

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



Form 990

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

	For t	he 2009 calen	dar year,	or tax yea	r beginnin	g		, 20	uy, and	d ending	<u> </u>								
В	Check	ıf applicable	 		f organization							D Emplo	yer Ider	ntıficatıor	Number				
	A	ddress change	Please use IRS label	Harves	ting Ir	nterna	tional	Ministr	у Се	nter,	Inc. 74-2510566								
	-	ame change	or print or type				mail is not del			Room/sui			elephone number						
		itial return	See specific	560 Ea	sy Dri	VΑ						(81	7)	453-3	3663				
		ermination	Instruc- tions.		vn or country	· 		Sta	ite ZIP	code + 4									
			uons.	Mansfi	-			T		5063		G Gross receipts \$ 1,624,592.							
	<u> </u>	mended return	F Name of	•	f principal offic	COL			. / ((a) is this	a group retu			Yes	X No			
		oplication pending	i		• •		. Manaf	: ~ 1 ~ 1	TX 76	1.		affiliates inc			Yes	No No			
_							e Mansf		_	3003		attach a fist		nstruction		□•			
<u>_</u>		-exempt statu				sert no)	494	17(a)(1) or		527				_					
<u>J</u>				enter.	$\overline{}$		_			•		exemption r							
K		of organization	X Corpora	ation Tr	ust As	ssociation	Other >		L Year	of Formatio	n 1988	8 <u> M</u>	State of	legal do	micile TX				
Pa	ırt I	Summa																	
	1	Briefly descri	be the ore	ganızatıon'	s mission	or most s	significant a	activities	Prov	i <u>de</u> f	<u>ood</u> t	o_the	_poo	r					
e C												-							
Activities & Governance																			
)err																			
é	2	Check this bo					ed its opera		spose	d of mor	e than 2	5% of its	1 -						
વ્ય	3	Number of vo							no 1h'	١			4	0					
ies	5	Total number		_		_	ming body	(rait VI, i	ille lb,	,			5	3					
₹	6	Total number											6	35					
Act	7a	Total gross u		•			III Icolumn	(C) ine 13	,				7 a		·	762.			
		Net unrelated											76						
					1	• • • • •					ь	rior Year			urrent Y				
	8	Contributions	and area	ED. W	III)							,709,		 	1,453				
Ē	9	Contributions Program servi	and a second	ua de art V)					-	235.		 		090.			
Revenue	10	Investment	Lmo 10	ort VIII . ool		lines 3 1	and 7d)		-		 	233,	20.	i	1/1	2.			
æ	11	Other revenue	(Part VI			5 6d 8c	, and 7d) 9c 10c a	and 11e)					50.	1					
	12	Total revenue		nos 8 throi	igh 11 (m)	ist anual	Part VIII c	olumn (Δ)	line 1	2)	1	,945,		1	1,624	592			
	13	Grants and si	Capa III	orioto bout	DOSTIV	oolumn (/	\\ hoos 1 3	2)	11110 1	<u></u>		,546,		 	1,179				
	14	Benefits paid	الاتفاقية والما	OE TOO	(Part IV a	oluma (A	ty, iiiles it.	<i>)</i> ,			 	, 540,	101.	ļ	1,110	, 41).			
									.a. E 1	0)		76	528.		70	,649.			
8	15	Salaries, other						mn (A), iir	es 5-1	0)		70,	526.		10	, 649.			
en.	16a	Professional	≇eñdraisin	ig tees (Pa	art IX, colu	mn (A), I	ine He)				ļ		-X./%.	 					
Expenses	b	Total fundrais	sing exper	nses (Part	IX, columi	n (D), line	e 25)►			0.		, , , "	, , , , , , , , , , , , , , , , , , ,	<u> </u>		, X			
ш	17	Other expens	es (Part I	X, column	(A), lines	11a-11d,	11f-24f)					164,	408.		165	,110.			
	18	Total expense	es Add III	nes 13-17	(must equ	al Part IX	(, column (A), line 25)	1		1	,787,	117.	Ĭ	1,423	,238.			
=	19	Revenue less	expense	s Subtract	line 18 fro	om line 1	2					158,	564.		201	,354.			
											Regi	nning of			End of Ye				
Sugar Property of the Control of the	20	Total assets ((Part X III	ne 16)							Degn	920,		 		,222.			
Net About	21	Total liabilitie	• •	•									491.	 		,446.			
÷ 5			•	•		01 ()	20							1					
	rt II	Net assets or	ure Bloc		otract line a	21 from II	ne zu				J	917,	<u> </u>	ı	190	,776.			
<u>) </u>	11 11	Under penaltie true, correct, a	_		I have examin	ned this retu	rn, including ac	ccompanying	chedules	s and state	ments, and	to the best	of my k	nowledge	and belief, i	t is			
		libe, conject, a	ind complete	r	A leparer (or	uler ulan on	Lety is based to		1011 07 111	псп ргерап	. 1163 6119	Mowicage							
Sig	ın		1908	2															
He	re	Signature	of office	<u>′</u>	900	<u></u>	>				Da	ite							
		 	/																
		Type or pr	int name and	d title															
		1		•					Date			heck if	[5	Preparer's (see instri	identifying	number			
Pai	id	Preparer's	-1	- (1-1			A				se	elt mployed •	•	•					
Pr€		signature	* Own	u KOM	mmIH	ullle).	CPA		08/	05/10)								
	rer's	Firm's name (d	or SOM	MERVIII	LE & AS	SOCTA	TES, P.	С.											
Üs		yours if self- employed),			OCK RD			-		·	F	ın ►							
On	ıy	address, and ZIP + 4		INGTON	JOIN IND	J11 2	<u> </u>	TX 760	015-	2936	<u>i</u>		· (81	7) 7	95-504	16			
Mar	the l	RS discuss th			enarer sho	nwn abov	e? (see ins		<u>, , , , , , , , , , , , , , , , , , , </u>			THE HE	, 01	<u> </u>	Yes	No			
		Privacy Act a					•		uction			TEEA0101	07/2		Form 99				
~~	~	. II TUCY ALL	u . apcı	WOLK IVER	acaon mel		oc are sep					,	. 0//2			- (2000)			

