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# **.... 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 private foundations)

2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Α	F	or the	he 2015 calendar year, or tax year beginning , 2015, and ending , 20								
B	С	heck if ap	if applicable C Name of organization D Employer identification number								
	] /	Address c	Jesus Harvesters Ministries, Inc	63-0957870							
Ļ	=	Name cha	, , , , , , , , , , , , , , , , , , , ,	elephone number							
닏	=	Initial return 241 Applegate Trace					5) 443-0701				
누	╡	-inal returi Amended	Orty or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exer	mption				
7	=	Application	nber 🕨	•							
G	_		ing Method: ☑ Cash ☐ Accrual Other (specify) ▶	1	Check	<b>▶</b> 🗁 .	f the organization is not				
ī		/ebsite		-   '			ach Schedule B				
J			npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 55	-	•		)-EZ, or 990-PF).				
_			organization: Corporation Trust Association Other	<u>- 7 . ]</u>		,	, <del></del>				
			5 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if to	al assets						
			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ .	73818				
_		art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (se			ctions					
∂∎	,		Check if the organization used Schedule O to respond to any question in this								
2) —		1				<u></u>	<u>//</u> 73818				
3		2		•		-	/3010				
3		i	Program service revenue including government fees and contracts	•		2					
7		3	Membership dues and assessments	•		3	<del> </del>				
)		4	Investment income	•		4	<del> </del>				
:		5a	Gross amount from sale of assets other than inventory 5a			- I					
•		b	Less: cost or other basis and sales expenses		1_1						
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c						
		6	Gaming and fundraising events								
,	ø	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	1							
	Revenue	١.	4 1								
'	Š	b	Gross income from fundraising events (not including \$ of contri	ons							
C	ř		from fundraising events reported on line 1) (attach Schedule G if the								
			sum of such gross income and contributions exceeds \$15,000) 6b			1 1					
		, c	Less: direct expenses from gaming and fundraising events 6c			1 1					
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd s	ubtract						
			line 6c)	•		6d					
		7a	Gross sales of inventory, less returns and allowances			4					
		b	Less: cost of goods sold			4- 1					
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 · ·	7c					
		8	Other revenue (describe in Schedule O)	•	· [· ·	8					
_		9	10ta 1000/1ac // (ac // co /	-19	<u>يا.</u> ▶	9	73818				
		10	Grants and similar amounts paid (list in Schedule O)	-13	81· ·	10					
		11	Benefits paid to or for members	- 1	<u>છે</u>	11					
	es S	12			<b>监</b>	12	24000				
	Expense	13	Professional fees and other payments to independent contractors OGDEN: U	13	9						
	ĝ	14			14						
ı	Û	15	Printing, publications, postage, and shipping			15	400				
		16	Other expenses (describe in Schedule O)				50016				
_		17	Total expenses. Add lines 10 through 16		▶	17	74425				
_	y,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-607				
	set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must								
•	As		end-of-year figure reported on prior year's return)			19	58460				
•	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20					
-	Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<u></u> ▶	21	57853				
_											

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2015)

	•						
	990-EZ (2015)						Page 2
Pa		ts (see the instructions to panization used Schedule		ny guartian in thia	Dort II		
	Oneck if the org	janization used Schedule	O to respond to a	rry question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and inv	vestments			86827	<del>                                     </del>	116958
23	, ,			<b>}-</b>		23	
24	Other assets (describe	e in Schedule O)		[		24	
25	Total assets			[	86827	25	116958
26	Total liabilities (descr	•		[	28367	26	59105
27		alances (line 27 of column	<del></del>	<del></del>	58460	27	57853
Par		Program Service Accom	•		•		Expenses
W/ha	t is the organization's pri	janization used Schedule	O to respond to a	ny question in this	Paπ III L	(Req	uired for section
Desc as m	cribe the organization's preasured by expenses.	orogram service accomplis In a clear and concise m relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of		c)(3) and 501(c)(4) nizations, optional for rs.)
29	(Grants \$		includes foreign gra			28a 29a	74425
	(Grants \$	(describe in Schedule O) ) If this amount	includes foreign gra		 <b>▶</b> □	30a 31a	
		expenses (add lines 28a t				32	74425
Par		Directors, Trustees, and Key				nstruc	ctions for Part IV)
	(a) Name a	anization used Schedule	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	( )	Estimated amount of ther compensation
Ed H	lenderson, Director						
Kyle	Hudgens, Chariman		•				
Thor	mas Johnson, Treasurer	-					
Leah	Chege, Secretary						
Larry	y Wren, Board of Directors						
Jerei	my Rogers, Board of Direc	ctors					
							<del></del>
				<del></del>	<del> </del>		<del></del>

