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Form 990-EZ

## Short Form

## 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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 04-01-2009

, and ending 03-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization Harvester Ministries	D Employer identification number 75-2266769
Number and street (or P O box, if mail is not delivered to street address) P O Box 860639	E Telephone number (972) 693-1414
City or town, state or country, and ZIP + 4 Plano, TX 750860639	F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ). ►G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► www.harvestermministries.org

J Tax-Exempt status (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527H Check ► if the organization  
is not required to attach  
Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than  
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 94,263

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	94,221
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	42
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	94,263
10 Grants and similar amounts paid (attach schedule) ►	10	3,956
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	36,406
13 Professional fees and other payments to independent contractors	13	500
14 Occupancy, rent, utilities, and maintenance	14	1,368
15 Printing, publications, postage, and shipping	15	6,388
16 Other expenses (describe ►)	16	52,501
17 Total expenses. Add lines 10 through 16	17	101,119
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,856
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,914
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	9,058

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe ►)
- 25 Total assets
- 26 Total liabilities (describe ►)
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
12,490	22
	23
3,424	24
15,914	25
0	26
15,914	27



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>33</b>	No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>34</b>	No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		<b>35a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>35b</b>	
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	<b>37a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>37b</b>	
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>39a</b>		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39b</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
<b>b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>40b</b>	No
<b>c</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0			
<b>d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► 0			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ►			
<b>42a</b>	The organization's books are in care of ► <u>Frank Carmical</u> Telephone no ► (972) 693-1414			
	PO Box 860639			
	Located at ► <u>Plano, TX</u> ZIP + 4 ► 750860639			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>42b</b>	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<b>42c</b>	No
	If "Yes," enter the name of the foreign country ►			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	<b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>45</b>	No

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

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

		<b>Yes</b>	<b>No</b>
<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	No
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

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

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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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		
	Signature of officer	Date	2010-10-21
	Frank D Carmical President		
	Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature ► Howard P Dreyer CPA	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► PHILIP VOGEL & CO PC 12400 Coit Road Suite 1000 Dallas, TX 75251-2005		EIN ►	Phone no ► (214) 346-5800

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

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Harvester Ministries

Employer identification number

75-2266769

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

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

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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 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)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	98,907	87,116	97,321	87,240	94,221	464,805
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 <b>Total.</b> Add lines 1 through 5	98,907	87,116	97,321	87,240	94,221	464,805
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6,375	9,038	13,183	6,270	7,845	42,711
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						0
c Add lines 7a and 7b	6,375	9,038	13,183	6,270	7,845	42,711
8 <b>Public Support</b> (Subtract line 7c from line 6 )						422,094

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	98,907	87,116	97,321	87,240	94,221	464,805
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58	364	198	46	42	708
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	58	364	198	46	42	708
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 IV )						
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	98,965	87,480	97,519	87,286	94,263	465,513
14 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	90 670 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90 710 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 150 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 160 %
19a <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b <b>33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 75-2266769  
**Name:** Harvester Ministries

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 evangelistic ministry (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	43,981
29 PUBLICATIONS MINISTRY (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2,913
30 gifts to foreign churches (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	2,894
SEE ATTACHMENT 1 (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		3,956

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
frank carmical PO Box 860639 Plano, TX 75086	Pres/Treasurer 40 00	33,910	2,496	0
terry brown PO Box 860639 Plano, TX 75086	ceo/secretary 0 50	0	0	0
Caroline Buie pO Box 860639 plano, TX 75086	Vice President 0 50	0	0	0
A be Johnson pO Box 860639 plano, TX 75086	Secretary 0 50	0	0	0
Mac Rogers pO Box 860639 plano, TX 75086	Director 0 50	0	0	0

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Harvester Ministries**EIN:** 75-2266769

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	see attachment 1
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	3,956
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** Harvester Ministries**EIN:** 75-2266769

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	3,424	2,056

## TY 2009 Other Expenses Schedule

**Name:** Harvester Ministries

**EIN:** 75-2266769

Description	Amount
administrative expenses	2,713
evangelistic ministry	43,981
publications ministry	2,913
gifts to foreign churches - SEE ATTACHMENT 3	2,894
see attachment 4 for detail	

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** Harvester Ministries

**EIN:** 75-2266769

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Attachment 1 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part I, line 10: Schedule of Amounts Paid  
Part III, line 31a: Grants

Names and addresses of donees:

This Program Service, "Humanitarian Ministry to Foreign Nationals," includes financial assistance to people in different countries of the world, including foreign nationals living in the USA. All individuals or families fall below the poverty level in their respective countries. Names and current addresses (at the time of assistance) of these people are available in Harvester Ministries' records.

All of the individuals and families assisted in the "Hispanics" categories below are migrant workers from Latin America, mainly from Mexico and Central America. Since they reside in the USA from 6 to 9 months per year and change addresses often, they can be described as transient or indigent. Their names and addresses are available in Harvester Ministries' records, but many change addresses more than once a year.