rm 990 (2009)	Harvesting Internation		nc.	74-25	10566	Pa
	tement of Program Service	Accomplishments				
-	ibe the organization's mission					
<u>Provide</u>	food to the poor.					
2 Did the organ	nization undertake any significant p	rogram services during the yea	ir which were not listed or	the prior	*	
Form 990 or		region services during the year	Which were not hated of	rate prior	Yes	X N
		la O			☐ res	<u>₽</u>
	ribe these new services on Schedu			_		
	nization cease conducting, or make	significant changes in how it co	onducts, any program ser	vices	Yes	X 1
	ribe these changes on Schedule O					
and 501(c)(4)	exempt purpose achievements for) organizations and section 4947(a nd revenue, if any, for each program)(1) trusts are required to report	e largest program services t the amount of grants an	s by expenses d allocations t	Section 50 o others, the	1(c)(3) total
) (Fundament C. 1, 20)	1 016	^ 1 170 470		^ 15	
a (Code) (Expenses \$ 1,38	1,916. including grants of	\$ 1,1/9,4/9.) (Revenue	\$	70,328
	ng International is o			<u>providin</u>	g_food_	
	<u>direct_distribution_a</u>					
<u>501 (c) (3</u>	3) organizations. In 2	2009 more than 2,50	0,000 pounds of	food		
were dis	stributed					
				. – – – – –		
				. – – – – –		
. (Codo) (Expanses &	politica and the	ċ		·	
(Code) (Expenses \$	including grants of	٧	, (Revenue	٧	
				· – – – – –		
<i>(</i> 0)	`				•	
(Code) (Expenses \$	including grants of	\$) (Revenue	۶	
-						
				· -	_	
					 -	.
		·		- -		
	n services (Describe in Schedule ())				
Other program						
Other progran (Expenses		ling grants of \$) (Revenue	\$		1

74-2510566 Page 3 Form **990** (2009) Harvesting International Ministry Center, Inc. Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Х 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts \mathcal{H} 'Yes,' complete Schedule D, 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets # Yes, 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services If 'Yes,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments f' 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes' 7f so, complete Schedule D, Parts VI, VII, VIII, IX. or X X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII • 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 ۱ Part X, line 167 If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X ** • 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? IVes, complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year # 'Yes,' complete 12 Х Schedule D, Parts XI, XII, and XIII No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes ₩. 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х business, and program service activities outside the United States 7 Yes, complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III

column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

16

17

18

19

20

Х

Х

Х

Х

Х

Page 4

гα	Tells Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 'Yes,' complete	23		х
	Schedule J	_23		- ^-
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 20027f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 'Yes,' complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete Schedule L. Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	a A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee If 'Yes,' complete Scriedule L, Part ιν	ŽŠb		X
1	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions of 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets if 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity \mathcal{H} 'Yes,' complete Schedule R, Parts II, III, IV, and V, line \mathcal{H}	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
D A A		Form	oon i	ranna

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	¥ - %	// 38 33	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
bilif 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 to		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	v1	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	_ \delta (1)	
9 Sponsoring organizations maintaining donor advised funds.	3		*\$%["
a Did the organization make any taxable distributions under section 4966?	9a	-	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			1 2
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter		l	ļ
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Governing Body and Management

Section A.

Yes No

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a	Enter the number of voting members of the governing body	1a 4		3.000	*** 1									
t	b Enter the number of voting members that are independent 1 b 0													
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lationship with any other	2	X	لگند									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?													
4	Did the organization make any significant changes to its organizational documents	····	3		<u>X</u>									
•	since the prior Form 990 was filed?													
5	Did the organization become aware during the year of a material diversion of the organization's assets?													
6														
_	Does the organization have members, stockholders, or other persons who may elect one or r	nore members of the	6		X									
, a	governing body?	note members of the	7 a		Х									
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?													
8	3 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following													
а	a The governing body?													
b	Each committee with authority to act on behalf of the governing body?		8b		Х									
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		x									
Sec	tion B. Policies (This Section B requests information about policies not i	required by the Internal												
Reve	enue Code)													
			\longrightarrow	Yes	No									
	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>									
b	olf 'Yes,' does the organization have written policies and procedures governing the activities of -and-branches-to-ensure-their operations-are-consistent-with-those-of-the-organization?	f such chapters, affiliates,	105											
11	Has the organization provided a copy of this Form 990 to all members of its governing body to	pefore filing the form?	11		<u>X</u>									
11 A	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990		<u> </u>											
12 a	Does the organization have a written conflict of interest policy7f 'No,' go to line 13		12a	X										
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	х										
С	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	licy¶f 'Yes,' describe in	12c	х										
13	Does the organization have a written whistleblower policy?		13	Х										
14	Does the organization have a written document retention and destruction policy?		14	Х										
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?												
	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>									
b	Other officers of key employees of the organization		15 b		X									
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		25		3.44									
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a	- I	X									
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16 b											
Sec	tion C. Disclosures		.001											
	List the states with which a copy of this Form 990 is required to be filed NONE													
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	 vaılabl	e for p	oublic									
	Own website Another's website X Upon request													
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	nents, conflict of interest pol	ıcy, ar	nd fina	ncıal									
	State the name, physical address, and telephone number of the person who possesses the by Judy Aderholt560 Easy DriveMansfieldT	_	anızatı 17)_4		3663									

