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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning APR 1, 2013 and ending MAR 31, 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HARVESTER MINISTRIES Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. BOX 52847 City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, LA 70505-2847
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	D Employer identification number 75-2266769
I Website: ▶ WWW.PREACHINGFRIEND.ORG	E Telephone number 337-501-7004
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Group Exemption Number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	H Check <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	
▶ \$ 109,469.	

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

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	109,469.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,469.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	7,664.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	61,021.
	13	Professional fees and other payments to independent contractors	13	1,500.
	14	Occupancy, rent, utilities, and maintenance	14	688.
	15	Printing, publications, postage, and shipping	15	1,171.
	16	Other expenses (describe in Schedule O)	16	40,628.
	17	Total expenses. Add lines 10 through 16	17	112,672.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,203.
	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	9,124.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,921.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	FRANK CARMICAL	
Located at	PO BOX 52847, LAFAYETTE, LA	
	Telephone no.	337-501-7004
	ZIP + 4	70505-2847
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here ☐ Signature of officer Frank D. Carmical Date 11-4-14
☐ FRANK D. CARMICAL, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: PATRICIA A. WILLIAMSON, CPA
 Preparer's signature: PATRICIA A. WILLIAMSON, CPA
 Date: 11/04/14
 Check ☐ if self-employed
 PTIN: P00083239
 Firm's name: VOGEL CPAS, PC
 Firm's EIN: 75-2134417
 Firm's address: 12400 COIT ROAD, SUITE 1000 DALLAS, TX 75251-2005
 Phone no.: (214) 346-5800

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

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.
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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 described in **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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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)		

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,221.	96,020.	113,323.	120,222.	109,469.	533,255.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	94,221.	96,020.	113,323.	120,222.	109,469.	533,255.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,845.	7,808.	12,985.	9,975.	9,680.	48,293.
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	7,845.	7,808.	12,985.	9,975.	9,680.	48,293.
8 Public support (Subtract line 7c from line 6.)						484,962.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	94,221.	96,020.	113,323.	120,222.	109,469.	533,255.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42.	29.	20.	6.		97.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	42.	29.	20.	6.		97.
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 Total support. (Add lines 9, 10c, 11, and 12.)	94,263.	96,049.	113,343.	120,228.	109,469.	533,352.

14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	90.93 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	91.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.03 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

HARVESTER MINISTRIES

Employer identification number
75-2266769

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: HUMANITARIAN MINISTRY

GRANTEE NAME: FOREIGN NATIONALS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE FMV: SEE ATTACHED STATEMENT

AMOUNT GIVEN: 7,664.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: **AMOUNT:**

DEPRECIATION 688.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: **AMOUNT:**

ADMINISTRATIVE EXPENSES 3,081.

EVANGELISTIC MINISTRY 24,096.

PUBLICATIONS MINISTRY 8,614.

GIFTS TO FOREIGN CHURCHES 1,469.

MINISTRY AT LAFAYETTE BIBLE CHAPEL 3,368.

TOTAL TO FORM 990-EZ, LINE 16 40,628.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION **BEG. OF YEAR** **END OF YEAR**

OTHER DEPRECIABLE ASSETS 1,577. 889.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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Name of the organization

HARVESTER MINISTRIES

Employer identification number
75-2266769

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MINISTRY AND FINANCIAL ASSISTANCE TO FOREIGN NATIONALS LIVING IN THE US AND IN FOREIGN COUNTRIES. THIS PAST FISCAL YEAR INVOLVED THE TOTAL RELOCATION OF HARVESTER MINISTRIES FROM PLANO, TX TO LAFAYETTE, LA. THIS MOVE INCLUDED MR. CARMICAL BECOMING PART OF THE LEADERSHIP TEAM AT LAFAYETTE BIBLE CHAPEL. SEE ATTACHED STATEMENT

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

EVANGELISTIC MINISTRY. MR. CARMICAL PREACHED AND TAUGHT 65 TIMES IN THREE STATES TO OVER 500 PEOPLE. MOST OF THESE OPPORTUNITIES WERE IN LOUISIANA. MR. CARMICAL MADE ONE TRIP OVERSEAS TO PERU WHERE HE PREACHED AND TAUGHT OVER 2,000 PEOPLE. MUCH OF THIS MINISTRY NOW CONSISTS OF CONTACTS AND TEACHING BY EMAIL, SKYPE AND VARIOUS VIDEO AND CHAT FORUMS ON THE INTERNET.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLICATIONS MINISTRY. MR CARMICAL WROTE, BIBLICAL AND THEOLOGICAL TRAINING MATERIALS, LESSONS AND POWERPOINTS.

