# SCANNED JUN 17 2019

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No 1545-0047

A	For the	2017 calendar year, or tax year beginning July 1 , 2017, and end	ing Jui	ne 30	, 20 18
В	Check if a	applicable C Name of organization Harvesters Ministries		D Employ	er identification number
	Address		-		81-3261157
	Name ch		surte	E Telepho	ne number
	Initial retu				980-328-2055
	Final retun	ofterminated City or town, state or province, country, and ZIP or foreign postal code			
	Amended			<b>G</b> Gross re	eceipts \$ 1,439,756
		on pending F Name and address of principal officer Rev. Steven Loots	H(a) Is this a o	roup return for	subordinates? Yes No
	••	5375 Clarks Bridge Rd., Gainesville, GA 30506		-	s included? Yes No
<u> </u>	Tax-exen	opt status:			a list (see instructions)
j	Website:		H(c) Group	exemption	number ►
K	_	rganization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile GA
Р	art l	Summary			
	1	Briefly describe the organization's mission or most significant activities: Harve	esters Ministri	es exists	to proclaim the Gospel
ø	1	of Jesus Christ through evangelism, church planting, pastor training and disciples			
ā		churches planted in ten years and each with a new pastorall for God's glory.			
Ę		Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)		3	4
45	1	Number of independent voting members of the governing body (Part VI, line 1b			2
98	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	
Ĭ	,	Total number of volunteers (estimate if necessary)		6	
Ā		Total unrelated business revenue from Part VIII, column (C), line 12		7a	<del></del>
	1	Net unrelated business taxable income from Form 990-T, line 34		7b	· - · · · · · · · · · · · · · · · · · ·
			Prior Ye		Current Year
_	8	Contributions and grants (Part VIII, line 1h)		826,034	1,439,756
Ž	•	Program service revenue (Part VIII, line 2g)		020,00.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		_	3
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Fotal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	826,034	1,439,759
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		190,000	
		Benefits paid to or for members (Part IX, column (A), line 4)		100,000	
ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		96,052	215,456
Expenses	ļ	Professional fundraising fees (Part IX, column (A), line 11e)	ļ	0	0
Det		Total fundraising expenses (Part IX, column (D), line 25) ► 146,978			
ŭ		Other expenses (Part IX, column (A), lines 1 a-11d (PO)		305,497	512,187
	18	Total expenses. Add lines 13–17 (must equal Part X, column (A), line 25)(O).		591,549	1,559,483
		Revenue less expenses. Subtract line 18 from tipe 12		234,485	<119,724>
38	1	TEI APR 0 3 7013 19	Beginning of Cu		End of Year
#8	20 1	Total assets (Part X, line 16)		234,485	114,921
A B	21	Total liabilities (Part X, line 26) OGDEN; UT.		0	161
Net Ass Fund Bal	22 1	Net assets or fund balances. Subtract line 21 from line 20		234,485	114,761
Pa	rt II	Signature Block			<u> </u>
Une	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the	he best of r	ny knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowl	edge	
		Dald Witney		AP.	21L 5, 2019
Sig	,	Signature of officer	Da	te	•
He	re	David A. Witmen V.P. Administration			
		Type or print name and title			
Pai	id	Print/Type preparer's name Preparer's signature	Date	Check [	PTIN
	eparer			self-emp	
	e Only	Firm's name ▶	Firm	ı's EIN ▶	
_	<i>,</i>	Firm's address ▶	Pho	ne no	_ · · · · · · · · · · · · · · · · · · ·
May	the IRS	discuss this return with the preparer shown above? (see instructions)	<u></u>	<u> </u>	Yes 🗌 No
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	No 11282Y	>1	Form <b>990</b> (2017)

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Part	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III	. 🗸
1	Briefly describe the organization's mission:	
	To train national pastors to plant self-sustaining churches that multiply, and to train a new pastor in each one to teach and	
	disciple new believers so they can share their faith in Jesus Christ and disciple others. (Il Timothy 2:2) The work also include	<u>}</u>
	Bible distribution to new pastors and those in discipleship programs.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<b>☑</b> No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 813110 ) (Expenses \$ 174,703 including grants of \$ 90,996 ) (Revenue \$	)
	Training of Hub-Leader Pastors:	
	Harvesters utilizes a proprietary Hub-Church Planting Model and works through national pastors already in place. Countries	
	are identified, and current pastors are invited to learn about and participate in being trained in evangelism and	
	church-planting methods including the Hub-Church Planting Model. They create a plan to initiate and coordinate the systemat	
	strategic planting of churches within a day's walk or bicycle ride of their hub-church. This incorporates evangelism using the	leart
	of Man poster series.  Regions: Central and South America, Africa, Asia	
4b	(Code: 813110 ) (Expenses \$ 490,293 including grants of \$ 272,987 ) (Revenue \$	)
	Training of New Church Pastor-trainees:	
	This model allows new pastors to be trained close to home and on the job, which eliminates the problems of travel, accommod and other expenses. The pastor can live at home, care for his family and serve the community while completing their	auon
	3-year training. New pastors are trained every five weeks over three years at the home church of the Hub-Church Pastor, cover	 ina
	Personal Discipleship and Growth, Church Administration and Ethics, Sermon preparation, Old Testament Survey, New Testam	
	Survey, and Introduction to Systematic Theology. Instruction is tuition free, and is given at a 12th grade-Freshman college levels.	
	Regions: Central and South America, Africa, Asia	
	***************************************	
	***************************************	
4c	(Code: 813110 ) (Expenses \$ 454,978 including grants of \$ 454,978 ) (Revenue \$	<u>,                                     </u>
	Translation and Printing of Training Curriculum:	,
	The three year Bible School curriculum for pastor training is composed of six volumes, plus a Hub-Leaders church-planting ma	nual.
	Translation of the set usually takes three years and costs \$22,200 per set per language. Once translated, these books are print	
	according to the number of new pastor students who are being trained. Printing takes place around the world according to	
	the best pricing and logistics, and then delivered to the destination where teaching takes place.	
	Translations completed or being translated: 42	<del>-</del>
	Regions: Central and South America, Africa, Asia	
	······································	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 126,804 including grants of \$ 35,809 ) (Revenue \$ )	
4e	Total program service expenses ► \$1.246.778	