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'

hock this hav if the arganization did not compand any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no		sate a	iny (officer	, dir			
(A)	(B)	_			c)			(D)	(E)	(F)
Name and Title	Average hours per week	Position and trustees or director	unshitutional trustee	Off.	all Key employee	High est confrensated) FURTH	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Judy Aderholt Secretary/Director	40.00	Х		х				18,200.	0.	0.
Bobby Wooddell Chairman/Director	2.00	Х		х				0.	0.	0.
Gregory Dowbrow	40.00	 Х		x				42,175.	0.	6,200.
Dena Wooddell Director	2.00	Х		ļ <u>.</u>				0.	0.	0.
				<u> </u>						
					<u> </u>					
	- "									
		:								

(A)	(B)				c)	,		(D)	(E)	1	(F)	····/
Name and Title	Average				-	hat a	pply)	Reportable	Reportable		Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organization (W-2/1099-MISC)	s .	amount of o compensat from the organizatio and relate organizatio	ion ed
	-											
		ļ 										
							. :					
1 b Total							<u> </u>	60,375.		<u> </u>		200
2 Total number of individuals (including but not limiter from the organization ► 0	d to tho	se li	stec	d abo	ove)	wh	o re	ceived more than	\$100,000 in repo	ortabl		
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue o	ndividua portable han \$15 ompens	l cor 60,00	npe)0 <i>?li</i> n fro	nsai f 'Ye	tion es' c	and omp	oth lete	er compensation Schedule J for so	from uch		Yes 3 4	x
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors								-			5	X
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntra	ctors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	s							Description	of Services	C	(C) ompensati	on
						_						
2 Total number of independent contractors (including \$100,000 in compensation from the organization▶		lımı	ted	to th	1056	list	ed a	bove) who receiv	ed more than			

Pa	rt VIII Statement of Revenue				T :
***************************************		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS LAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d				
CONTRIBUTIONS,	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lins 1a-1f h Total. Add lines 1a-1f	1,453,500.			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	2a Warehouse Income 493000 b Angel Food Ministries 445100 c d	140,313. 30,777.	140,313. 30,015.	0. 762.	0.
PROGRAI	f All other program service revenue g Total. Add lines 2a-2f	171,090.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	2.	0.	0.	2.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c kental income or (loss)	**************************************	*		
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses		}	l'ég.	**
	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events				
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b Interior Interi		•	,	
Ö	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19				×
	b Less direct expenses c Net income or (loss) from gaming activities	***************************************			
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory			Adis Amerika minara - Adis Bam n 🚥 wakum	and the state of t
	Miscellaneous Revenue Business Code 11 a b				
	d All other revenue e Total. Add lines 11a-11d	1 604 505	150 000		
	12 Total revenue. See instructions	1,624,592.	170,328.	762.	2.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 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 governments and organizations in the U.S. See Part IV, line 21	1,030,904.	1,030,904.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	148,575.	148,575.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60,375.	42,175.	18,200.	0.
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	15,600.	15,600.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	· 1	2,674.	1,240.	1,434.	0.
	Fees for services (non-employees)				
	a Management	_ -			
	b Legal				
	c Accounting	5,895.	0.	5,895.	0.
	d Lobbying			. ********	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other	50_	_ 50_	. 0.	Ū.
	Advertising and promotion	90.	90.	0.	0.
13 14	Office expenses Information technology	12,091. 150.	8,501. 120.	3,590.	0.
15	Royalties	130.	120.	30.	0.
16	Occupancy	32,601.	26,081.	6,520.	
17	Travel	24,665.	24,607.	58.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	21,0001	24,007.	30.	0.
19	Conferences, conventions, and meetings				
20	Interest	43.	43.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,909.	1,527.	382.	0.
23		1,802.	1,442.	360.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	*	***	. 4	100
ā	Angel Food	30,058.	30,058.	0.	0.
t	Spoilage	39,062.	39,062.	0.	0.
c	Dues & Licenses	1,603.	0.	1,603.	0.
c	Repairs & Maintenance	14,801.	11,841.	2,960.	0.
	Miscellaneous All other expenses	290.	0.	290.	0.
	Total functional expenses. Add lines 1 through 24f	1,423,238.	1,381,916.	41,322.	0.
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2, 123, 230.	1,301,310.	71, 362.	
BAA					Form 990 (2009)