Form 99	0-EZ (2015)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ie	
			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	33		~
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)	34		~
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)?	35a		~
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	35b		
С	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	35c		v
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	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1	i	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶	]		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	 	~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Mr. Thomas Johnson  Located at ► 241 Applegate Trace, Pelham, AL  ZIP + 4 ►	205) 4		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	33124	-2945 <b>Yes</b>	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	-	<b>V</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		~
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a	-	1
b	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	1	V

Form 99	0-EZ (2015)					<del></del>	<del>~~~~</del>	age 4	
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"				r in opposi	100000	Yes	No 多號	
Part	VI Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51.	s only as must answer que	stions 47–49b and	52, and co	omplete th	e tables f	or line	es $\Box$	
47 48 49a b 50	Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  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 employed	(b) Average hours per week deveted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans	n benefits, to employee, and deferred insation	(o) Estimate	ed amou		
f	Total number of other employees paid or Complete this table for the organization							46	
	\$100,000 of compensation from the organization (a) Name and business address of each indepen	anization. If there is no	one, enter "None."  (b) Type of serv	<del></del>	·····	) Componsat		tnan	
52	Total number of other independent contribit the organization complete Schedicompleted Schedule A	ule A? Note: All se				h a .►∐ Yes			
Under p	enalties of perjury, I declare that I have examined this rect, and complete too branch of proparch of the	return, including accompag	rung schadules and stateme	water and to the	bact of my le				
Sign Here	Signature of phiper Mr. Thomas Johnson, Treasurer Type or print name and title			Dai	5/0	5	/ 	••••	
Paid Prep Use	Only Firm's name > Aaron T. Woodall, C		eodel CPA 09	5/6/16	Check ✓ self-emple		177765	7	
May th	Firm's address > 41869 Laurel Ridge to the IRS discuss this return with the prepare		instructions	Pho	one no.	(571) 22: ▶ ☑ Yes		lo	

