PROGRAM

PLEASE SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR A DETAILED DESCRIPTION OF THIS PROGRAM.



Statement of Program Service Accomplishments

2020

PG01

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(a)
Statement of Service Accomplishment

Program Service Code	-
Program Service Expenses	\$ 117,074
Grants and allocations included in above expense	\$ 30,075
Program Service Revenue	\$ -

Explanation

Food for Families Program – In 2020, with the COVID pandemic and the Mayor’s orders the building in which we operate was closed in March and reopened with the Mayors re-opening of Tulsa by June. During the closure we had to place on hold the programs requiring face-to-face contact, and were only able to operate a drive-up grocery service to our guests. During that period we actually served more guests with more groceries than if COVID had never happened. Due to two very large grants given to the Community Food Bank of Eastern Oklahoma, the food bank did not charge any of their affiliates for the food provided in 2020, saving Harvest House many thousands of dollars. By June we were returning to all of our traditional programs, including our regular groceries programs. Guests with Wednesday appointments are presented a menu of grocery items available that day, including fresh/frozen meats, fresh fruits and vegetables, and varying grocery items they can select from to meet their family’s nutrition needs and tastes. A trip to the grocery store usually entails purchasing paper goods and toiletries, so we have those items available on our daily menu of groceries as well. Harvest House will scale the quantities of each food group to the size of the household, delivering seven day’s worth of healthy, nutritious food for the household. The food will be bagged and ready for delivery to the guest’s automobile at the end of their appointment. Food is stored and distributed from our facility which is made available to Harvest House by RGC at a very much discounted rental of \$500 per month, including all utilities and overhead expenses for the space. This in-kind donation in terms of reduced rental rates is worth at least \$12,000 per year to Harvest House. Each Wednesday we have several varieties of fresh fruit and vegetables, fresh bakery items and lots of frozen meats and vegetables as well as pre-cooked frozen food which are designed to ensure a healthy variety of foods are on the daily menu and headed for the homes of our guests. Nobody gives their guests better groceries than Harvest House.

Food for Families Program Outcomes – In 2020 Harvest House delivered 14,819 bags of groceries to 7,044 household members from 2,647 households in Northeast Oklahoma. The total was 270,000 pounds of nutritious, healthy food placed in the pantries of the poorest of our neighbors; approximately the equivalent of 172,000 meals.

Statement of Program Service Accomplishments

2020

PG02

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(b)
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	46,242
Grants and allocations included in above expense	\$	35,669
Program Service Revenue	\$	-

Explanation

Clothing and Household Goods Program - Harvest House receives donations of clothing and household items from various sources. Occasionally a retailer will donate a large amount of new clothing. These items are carefully sorted and only high quality gently used or new items will be cleaned, sorted and placed on clothing racks organized by season, style, garment type, color and size. These items are displayed to enable our clients to have a quality shopping experience selecting the items that are needed by their household members. We endeavor to give the client a shopping experience equivalent to any nice second-hand clothing store. Clients generally take home two or three complete outfits of clothing per household member and perhaps another bag of household goods, but extenuating circumstances are taken into consideration as needs are addressed. Outcomes - Not every client presents a need for clothing, but over 90% elect to shop in this department as part of their appointment. On average we see about ten items of clothing selected for each client visit, and we gave about 19,000 clothing items to our needy clients in 2020. This clothing originates from one of the churches in the area, local consignment shops or the general community. The ladies examine every garment and select only the new or gently used items we feel our guests will want. The lesser quality items go to other charities, and the business and evening wear goes to Dress for Success. In the last year we donated as follows: last year we sent Goodwill 675 items, Salvation Army 1,450 items, Dress for Success 115 items, and Tulsa Teen Challenge 3,300 items, for a total of 5,540 items of clothing that we pass on to the right place. We purchase items of clothing our clients need the most but seem never to be donated, such as underwear and socks or Plus+ sizes and adult diapers.

Statement of Program Service Accomplishments

2020

PG03

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(c)
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	20,842
Grants and allocations included in above expense	\$	20,842
Program Service Revenue	\$	-

Explanation

Utilities Program – This program was placed on hold with the closure of our building in March due to COVID and resumed in June when it was reopened. Then, at the end of the year, beginning in December, Harvest House agreed to be part of the CARES Utility Assistance program for Tulsa County, assisting our guests get their utility bills paid with CARES money. We processed about \$22,000 of their bills in December. In addition, we continued our regular Utilities Assistance Program for the months we were open. When our clients are forced to choose between food for their families, clothes for the household and paying for utilities we help them with part of their utility bills. With Oklahoma's extreme weather conditions in both winter and summer, heat and electricity are vital for comfort, but can become a life support issue, especially if young children or elderly family members are in the household. Harvest House can contribute limited financial assistance in the form of utility bill payments on behalf of our clients if their utilities are about to be disconnected. Although we cannot pay the entire bill in most cases, the payments we make usually result in gaining another month for the client to make the full payment and have continued utility service. We will refer the client to another agency that can further pay down the balance until the bill is made current. Outcomes - In 2020 we assisted about 420 client households with their utility bills for service that was about to be cut off, an expense of about \$21,000. Loss of heating in winter or electricity in summer can be life-threatening to the elderly, the infirmed or infants. And most of our client households include one or more of these categories of individuals. Although we only have funds to pay \$50 of the client's bill, we know all the other agencies that will assist on utility bills and we direct or refer our clients accordingly so they can get the balance of the bill paid.