Page 11

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,040.	1_	3,075.
	2	Savings and temporary cash investments			1,640.	2	142.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			386.	4	241.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus II of S	tees, key employees, chedule L		5_	
	6	Receivables from other disqualified persons (as defin	ed und	ler section 4958(f)(1))	<u> </u>		
.		and persons described in section 4958(c)(3)(B) Com	plete F	Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use			894,631.	8	196,358.
Š	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10 a	146,781.			
		Complete Part VI of Schedule D				· .	
	b	Less accumulated depreciation	10 ь	132,375.	16,315.	10 c	14,406.
	11	Investments – publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
- 1	13	Investments – program-related See Part IV, line 11				13	
ı	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		920,012.	16	214,222.
	17	Accounts payable and accrued expenses			2,491.	17	15,446.
	18	Grants payable				18	
	19	Deferred revenue				19	
- F	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
ļ	22	Payables to current and former officers, directors, tru nignest compensated employees, and disqualified per					
<u>i</u>		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated the	nrd pa	rties		23	
İ	24	Unsecured notes and loans payable to unrelated third	partie	es .		24	
1	25	Other liabilities Complete Part X of Schedule D				25	
\perp	26	Total liabilities. Add lines 17 through 25			2,491.	26	15,446.
N E T		Organizations that follow SFAS 117, check here ►	X ar	nd complete lines			
- 1		27 through 29 and lines 33 and 34.					
× 1	27	Unrestricted net assets			917,521.	27	198,776.
E T S	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
R F.		Organizations that do not follow SFAS 117, check he lines 30 through 34.	re►	and complete		ź,	
FUZD	30	Capital stock or trust principal, or current funds			I man an manufillan at "ter al mate 12 200 200 200 about the set i	30	
- 1	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31	
Ĉ	32	Retained earnings, endowment, accumulated income,				32	
BALAZCES	33	Total net assets or fund balances	- **		917,521.	33	198,776.
Ę	34	Total liabilities and net assets/fund balances			920,012.	34	214,222.

BAA

214,222. Form **990** (2009)

Form 990 (2009) Harvesting International Ministry Center, Inc. 74-2510566		Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		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?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		, , ,	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	1 6	ŕ	
Separate basis Consolidated basis Both consolidated and separate basis	\v.	· · · ·	<u> </u>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
BAA	Form	990 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Har Par															Inc		nuet	COL	mnle	oto th	ale.	nart '			10560 nstruct				
																	gh 11						, 566	<i>,</i> 11	istruct	10115			
1																	-			-)(A)(i).							
•	H																	1560	.uon	170(1	ı, V.	даді).							
2	H											-			edule			1	70/L	V1\/A	V:::	:							
3 ⊿	Н		•					•			_						rsecti				• •	•	/L.\/1\/			. 41			
4	Ш						11 112	alion	oper	ale	u in c	conju	JHCU	OH W	nın a	HO	spitai	ues	cribe	u iise	cue	on 170	X i Xa)	ΑХ	iii). Ente	er tne	nosp	mai s	
5		An d	e, cit irgan b)(1)	ızatıc	n op		d fo	or the	bene	 efit	of a	colle	ge c	or un	ıversı	ity (owne	d or	oper	ated	by a	a gove	rnmer	- ital	unit de	scribe	ed se	ction	
6		A fe	deral	, stat	e, or	local	go	verni	nent								ed ins												
7	X	An o	rgan ection	ızatıc 1 170	on tha (b)(1	at nor XAX v	ma ⁄i) .	lly re (Con	ceive iplete	s a Pa	subs art II	tantı)	ıal p	art o	f its s	sup	port 1	rom	a go	vernr	ner	ntal uni	t or fr	om	the ger	neral	publi	c des	cribed
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receip																												
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Sesection 509(a)(4).																												
10		An c	rgan	ızatıc	n or	ganize	ed a	and c	perat	led	exclu	ısıve	ly to	test	t for p	pub	olic sa	fety	See	ectio	n 5	09(a)(4	l).						
11		more	e pub	licly	supp	orted	01	ganız	ation	ıs d	escri	bed	iń se	ection	n 509	(a)	t of, to)(1) or 11e ti	· sec	ction	509(a	fund (2	ctions (of, or ectior	car 1 5 0	ry out th)9(a)(3).	ne pu Che	rpose ck th	e box	one or that
		а	Тур	e I			ı	→ 🗍	Туре	П			С	П	Гуре І	III -	– Fun	ctio	nally	ınteg	rate	ed			d 🗌	Тур	e III–	- Othe	r
е		than	hecki foun a)(2)	ng th datio	nis bo	ox, I d anage	ert rs a	ify th	at the	e or thai	ganız n one	atioi or i	n is more	not c	ontro	olle sup	d dire	ctly d or	or in	direct zation	tly I	by one describ	or mo	ore sec	disquali tion 509	fied	perso	ons of	ther
f		If the		anıza anıza	ition	receiv	ved	a wr	ıtten	det	ermır	natio	n fro	om th	ne IRS	Sth	hat is	a Ty	ype I	Туре	e	or Typ	e III s	upp	oorting o	organ	ızatıc	n,	
g						006, 1	has	the	organ	ııza	tion a	acce	pted	any	gıft	or (contr	buti	on fre	om ar	ny c	of the f	ollowi	ng	persons	,7			
		(i)	2 06	renn	who	direc	-thy	or in	diract	Hv c	contro	nic 4	aitha	ır alo	na ni	r ta	natha	r 14/1	th ne	reone	· de	secriba	dın (ı	ı) s	nd (III)			Yes	No
		(•)	belo	w, th	ne go	vernii	ng .	body	of the	e si	oddr	ted	orga	nızal	tion?		genie	., **:	ur pe		, uc	301100	u III (I	1) 0	ina (iii)	11	g (i)	L	
		(ii)	a fa	mıly	mem	ber (of a	pers	son de	esc	rıbed	ın (ı	ı) ab	ove?	,												g (ii)		
		(iii)	a 35	5% co	ontro	lled e	ntit	y of a	a pers	son	desc	ribe	d in	(ı) oı	r (II) a	abo	ove?										g (iii)		
h		Prov	ide th	ne fol	llowii	ng inf	orn	atıor	abo	ut t	he su	oqqı	rted	orga	nizati	lion	าร									1			
	(i)	Name Orç	of Suppanizati	oporte:	1		((iı) EIN			(d	lescrit above	ed or or IR	rganiza i lines C sect ictions	. 1-9 tion	c	organız (i) list gov	Is the ation ed in vernin umen	in col your ig	the or	ganı ol (ou notify ization in i) of pport?	organi	zatio	the on in col ed in the	(viı)	Amou	int of Su	upport
																	Yes		No	Yes	5	No	Yes	;]	No				
																									T				
										_						\downarrow		_			$ \bot $			4					
																\perp		1			_			4					
			-													4		+			_			4					
																					ŀ								
										4						4		4			4		<u> </u>						
								1 .	٠, ٠	_	, .			. 5	* 4 × 50	×, ,		1.			_			\perp					
						-		* *,	'	ا	,		(•		-		•	· .						
otal									2 -		* , ,		٠.	7 .	3.2	<u>, , L</u> ,	** '	+					<u> </u>	1					