Relationship of donees to Harvester Ministries:

None of the individuals or families in the categories listed below are related by blood, marriage, adoption, or employment to any person with an interest in Harvester Ministries, including its donors, directors, and officers.

No interest, application fees, or other charges were made to any persons who received assistance.

Class of Activity:      Amount Given:      Amount Reimbursed:

Recipients:

Clothing:

Hispanics in USA	161.53
Total:	<u>\$ 161.53</u>

Education:

Peru	100.00
Russia	150.00
Total:	<u>\$ 250.00</u>

Legal:

Hispanics in USA	\$ 100.00
Total:	<u>\$ 100.00</u>

(continued on next page)

Attachment 1 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part I, line 10: Schedule of Amounts Paid  
Part III, line 31a: Grants

Page 2 of 2(continued from previous page)

Class of Activity: Amount Given: Amount Reimbursed:

Recipients:

Food:

Peru	322.91
Russia	400.00
Hispanics in USA	\$ 524.50
Total:	\$ 1,247.41

Funerals:

Hispanics in the USA	\$ 265.00
Total:	\$ 265.00

Housing:

Hispanics in USA	\$ 948.76
Total:	\$ 948.76

Loans:

Hispanics in USA	\$ 10.00	0.00
Total:	\$ 10.00	0.00

Medical Help:

Indonesia	\$ 15.96
Peru	230.00
Russia	100.00
Hispanics in USA	83.84
Total:	\$ 429.80

Transportation:

Peru	\$ 50.00
Hispanics in USA	\$ 7.00
Total:	\$ 57.00

Utilities:

Hispanics in USA:	\$ 486.66
Total:	\$ 486.66

Total Assistance: \$ 3,956.16

Attachment 2 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part III, lines 28-31  
Statement of Program Services Accomplished:

Mr. Frank Carmical is President and Evangelist of Harvester Ministries and its sole employee. Mr. Carmical divides his time between the 4 major ministries listed below. He works and is directly involved in all the following activities:

**Evangelistic Ministry**

Preached and taught 19 times in 9 states (Florida, Illinois, Louisiana, Maine, Massachusetts, New Jersey, Oklahoma, Texas, and Washington) and 79 times in 7 countries (Burundi, Indonesia, Jamaica, Mexico, Peru, Russia, and Taiwan) to over 8,000 people. This ministry included speaking at conferences, seminars, and workshops in public auditoriums as well as in services and classes held in churches.

**Humanitarian Ministry to Foreign Nationals**

Assisted and ministered to 21 Hispanic individuals and families in the North Texas area with food, clothing, educational, medical, housing, transportation, legal, and immigration matters as well as spiritual counsel and advice. Assisted and ministered to 9 families in 3 countries with humanitarian help as well as spiritual counsel and advice.

**Gifts to Foreign Churches**

This ministry is a sub-set of both the evangelistic and ministry to foreign nationals. It helps churches overseas made up of foreign nationals to achieve their goals by contributing specific amounts to projects for buildings, equipment, programs, literature, and their own community and humanitarian efforts. These funds are always distributed directly to the pastor and leaders of the churches.

**Publications Ministry**

Wrote, edited, and proofread Biblical and theological materials and lessons. These materials, including powerpoint presentations, were used in seminars, conferences, workshops, and classes around the world as well in churches where Mr. Carmical has ministered in the USA. This ministry included research for future writing and teaching projects. Development of the website still awaits funding and technical assistance.

(continued on next page)

Attachment 2 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part III, lines 28-31  
Statement of Program Services Accomplished:

(continued from previous page)

PLEASE NOTE: The former category "Ministry at Plano Bible Chapel" ended in 2006, which was the final year for Mr. Carmical to serve as Elder and Pastor at the church. Due to his increased foreign ministries and opportunities, Mr. Carmical was no longer able to carry out his past duties at the church. However, from time to time, Mr. Carmical has continued to teach, preach, or advise at the church.

Also note that Mr. Carmical's ministry to local Hispanic immigrants, as reflected above in "Humanitarian Ministry to Foreign Nationals", has continued to benefit the Spanish-speaking church being planted by Plano Bible Chapel by serving and helping workers who are within the community.