MR. CARMICAL'S SERMONS AT LAFAYETTE BIBLE CHAPEL WERE RECORDED ON TEXT, AUDIO AND VIDEO MEDIA. THESE DIFFERENCE MEDIA WERE THEN PRODUCED BY A PROFESSIONAL EDITING COMPANY INTO A FINAL ELECTRONIC FORM AND POSTED ON THE ORGANIZATION'S WEBSITE PREACHINGFRIEND.ORG AND VIMEO.COM (UNDER FRANK CARMICAL'S NAME). THE VIDEOS ON VIMEO.COM HAVE OVER 1,000 DOWNLOADS PER MONTH AND ARE VIEWED BY MORE THAN 10,000 PEOPLE WORLDWIDE IN OVER 25 COUNTRIES PER MONTH. MR CARMICAL USES THESE VIDEOS TO TRAIN PASTORS IN DIFFERENCE COUNTRIES. THIS CONTINUES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

HARVESTER MINISTRIES

Employer identification number
75-2266769

TO BE THE LARGEST NUMBER OF PEOPLE REACHED IN THE HISTORY OF THIS
ORGANIZATION.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

GIFTS TO FOREIGN CHURCHES. THIS MINISTRY DONATED MONEY

FOR THE SUPPORT OF FOREIGN NATIONAL MISSIONARIES, THE

CONSTRUCTION AND REPAIR OF CHURCHES, THE PURCHASE OF

LITERATURE, SUPPLIES, AND EQUIPMENT FOR THOSE CHURCHES AND FUNDING OF

THEIR PROGRAMS. WHERE MR CARMICAL CANNOT TRAVEL TO A COUNTRY, HE WIRES

THE FUNDS DIRECTLY TO THE PASTOR AND CHURCH LEADERS VIA SECURE MONEY

TRANSFER SERVICES LIKE WESTERN UNION.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

HUMANITARIAN MINISTRY TO FOREIGN NATIONALS. MR CARMICAL HELPED AND

MINISTERED TO 10 HISPANIC INDIVIDUALS AND FAMILIES IN THE TEXAS AND

LOUISIANA AREA WITH FOOD, CLOTHING, EDUCATIONAL, MEDICAL, HOUSING,

TRANSPORTATION, LEGAL AND IMMIGRATION MATTERS AS WELL AS SPIRITUAL

COUNSEL AND ADVICE. MR. CARMICAL ALSO ASSISTED AND MINISTERED TO EIGHT

FAMILIES IN FIVE COUNTRIES WITH HUMANITARIAN HELP AS WELL AS SPIRITUAL

COUNSEL AND ADVICE.

GRANTS \$ 0. EXPENSES \$ 7,664.

MR. CARMICAL IS PRESIDENT AND EVANGELIST OF HARVESTER MINISTRIES AND

ITS SOLE EMPLOYEE. MR CARMICAL DIVIDES HIS TIME BETWEEN THE FIVE

LISTED MINISTRIES. THE RELOCATION OF HARVESTER MINISTRIES HEADQUARTERS

FROM PLANO, TX TO LAFAYETTE, LA WAS COMPLETED DURING THIS FISCAL YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

HARVESTER MINISTRIES

Employer identification number
75-2266769

MINISTRY AT LAFAYETTE BIBLE CHURCH. MR CARMICAL COORDINATES MANY OF
HIS MINISTRIES THROUGH THIS LOCAL CHURCH IN LAFAYETTE, LA AS PART OF
THE LEADERSHIP TEAM. HE IS THE TEACHING MINISTER AT THIS CHURCH. HE
PREACHES AND TEACHES WEEKLY. HIS SERMONS ARE PUT ON VIDEO AND UPLOADED
TO VIMEO.COM WITH THE HUGE RESULTS DESCRIBED UNDER THE PUBLICATIONS
MINISTRY.

GRANTS \$ 0. EXPENSES \$ 3,368.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
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.

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time . You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number
	HARVESTER MINISTRIES	Employer identification number (EIN) or 75-2266769
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 52847	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LAFAYETTE, LA 70505-2847	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FRANK CARMICAL

- The books are in the care of ► **PO BOX 52847 - LAFAYETTE, LA 70505-2847**
Telephone No ► **337-501-7004** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2014** , to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning **APR 1, 2013** , and ending **MAR 31, 2014**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

HARVESTER MINISTRIES

75-2266769

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

Names and addresses of donees:

"Humanitarian Ministry to Foreign Nationals" assists people financially in foreign countries and foreign nationals living in the US. All of these individuals or families live below the poverty level in their country or in the USA. Their names and current addresses (at the time of assistance) are available in Harvester Ministries' records.

All of the individuals and families assisted in the "Hispanics" category 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 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 one was charged interest, fees, or other charges for this assistance.

Tax year 2013
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.