Schedule A (Form 990 or 990 EZ) 2009 Harvesting International Ministry Center, Inc. 74-2510566 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 2,252,483. |1,329,378.|1,107,407.|1,709,839.|1,453,500. 7,852,607. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 2,252,483. 1,329,378. 1,107,407. 1,709,839. 1,453,500 7,852,607. 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) 1,058,260. Public support. Subtract line 5 from line 4 6,794,347. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 1,329,378. 1,709,839. 7,852,607. 7 Amounts from line 4 1,107,407. 453,500 Gross income from interest, dwidends, payments received on securities loans, rents, royalties and income form similar sources 120 135 74 20 351. Net income from unrelated business activities, whether or not the business is regularly 0 0 2,873 1,575 762 carried on 5,210. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 50 50. Total support. Add lines 7 through 10 7,858,218. 12 Gross receipts from related activities, etc (see instructions) 12 1,000,792. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 86.46% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 86.21% 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andtop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the 'facts-and-circumstances' test, check this box andtop here. Explain in Part IV how the

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

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Section A. Public Support		1				
Calendar year (or fiscal yr beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
7a Amounts included on lines 1, 2, 3 received from disqualified persons	:			:		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line	. 3.3.26	*	,		12 3 14 1 L	
7c from line-6)		-		<u> </u>	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Section B. Total Support						•
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)						
 13 Total support.(add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and 	is for the organiza	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	3) ▶ [
Section C. Computation of Pu		ercentage				
15 Public support percentage for 20			ne 13. column (f))	15	%
16 Public support percentage from	•	.,	10 10, 00101111 (1),	,	16	<u> </u>
Section D. Computation of Inv					1 10	70
17 Investment income percentage f				mn (fl)	17	%
18 Investment income percentage f		* *	•		18	<u> </u>
19a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	he organization di	d not check the b	ox on line 14, ar	nd line 15 is more	than 33-1/3%, and	
b 33-1/3 support tests – 2008. If the support test is not more than 33-1/3%, check	he organization di	d not check a box	on line 14 or 19	a, and line 16 is r	more than 33-1/3%,	and line 18

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Form 9	990 or 990-E	Z) 2009	Harve	sting	Intern	ationa	al Min	istry	Center	, Inc.	74-25	L0566	Page 4
Part IV	laguZ	emental l , line 17a	nformat	ion. Co	mplete	this pa	art to p	rovide	the e	xolanati	ons rea	uired by	Part II. li	ne 10:
Other_	Income	Part I	<u>I, Lin</u>	<u>ie 10</u>										
<u>Descri</u>	.ption:	Refund	<u>s</u>								-			
2008:_	50										-			
			 -	- 						- -				
										-				
							-		- -					
														-
								- -						
				_										
								· -						
					- -		. -							
							. -		- -			- -		
			- 			-	· -	. .						
						- -		. 		- 	_			
		. .			-		. -							
								- -	- -		- 			
		_					-		- -		 -			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number Harvesting International Ministry Center, Inc. 74-2510566 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 20 c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Harve							74-251			Page 2
Part III Organizations Mainta	ining Coll	ections	of Art, Histo	orical	Treasures, o	r Other Si	milar Ass	ets (c	<u>ont</u> ını	леd)
3 Using the organization's acquisition (check all that apply)	on accession	n and ot	ner records che	eck any	of the following	that are a s	gnificant us	se of its	collect	ion
a Public exhibition			d 🗌 Loan	or excl	hange programs					
b Scholarly research			e 🗌 Other	r						
c Preservation for future gener	ations									
4 Provide a description of the orga Part XIV			·	•	· ·			se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit o	r receive	donations of a	rt, histo	orical treasures,	or other sime	lar	☐ Yes	ſ	No
Part IV Escrow and Custodia 9, or reported an amo	l Arranger	nents	Complete if o	organı			o Form 9		rt IV,	
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodi	an, or ot	her intermediary	y for co	entributions or ot	her assets n	ot	Yes	[
b If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ving tab	le	···				
								Amoun	t	
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1e				
f Ending balance						1f				
2a Did the organization include an a		rm 990,	Part X, line 213	7				Yes	1	No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds Co										
	(a) Curren	t year	(b) Prior yea	ar	(c) Two years bac	k (d) Thr	ee years back	(e)	our yea	
1a Beginning of year balance										
b Contributions										
c Net Investment earnings, gains, and losses										
d Grants or scholarships								1	1,200	`, ` ,
 Other expenditures for facilities and programs 	··				- 2 2		, 1984.		, 3 v	
f Administrative expenses		<u>-</u> -			<u></u>			, ×	1/2 /	
g End of year balance								,	< 4	1/2
2 Provide the estimated percentage	-	end bal	ance held as							
a Board designated or quasi-endow	/ment ►		 %							
b Permanent endowment ▶		:								
c Term endowment	%									
3a Are there endowment funds not a organization by	n the posses	sion of t	he organization	n that a	re held and adm	inistered for	the		Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related of	•		•					3b		<u> </u>
4 Describe in Part XIV the intended										
Part VI Investments—Land, B		<u>ınd Eq</u>	<u>uipment. Se</u>	<u>e Forr</u>	n 990, Part X	<u>, line 10.</u>				
Description of investment	-		t or other basis vestment)		Cost or other asıs (other)	(c) Accur Depred		(d) E	Book V	alue
1a Land				<u> </u>		, '				
b Buildings			,	ļ						
c Leasehold improvements				ļ						
d Equipment					146,781.	13	32,375.		14	<u>,406.</u>
e Other		<u> </u>		<u> </u>				<u></u>		
Total. Add lines 1a through 1e (Column	(d) must eq	ual Forn	1 990, Part X, c	olumn	(B), line 10(c))		<u> </u>		14	<u>,406.</u>