Part	Checklist of Required Schedules			
4	In the experimentary decombod in contrar EQ1(a)(2) as 4047(a)(1) (athor than a private foundation)? If "Ves."	r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		· ✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>/</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b>✓</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		· •
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u>·</u>
	<u></u>		990	/2017

Part	Checklist of Required Schedules (Continued)			
	Didillo and the control of the contr	T	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<b>✓</b>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>▼</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<u></u>	<b>√</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	<b>√</b>	<b>√</b>
			200	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	<u> </u>	
_			Yes	No
1a		4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
2a				ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		$\neg \neg$	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1	ĺ	
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<del></del>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>/ 0</del>		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>	$\rightarrow$	Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	]	✓
10	Section 501(c)(7) organizations. Enter:		[	
а	Initiation fees and capital contributions included on Part VIII, line 12	i		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	
11	Section 501(c)(12) organizations. Enter:		- 1	
a	Gross income from members or shareholders	<u> </u>	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		- 1	Į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	-+	<del>-</del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-+	!
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		$\neg \neg$	
b			1	ľ
	the organization is licensed to issue qualified health plans	, [	1	
C	Enter the amount of reserves on hand			[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2017)

Form 990 (2017) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 1 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Each committee with authority to act on behalf of the governing body? ✓ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . . . 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? h 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? . . . . . 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Hannalie Loots, Harvesters Ministries, 5375 Clarks Bridge Road, Gainesville, GA 30506

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Form	ann	1204	71	

Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employe	es, Highest	Compensated	Employees,	and
	<b>Independent Contractors</b>							

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per	(do n box, office	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable	(E)  Reportable compensation from related	(F) Estimated amount of other	_
	week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Steven S. Loots, Rev; Chairman; CEO	10	1		✓				0	0		0
(2) William Johnson, Director	.5	1						0	o		0
(3) Timothy Dykstra, Director	.5	1						0	0		0
(4) Hannalie Loots, Board Secretary V.P. of Administration & Compliance	10			1				0	0		0
(5) David Witmer, Director, V.P. of Development	40	<b>√</b>		<b>✓</b>				65172	0		
(6)											
(8)											_
(9)											_
(10)											_
(11)											_
(12)											_
(13)										<del> </del>	_
(14)						-					_

Pa	_	_	Я

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C) Position													
	(A)	(do not check more than one		one					(F)					
	Name and title	Average box, unless person is box hours per officer and a director/tru					Reportable compensation from			imated				
		week (list any			_			<del></del>	from	related			other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M			pensation the	
		organizations	cto	1	"	뤛	st co	1 14	(W-2/1099-MISC)				Inizatio	
		below dotted line)	trus	al tr		уее	mpe						l relate nızatıo	
		]	66	ste		_	nsa	]	J		]			
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(24)						$\dashv$		_			$\dashv$			
<u> </u>		· <b></b>												
(25)								-			-+			
y <del></del> 1		·												
1b	Sub-total	· · ·		_	. '			<b>•</b>	65172		0			0
c	Total from continuation sheets to Part	VII, Section	n A					▶						
d	Total (add lines 1b and 1c)	<u> </u>						▶	65172		0			0
2	Total number of individuals (including but	not limited	l to th	ose	list	ed a	above	e) wi	ho received mo	ore than \$10	0,00	0 of		
	reportable compensation from the organic	zation >							·	. <del>_</del>				,
_	<b>5</b>	,								. 4			Yes	No
3	Did the organization list any former off employee on line 1a? If "Yes," complete 5						-	mp	-	•	isate			لبا
4	• •							 			 41-	3	├	1
4	For any individual listed on line 1a, is the organization and related organizations												İ	
	individual	_										4		7
5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	ion	fron	n any	uni	related organiz	ation or indi	vidua		<del>                                     </del>	1
•	for services rendered to the organization?											5	1	1
Section	n B. Independent Contractors		_						-				<del></del>	
1	Complete this table for your five highest of	ompensate	ed ind	lepe	ende	ent d	contra	acto	ors that receive	d more than	\$10	0,000 of	:	
	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	iend	ar y	ear ending with	or within the	ne org	ganızatı	on's t	ax
	year.													
	(A) Name and business addr	2000							(B) Description of se	-TVICes		(C) Compens	ation	
	Name and business addi								——————			Compens		
N/A					-			_		<del>-</del>		–		<u>-</u>
		<del></del>					$\dashv$							
							$\dashv$		<del></del>	-				
2	Total number of independent contractor	s (includin	g bư	t no	t li	mıte	ed to	the	ose listed abo	ve) who				
	received more than \$100,000 of compensa								0	•				ł
														10017