Attachment 3 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part III, line 30a  
Other Program Services:

Gifts to Foreign Churches

This ministry donated money for the support of foreign national missionaries, the construction of church buildings or facilities where those missionaries work, the repair of equipment in those churches, the purchase of literature, supplies, and equipment for those churches and funding of programs within them. These gifts were made in the following countries and in these amounts:

Burundi	\$	200.00
Indonesia	\$	404.47
Jamaica	\$	200.00
Mexico	\$	350.00
Peru	\$	200.00
Russia	\$	1,040.00
Taiwan	\$	500.00
<hr/>		
Total:	\$	2,894.47

Attachment 4 to Form 990 EZ  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part I, line 16: Other expenses (describe):

Program Services:

Evangelistic Ministry  
(Part III, line 28) \$ 43,981.03

Publications Ministry  
(Part III, line 29) \$ 2,913.30

Gifts to Foreign Churches  
(Part III, line 30) \$ 2,894.47

Humanitarian Ministry  
To Foreign Nationals  
Part III, line 31) \$ 3,956.16

(Note: the entire amount for this program service consisted of Part I, line 10: "Grants and similar amounts paid to individuals" \$ 3,956.16)

Total Program Services: \$ 53,744.96

Administrative Expenses: \$ 2,713.03

Total Expenses: \$ 56,457.99

Subtract:

Humanitarian Ministry  
To Foreign Nationals  
Part III, line 31 because it is  
already counted on Part I, line 10 \$ 3,956.16

Total Expenses: \$ 52,501.83  
(Part I, line 16)

Schedule A (Form 990 EZ)  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

Part III, line 7a: Support Schedule

Disqualified person:

(e) 2009	\$ 65.00
(f) Total	\$ 65.00

Disqualified person:

(e) 2009	\$ 100.00
(f) Total	\$ 100.00

Disqualified person: Caroline Buie

(e) 2009	\$ 1,250.00
(f) Total	\$ 1,250.00

Disqualified person:

(a) 2005	\$ 1,000.00
(b) 2006	\$ 2,300.00
(c) 2007	\$ 1,696.00
(d) 2008	\$ 1,750.00
(e) 2009	\$ 2,750.00
(f) Total	\$ 9,496.00

Disqualified person:

(a) 2005	\$ 4,875.00
(b) 2006	\$ 5,462.50
(c) 2007	\$ 7,487.00
(d) 2008	\$ 3,920.00
(e) 2009	\$ 2,080.00
(f) Total	\$ 23,824.50

Disqualified person:

(a) 2005	\$ 500.00
(b) 2006	\$ 1,275.00
(c) 2007	\$ 4,000.00
(d) 2008	\$ 600.00
(e) 2009	\$ 1,600.00
(f) Total	\$ 7,975.00

Total of All Donors: \$ 42,710.50

**Disqualified persons for fiscal year 2009-2010:**

	65.00
	100.00
	1,250.00
\$	2,750.00
	2,080.00
	1,600.00
<b>Total:</b>	<b>\$ 7,845.00</b>

**Disqualified persons for fiscal year 2008-2009:**

\$	1,750.00
	3,920.00
	600.00
<b>Total:</b>	<b>\$ 6,270.00</b>

**Disqualified persons for fiscal year 2007-2008:**

\$	1,696.00
	7,487.00
	4,000.00
<b>Total:</b>	<b>\$ 13,183.00</b>

**Disqualified persons for fiscal year 2006-2007:**

\$	2,300.00
	5,462.50
	1,275.00
<b>Total:</b>	<b>\$ 9,037.50</b>

**Disqualified persons for fiscal year 2005-2006:**

\$	1,000.00
	4,875.00
	500.00
<b>Total:</b>	<b>\$ 6,375.00</b>

**Total of all Disqualified Persons:**

\$	42,710.50
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Attachment 1 to Schedule A (Form 990 EZ)  
Tax year 2009  
Harvester Ministries, Inc.  
EIN: 75-2266769

**Statement of how recipients qualify to receive assistance**

Individuals or families who receive charitable assistance from Harvester Ministries must meet the following criteria:

1. Their need is genuine (emergency, injury, illness, cannot read English, empty kitchen or closets)
2. They have no other means of assistance, such as family, friends, employer, public or government agency, or charitable organization or church, or such support does not provide assistance in the area requested.
3. Does Mr. Carmical, based on his years of experience working, see this as a genuine need?
4. Does Harvester Ministries have sufficient funds, resources, or other forms of assistance to help?

In the USA, those who receive assistance are all Hispanic people from Mexico or Latin America. They are indigent, migrant workers and their families, with annual incomes below the USA poverty level. No discrimination is made on the basis of legal status in the U.S. nor on the basis of age, race, sex, religion, or sexual orientation.

Whenever possible, Mr. Carmical personally handles each case, which includes buying and delivering groceries or medicine, paying the bill, transporting the person to the doctor, hospital, employer, court or immigration office. Records are kept for each person and transaction.

Repayment of food, clothes or medication is never requested or accepted. Repayment of paid medical, rent, or utility bills is accepted when recipients are able to pay. No interest, application fees, or other charges are made or received from those seeking help.

Mr. Carmical continues to fill out immigration and other forms in English. These matters involve his donation of time, but involve no expenditure for the assistance.

In foreign countries, Mr. Carmical discusses the needs of those inquiring with local church leaders or the local missionary. He then tries to speak personally with those in need, either directly or through an interpreter. The decision to give assistance is made according to the same criteria listed above for the USA. Wherever possible funds are used to buy food or clothes or other items directly or those funds are left with a responsible party for disbursement.