BAA

Schedule **D** (Form 990) 2009

Part VII	(a) Description of security or category	(b) Book value	12. (c) Method of valuation
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
	derivatives		
	eld equity interests		
			· · · · · · · · · · · · · · · · · · ·
	mn (b) must equal Form 990 Part X, col. (B) line 12) Investments—Program Related (Se	ee Form 990. Part X. line	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
•			
<u>.</u> .			
	m (b) made equal to m ever talt signed to	►	
Part IX	<u> </u>		
	(a)	Description	(b) Book value
-			
	lumn (b) must equal Form 990, Part X, col (B		•
Part X	Other Liabilities (See Form 990, Pa		
Endoral In	(a) Description of Liability come Taxes	(b) Amount	-
euerai iii	come raxes		-
			- -
			-
			-
			_
-			-
	-1**		-
	nn (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 F	ootnote In Part XIV, provide the text of the f	ootnote to the organization's f	financial statements that reports the organization's liability

Schedule D (Form 990) 2009 Harvesting International Ministry Center, Inc.

74-2510566

Page 3

	dule D (Form 990) 2009 Harvesting International Ministry Center, Inc.		10566	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial	Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
	Total adjustments (net) Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	XII. Reconciliation of Revenue per Audited Financial Statements With R	<u>evenue per Return</u>	T	
	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b	*		
C	Recoveries of prior year grants 2c	×		
	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Retu	ırn	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25	,		
- 2-	Donated-services-and-use-of-facilities 2a			
b	Prior year adjustments 2b			
	Other losses 2c	. 3		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line:			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Part	XIV Supplemental Information			
ine 4	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines . Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also nation	1a and 4, Part IV, lines complete this part to p	1b and 2b, Part	V, tional

Schedule D (Form 990) 2009	Harvesting International Ministry Center, Inc.		ge 5
Part XIV Supplemental	Information (continued)		
			
		_	
		= - 	
_ : == = = = = : = : = : = : = :			
			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered '∀es,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

2009

Open to Public

Name of the organization			_			Employer identification number	cation number
Harvesting International Ministry Center,	linistry Cent	er, Inc.				74-2510566	99
Randla General Information on G	rants and Assist	tance	_				
	rds to substantiate the grants or assistar	-	the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility for th	ne grants or assistan	ce, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the IDS計画 Crante and Other Accietance to Community and	s procedures for mor		Use of grant funds in the United States	States	4 4 5 C	\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	rice to government y recipient that [Form 990]		Organizations in the United States. Complete if the organization answered 'Yes' to Form nore than \$5,000. Check this box if no one recipient received more than \$5,000. Use ace is needed	ed states. Comple: his box if no one r	te it the organiza ecipient received	ition answered 'Y I more than \$5,00	es to Form 30. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of c; sh grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Azleway, Inc	75-1903742	501(C)(3)		12,340.	FMV	Food	Support
Bread Basket Ministries. P.O. Box 244 Fort Worth TX 76101	75-2056757	501 (c) (3)		77,217.	FMV	Food	Support
Bridgeway Family Fellowsh 504 Chase Cleburne TX 76031	73-6109354	501 (C) (3)	_	8,305.	FMV	Food	Support
Central Park Baptist Chur 1005 E Jackson Rd Carrollton TX 76031	01-0724523	501(c)(3)	-	5,559.	FMV	Food	Support
Christian Family Life Bap 10217 Crowley Rd Crowley TX 76036	75-2231694	501 (C) (3)		17,999.	FMV	Food	Support
Christians on the Move	74-2544662	501 (C) (3)	_	5,820.	FMV	Food	Support
Community Enrichment Cent 6250 NE 820 North North Richland H TX 76180	75-2613843	501 (C) (3)		31,245.	FMV	Food	Support
Compassion_House	43-2069991	501 (C) (3)	-	8,158.	FMV	Food	Support
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government of	organizations	_			•	36
	uction Act Notice, se	ee the Instructions	for Form 990.	TEEA3901	02/10/10	Sche	Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047 2009

Open to Public Inspection

(h) Purpose of grant or assistance Support Support Support Support Support Support Support Support Support Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 74-2510566 Food Food Food Food Food Food Food Food Food (f) Method of valuation (book, FMV, appraisal, other) Partis Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule FMV FMV FMVFMVFMVFMVFMV10,254. FMV 10,424. FMV 5,958. 8,067. 145,756. (e) Amount of non-cash assistance 7,998. 6,438 261,248 6,692 (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3) 501(c)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Inc. Harvesting International Ministry Center, 75-2510750 71-0864142 23-7002419 51-0579732 75-2198253 20-4462893 56-2357468 37-1523014 42-1729981 (p) EIN (a) Name and address of organization or government 4612 Amesbury, Apt #183__ <u>Divine_Hope_Ministries_Fa</u> House of Praise Ministrie Divine_Revelation_Church Heartland World Ministry El_Bethel_Church_of_God. 701 Wichita St. Fort Worth TX 76140 Family_Care_Ministries_ Dallas County Harvest Faithful Word Mission .004 N Jefferson St. 6300 N_Beltline_Rd_ Irving TX 75063 Lancaster TX 75146 <u>620 Red Oak Rd - Red Oak TX 75154 </u> Dallas TX 75206 3107 Cartwright Dallas TX 75212 1185 Oxbow Ln Dallas TX 75241 Dallas TX 75217 Ever Rising_ Name of the organization 559 Ezekial