#### 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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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Name of the organization					Employer identification number			
Jesus Harvesters Ministries, Inc						63-0957870		
						ons.		
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.)								
A federal, state, or local gover	nment or govern	mental unit described	in section	on 170(b)	(1)(A)(v).			
<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> </ul>								
A community trust described i	n <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)					
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
☐ An organization organized and	l operated exclu-	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).			
one or more publicly supported	d organizations d	lescribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See sect	i <b>on 509(a)(3).</b> Check		
☐ Type I. A supporting organiz	ation operated,	supervised, or control	led by its	support	ed organization(s), ty	pically by giving		
organization. You must con	nplete Part IV, S	Sections A and B.				•		
<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C								
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
<b>d</b> Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III								
				J	•••			
			• • •					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization tisted in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
				<u> </u>				
		<b></b>		L		l		
	Reason for Public Cha organization is not a private foundary A church, convention of church A school described in section A hospital or a cooperative hospital's name, city, and state An organization operated for section 170(b)(1)(A)(iv). (Command A federal, state, or local governing An organization that normally described in section 170(b)(1)  A community trust described in An organization that normally receipts from activities related support from gross investmed acquired by the organization and one or more publicly supported the box in lines 11a through 11.  Type I. A supporting organization organization. You must command organization organization (s). You must command organization(s).	Reason for Public Charity Status (All organization is not a private foundation because it A church, convention of churches, or associated A school described in section 170(b)(1)(A)(ii).  A hospital or a cooperative hospital service organization operated in conspital's name, city, and state:  An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or govern An organization that normally receives a subsidescribed in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)  An organization that normally receives: (1) moreceipts from activities related to its exempt support from gross investment income and acquired by the organization after June 30, 19  An organization organized and operated exclusione or more publicly supported organizations of the box in lines 11a through 11d that describes  Type I. A supporting organization operated, the supported organization(s) the power to reorganization. You must complete Part IV, S.  Type III. A supporting organization supervise control or management of the supporting organization(s). You must complete Part IV  Type III functionally integrated. A supporting its supported organization(s) (see instruction).  Type III non-functionally integrated. The organization is not functionally integrated. The organization for the supported organization received a functionally integrated, or Type III non-functionally integrated. The organization ally integrated, or Type III non-functionally integrated organizations. Provide the following information about the supportion of the supported organization.	Reason for Public Charity Status (All organizations must organization is not a private foundation because it is: (For lines 1 through A church, convention of churches, or association of churches descri A church, convention of churches, or association of churches descri A church, convention of churches, or association of churches descri A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (F A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hospital's name, city, and state:  An organization operated for the benefit of a college or university section 170(b)(1)(A)(ii). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supdescribed in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33¹/₃% of its receipts from activities related to its exempt functions—subject to support from gross investment income and unrelated business acquired by the organization after June 30, 1975. See section 509(a An organization organized and operated exclusively to test for public one or more publicly supported organizations described in section 51 the box in lines 11a through 11d that describes the type of supporting Type I. A supporting organization operated, supervised, or control the supported organization(s) the power to regularly appoint or eleorganization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in concontrol or management of the supporting organization operatits supported organization(s) (see instructions). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operatits not functionally integrated. The organization generally must requirement (see instructions). You must complete Part IV,	Reason for Public Charity Status (All organizations must complead progranization is not a private foundation because it is: (For lines 1 through 11, checy A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described hospital's name, city, and state:  An organization operated for the benefit of a college or university owned of section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33½% of its support receipts from activities related to its exempt functions—subject to certain support from gross investment income and unrelated business taxable in acquired by the organization after June 30, 1975. See section 509(a)(2). (Confidence of the organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perform one or more publicly supported organizations described in section 509(a)(1) of the box in lines 11a through 11d that describes the type of supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled by its the supported organization(s) the power to regularly appoint or elect a major organization. You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in the same porganization (s). You must complete Part IV, Sections A and C.  Type III non-functionally integrated. A supporting organ	**Reason for Public Charity Status** (All organizations must complete this porganization is not a private foundation because it is: (For lines 1 through 11, check only on A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E A church, convention of churches, or association of churches described in section 170(b)(1) A medical research organization operated in conjunction with a hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in section 170(b)(1) A norganization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a gover described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½% of its support from con receipts from activities related to its exempt functions—subject to certain exceptio support from gross investment income and unrelated business taxable income (in acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)  An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the fur one or more publicly supported organizations described in section 509(a)(1) or section the box in lines 11a through 11d that describes the type of supporting organization and operated exclusively for the benefit of, to perform the fur one or more publicly supported organization operated, supervised or controlled by its supported organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization	**Reason for Public Charity Status (All organizations must complete this part.) See instruction organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 -EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 331/s% of its support from contributions, members receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 ta acquired by the organization and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section for public safety. See section 509(a)(2). See section for public safety. See section 509(a)(3). See section for public safety. See section 509(a)(2). See section for public safety. See section 509(a)(3). See section for public safety. See section 509(a)(3). See section for public safety. See section 509(a)(4). See section for public safety. See section 509(a)(3) or section 509(a)(2). See section fo		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

Jesus Harvesters Ministries, Inc.

**Employer identification number** 63-0957870

Form 990-EZ, Page 1, Line 16 Other Expenses: See Schedule Attached

Form 990-EZ, Page 2, Line 26 Total Liabilities: Funds received for Africa Mission Trip to be made in 2016 \$59,034, Accounts payable \$71