Statement of Program Service Accomplishments

2020

PG04

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(d) 1 of 4
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	6,166
Grants and allocations included in above expense	\$	6,166
Program Service Revenue	\$	-

Explanation

Infant Services Program - Infant Services provides baby and toddler food, diapers, blankets, clothing and basic necessities for infants and toddlers from newborn to age three. Because the building was closed for several weeks, we could not serve our guests from this program several weeks in the first two quarters of 2020. Based on availability of items, we provide a week's supply of diapers, several seasonal items of clothing, bottles, a pack of wipes, a sleeper, socks, blanket or other miscellaneous items, as well as a toy and perhaps a children's book. Appointments are recommended, and we will take referrals from other agencies. We will require at least two months between appointments. Outcomes - 2020 was an abnormal year with 439 households and 485 infants served. We donated about 8,000 clean diapers and 1,900 items of clothing to these households.

Statement of Program Service Accomplishments

2020

PG05

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(d) 2 of 4
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	210
Grants and allocations included in above expense	\$	210
Program Service Revenue	\$	-

Explanation

Transportation Assistance Program - When a client has a confirmed job interview or medical appointment, but does not have the means to transport himself to and from that appointment, Harvest House will give the client bus tokens (or sometimes a gasoline card from QuikTrip) to enable him to be present of that appointment. This program was interrupted by COVID for several weeks in the first/second quarters. But we resumed in June. Since we have very limited financial resources, we must make phone calls to verify our guests have these appointments before this assistance is delivered. We do not advertise or promote this program, but when an interviewer becomes aware of these circumstances we can offer this help to our client. This is another worthy program that should be expanded with more financial resource availability. Outcomes - For those without access to automobiles who have no other means of transportation but who have documented doctor's appointments or job interviews we provide bus tokens.

Statement of Program Service Accomplishments

2020

PG06

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(d) 3 of 4
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	-
Grants and allocations included in above expense	\$	-
Program Service Revenue	\$	-

Explanation

Emergency Groceries Program – With the advent of COVID this program was halted and merged into the drive-by grocery distribution program during the worst days of the COVID Pandemic. When we reopened we took the lessons we learned from that experience and beefed up this program. This is the secondary grocery program we offer; we much prefer to serve our clients by appointment on Wednesdays to enable us to deliver services from all of our programs for the household. But circumstances in the clients’ lives do not always permit this scheduling. If a client walks into Harvest House without an appointment and the household is lacking food, Harvest House will give them shelf-stable groceries plus a generous selection of fresh fruit and vegetables, meats, bread and paper goods to tide them over until additional food sources can assist the household. We now vary quantities by household size, and will ensure they receive 3.5 to 4 days’ worth of groceries for the household. Nobody should ever leave Harvest House hungry. Outcomes - Although we try to serve our clients by appointment, there are walk-ins every week needing food without appointments. Any walk-in client on Monday through Thursday will be served by the Emergency Grocery Program. About 1,000 households with 2,300 members were served by the Emergency Grocery Program in 2020. Emergency Groceries Program financial data is included in the Food for Families Program.

Statement of Program Service Accomplishments

2020

PG07

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(d) 4 of 4
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	5,509
Grants and allocations included in above expense	\$	5,509
Program Service Revenue	\$	-

Explanation

Vision Care Program – This was another program placed on pause when COVID hit, and was resumed in June. This program focuses on our clients who have poor eyesight and cannot afford to pay for new prescription eye glasses. We cover the cost of the client's eye exam and give the client a free pair of custom eyeglasses. The client selects the frames from the collection available through NEW EYES. We have partnered with a couple of local optometrists who bill us reduced eye exam rates (\$50) for each client examined and we work with a nonprofit agency, NEW EYES, that provides eyeglasses at zero cost. Obtaining a free eye exam and prescription glasses is a game changer for the needy suffering with poor vision. It aids them obtaining a driver's license, in their ability to drive, read and write, possibly become gainfully employed. We expect this program to yield many positive results for clients for years to come. Outcomes - This program started in 2017 as a pilot program and moved to a full program in 2018; we helped 194 guests with a full eye exam and prescription glasses and scores more with reader glasses in 2020.

Statement of Program Service Accomplishments

2020

PG08

Name(s) as shown on return

Your Social Security Number

Harvest House Outreach, Inc

20-3781764

Form 990 - Part III Line 4(d) 4 of 4
Statement of Service Accomplishment

Program Service Code		-
Program Service Expenses	\$	-
Grants and allocations included in above expense	\$	-
Program Service Revenue	\$	-

Explanation

The Interview Program - The interview process is where we help our guest begin to re-envision their situation and hope for success begins. All our guests with a Wednesday appointment participate in this program. First, we ensure their application is completed fully and properly, and we can then qualify the guest. Here is where we are different from most other agencies. We see ourselves serving as a "front door" to all the other wonderful agencies that participate in the continuum of care that is available in the Tulsa area. This city truly has a big heart, and rare is the problem that cannot be alleviated by a combination of programs from our great charitable agencies in Tulsa. We carefully and caringly interview each household to discover the full range of problems of struggles within that household. After applying the services Harvest House has to offer, we next acquaint the guest with services offered by other agencies and make referrals where appropriate. The goal is to help the client envision a plan that leads to independence for the members of their household. We also have a stack of fresh job openings we offer where there is a need and match of skills/interests. The interviewer will offer prayer if the client asks for it, a great source of hope and encouragement. We refer them to the many sources of further education and job skills training available in the Tulsa area. In short, we help each visitor to discover there is a path out of the poverty condition they are temporarily experiencing. Their load seems much lighter as they leave Harvest House with a clear path forward and renewed hope for a better future. So, it is clear why our mission is "Empowering the Poor and Transforming Lives in Northeast Oklahoma, One Life at a Time".