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

ווופינוקו עבאפוותב ספואוכב			_			Sec. 150	*
Name of the organization			_			Employer identification number	n number
Harvesting International Ministry Center,	Ministry Cente	r, Inc.	-			74-2510566	
Parill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I	nd Other Assistar	ice to Governments	and Organizations	s in the United Sta	tes (Schedule I	(Form 990), Part	t II.)
(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 non-cash assistance	(h) Purpose of grant or assistance
Hungry Kids International Route 1 Box 4B Ouemado TX 78877	75-1731314	501(C)(3)		11,534.	FMV	Food	Support
Life_Temple	75-2508460	501(C)(3)		14,049.	FMV	Food	Support
Mansfield Ave Baptist Chu 1201 Mansfield Ave Fort Worth TX 76119	75-2848443	501 (C) (3)	-	12,060.	FMV	Food	Support
New Covenant Church 1010 W Pleasant Run DeSoto TX 75115	75-2965354	501(C)(3)	-	14,400.	FMV	Food	Support
Nichols Ministry 237_Amy Burleson TX 76028	15-8859401	501(C)(3)		15,456.	FMV	Food	Support
Open Door Ministries 1624 Caddo Peak Joshua TX 76058	75-2662485	501(C)(3)		19,918.	FMV	Food	Support
Otto Kitchens 3315 Cr 188 Stephenville TX 76401	31-1793886	501 (C) (3)		13,010.	FMV	Food	Support
Refiners Fire Outreach Mi P.O. Box 383 Palmer TX 75151	34-4259324	501(C)(3)	-	20,303.	FMV	Food	Support
People That Care 2404 N Carrier Pkwy Grand Prairie IX 75050	75-2133779	501 (C) (3)	_	52,584.	FMV	Food	Support

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Name of the organization						Employer identification number	n number
Harvesting International Ministry Center,	inistry Cente	r, Inc.				74-2510566	
Rand Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	d Other Assistan	ice to Governments	and Organizations	s in the United Sta	les (Schedule I	(Form 990), Part	ıt II.)
(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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Refuge_House 5214_Pearl_DrNorth Richland H TX 76180	41-2052825	501(C)(3)		48,755.	FMV	Food	Support
Restoration Training Cent P.O. Box 162932 Fort Worth TX 76161	74-2510566	501(c)(3)		5,092.	FMV	Food	Support
	75-2932975	501(c)(3)		11,156.	FMV	Food	Support
Servant of the Children 645 Gibson St Cedar Hill TX 75104	20-0697990	501(C)(3)		6,681.	FMV	Food	Support
	$\begin{vmatrix} \\ 76180 \end{vmatrix}$ 15-8859401	501(C)(3)		19,838.	FMV	Food	Support
	01-1336656	501(C)(3)		5,768.	EMV	Food	Support
hodist Ch	75-0851211	501(C)(3)		9,692.	EMV	Food	Support
]] 1 1	75-2865774	501(C)(3)		8,611.	FMV	Food	Support
We Care Facilities 340 Granger Dr Argyle TY 76226	33-1063807	501(C)(3)		7,271.	FMV	Food	Support

Schedule I-1 (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 99∜), Part II and Part III.

OMB No 1545-0047

2009

Open to Public (h) Purpose of grant or assistance Support Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 74-2510566 Food (f) Method of valuation (book, FMV, appraisal, other) Ba附屬 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 12,212. FMV (e) Amount of non-cash assistance (d) Aniount of cash grant (c) IRC section if applicable 501(C)(3) Harvesting International Ministry Center, 75-2164472 (b) EIN (a) Name and address of organization or government Santo TX 76472 Word of Faith P.O. Box 765_ Name of the organization

Schedule I-1 (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Randing Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Various Food Items 74-2510566 _qualify_for_continued_service_based_on_need.__In_order_to_qet_assistance _Individuals_seeking_assistance_are_allowed to get_food_upon_their_first Any_501(c)(3) organization or church seeking food for their benevolent (e) Method of valuation (book, FMV, appraisal, other) _programs_is_required_to_complete_an_application._ The_application_is_ _the_organization_is_either_put_on_a_wait;ng_list_or_is_able_to_start_ _again, they must_attend the interview and meet certain requirements. them for an interview. At the interview it is determined if they. At that time, an appointment is set up with. reviewed to make sure the qualifications are met. Once approved 147,884. (d) Amount of non-cash assistance _receiving_food_poundage,_based_on_availability._ Inc. Harvesting International Ministry Center, 690 (c) Amount of cash grant 13,835 (b) Number of recipients visit to the center. (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Food BAA

SCHEDULE M (Form·990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	rvesting International Ministry	Center,	Inc.	1/4-	4-2510566				
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	d) od of c rever	determin	าเทฐ	
1	Art-Works of art						-		
	Art-Historical treasures								
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household goods								
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	1							
18	Collectibles								
19	Food inventory	Х	90	1,414,208.					
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 organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contribut Igement	ions for which the	29			0.	
							Yes	No	
20.	During the year, did the organization receive by co	ontribution o	ny proporty roportod in	Part I lines 1 20 that	ıt muct			ĺ	
300	hold for at least three years from the date of the	nitial contrib	ution, and which is not	required to be used fo	r exempt				
	purposes for the entire holding period?					30 a		X	
	If 'Yes,' describe the arrangement in Part II							ļ	
31	Does the organization have a gift acceptance police	cy that requi	res the review of any r	non-standard contribution	ıns?	31		Х	
	Does the organization hire or use third parties or in noncash contributions?	related orgar	nizations to solicit, pro	cess, or sell		32 a		х	
	If 'Yes,' describe in Part II						ļ		
33	If the organization did not report revenues in colu	mn (c) for a	type of property for wh	nich column (a) is check	кed,		ļ		
	describe in Part II								
	- Cau Duivage, Act and Danamical, Dadwalian Act No		- I	· CMM	Cabad.	JA BA /E	- ~~~~ 00	2000	

Schedule	M (Fotm 990) 200	09 Harvesting	International	Mınistry	Center,	Inc.	74-2510566	Page 2
Pårtil	Supplementa and 33. Also	I Information. Co complete this par	emplete this part to t for any additiona	provide the I information	information	required	74-2510566 by Part I, lines 30b,	32b,
				-				
				·				
								-
				. – – – – –				
								. – – –

SCHEDULE Ò (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
Harvesting International Ministry Center, Inc.	74-2510566
Pt_VI-B, Line 15 Pay rates and raises for key employees, except	for the
President are proposed by the President of the	organization.
The compensation is then voted on by the board	of directors.
Since several of the key employees are on the h	poard,
the interested party will not have a vote on the	neir own
compensation or be present for the vote. The	salary
for the President is proposed by the Chairman of	of the Board
of Directors and voted on by the board members	while the
President is not present.	
Pt VI-C, Line 19 The governing documents, conflict of interest p	oolicy
and financial statements are available upon rec	quest
Pt VI-B, Line 12c Officers and Directors are required to complete	e a conflict
of interest questionnaire annually which disclo	oses_any
relationships that may lead to a conflict of in	nterest.
Pt_VI-A, Line 2 Judy Aderholt, director, has a family relations	ship with
Bobby Wooddell, director and Dena Wooddell, director	rector.
Pt_VI-A, Line 8b The organization does not have any committees.	
Pt VI-B, Line 11A The Form 990 is reviewed by the primary office	r_before
it is signed and filed with the Internal Revenue	ie Service.
-	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public

Employer identification number

74-2510566

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Inc.

Harvesting International Ministry Center,

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity | Parill | Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets **尼部引擎 Identification of Disregarded Entities** (Complete If the organization abswered 'Yes' to Form 990, Part IV, line 33.) ~ (**D)** Exempt Code section **(D)** Total income 501(c)(3) TEEA5001 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) Ϋ́ To provide food and necessities to the poor. BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Goodness Outreach Depot 68-0512138 560 Easy Drive, Mansfield TX 76063 ı

Page 2

Schedule R (Form 990) 2009 Harvesting International Ministry Center, Inc.

74-2510566

Part III | Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the fax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cored organizations	poration or Trust treated as a corp	t (Complete	if the organiz	ation answered 'Ye tax year.)	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	ıt √,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entity (S corp, S corp, country)	(D) Direct strolling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of total income Share of end-of-year assets	(H) Percentage ownership
ВАА		TEEA5002 02/05/10				Schedule R (Form 990) (2009)	990) (2009)

74-2510566

Partive Transactions With Related Organizations (Complete of the organizations)	ete if the organization answered 'Yes' to Form 990, Part IV, line 34,	, 35, or 36.)		•	
Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			-	Yes	2
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	th one or more related organizations listed in Parts II-IV.				: . ·
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	· - •		1a	_	×
b Gift, grant, or capital contribution to other organization(s)			1 P	_	×
c Gift, grant, or capital contribution from other organization(s)			ا	×	
d Loans or loan guarantees to or for other organization(s)			1 d	_	×
e Loans or loan guarantees by other organization(s)			1e	_	×
	-		35,	1	
f Sale of assets to other organization(s)		-	1		×
g Purchase of assets from other organization(s)	-		19	_	×
h Exchange of assets			1 h	^	×
i Lease of facilities, equipment, or other assets to other organization(s)			11		×
j Lease of facilities, equipment, or other assets from other organization(s)	-		; ;	×	\mathbb{Z}_{\times}
k Performance of services or membership or fundraising solicitations for other organization (s)	. (s),uo	-	ž	_	×
l Performance of services or membership or fundraising solicitations by other organization(s)	(stuc		=	_	×
m Sharing of facilities, equipment, mailing lists, or other assets			E	×	
n Sharing of paid employees			ָר	×	
				2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
 Reimbursement paid to other organization for expenses 			10	^	×
p Reimbursement paid by other organization for expenses			1 _p	^	×
			777		ş
 q Other transfer of cash or property to other organization(s) 			19		\times
r Other transfer of cash or property from other organization(s)			-	_	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who	information on who must complete this line, including covered relationships and transaction thresholds	ansaction threshold	ds		- 1
(A) Name of other organization	Tra	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1)					
8					
(3)					
(4)					
(9)					
(9)					
BAA TEE/5003	003 02/05/10	Schedule R (Form 990) (2009)	Form 9	90) (20(8

74-2510566

Parkivis Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(c) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	at or ging er?
			Yes No		Yes No		Yes	N _o
					*			
								!
ВАА		TEE 45004 02/05/10				Schedule R (Form 990) (2009)) (066 ເ	2009)