Par	t VIII	Statement of Revenue	1	5		_
	_	Check if Schedule O contains a response or note to	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns 1a				
ĒŽ	ь	Membership dues 1b				İ
B, G	С	Fundraising events 1c			,	
ar.	d	Related organizations 1d				
ië, ië	e	Government grants (contributions) 1e				
tion T S	f	All other contributions, grits, grants,	į			1
چَ <u>قِ</u>		and similar amounts not included above 1f 1,439,756				]
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a–1f	1,439,756			
Ę	1	Business Code			<u> </u>	<u> </u>
eve	2a					<u></u>
Œ •	b					<del></del>
ξ	C				-	
స్త	d					
퉏	e	All all and				
Program Service Revenue	[	All other program service revenue .  Total. Add lines 2a-2f			L	<u> </u>
	3	Total. Add lines 2a-2f ▶  Investment income (including dividends, interest,	0	<del></del>	T	
	"	and other similar amounts)	9		]	
	4	Income from investment of tax-exempt bond proceeds ▶	0		<del> </del>	
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory			İ	
	b	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)			<u> </u>	<u> </u>
	d	Net gain or (loss)	0	···-		
<u>o</u>	0-					
anne	ва	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c).				
Ē		See Part IV, line 18 a				
ŧ	h	Less: direct expenses b				
0		Net income or (loss) from fundraising events .	0			
		Gross income from gaming activities				
		See Part IV, line 19 a				
,	ь	Less: direct expenses b	·			
	c	A	0			
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶	0			<u></u>
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
		<b>Total.</b> Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions ▶	1,439,759			

Pai	990 (2017) t IX Statement of Functional Expenses				Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	831,840	831,840		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65,172	14,000	14,000	37,172
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	150,284	81,376	1500	67,408
9 10 11	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
a b c	Management	8530		8530	
d e f	Lobbying				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	33,663 4038		4038	33,663
14 15	Information technology	4084		4084	
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	45,835	35,000	3000	7835
19 20	Conferences, conventions, and meetings . Interest				
21 22	Payments to affiliates				
23	Insurance	2997		2997	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Books-translation, printing, distribution; Bibles	408,822	408,822		
b	Dues and Subscriptions	1125		1125	
C	Bank Service Charges	3063	3063		
d e	Taxes, Licenses & Permits  All other expenses	30		30	
25	Total functional expenses. Add lines 1 through 24e	1,559,483	1,374,101	39,304	146,078
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	1,000,400	1,577,101	33,307	170,076

	n 990 (2				Page 11
i	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pal	rt Y		
_		Check if Schedule O contains a response of note to any line in this Fa	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	234,485	1	114,76
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	-		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
e ste		organizations (see instructions). Complete Part II of Schedule L		6	<del></del>
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	}	.	
		other basis. Complete Part VI of Schedule D		10-	<del></del>
	b	Less: accumulated depreciation 10b		10c	
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11	<del> </del>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	234,485	<del></del> -+	114 021
_	17	Accounts payable and accrued expenses	234,465	17	<u>114,921</u> 161
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ģ	22	Loans and other payables to current and former officers, directors,			
itie		trustees, key employees, highest compensated employees, and		.	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	161
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	234,485	27	114,921
88	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
13	30	Capital stock or trust principal, or current funds		30	
38e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances		33	114,921
	34	Total liabilities and net assets/fund balances	234,485	34	114,761 Form 990 (2017)

Form **990** (2017)

Form 9	990 (2017)			Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	39,756
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	59,483
3	Revenue less expenses. Subtract line 2 from line 1	3		<119	9,727>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2:	34,485
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_	
	33, column (B))	10		1	14,921
Part	XII Financial Statements and Reporting	_			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				, ,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		L
			Forn	990	(2017)

Harvesters Ministries – EIN: 81-3261157

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number **Harvesters Ministries** 81-3261157 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Par	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	<del>)</del>
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organization	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	ion A. Public Support		<u> </u>				
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	ľ		1			
	membership fees received. (Do not						
	include any "unusual grants.")				826,034	1,439,756	2,265,790
2	Tax revenues levied for the		1	}			
	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	_				222 224	4 400 750	0.005.700
4	Total. Add lines 1 through 3			··· <del>-</del>	826,034	1,439,756	2,265,790
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					1	1,240,499
6	Public support. Subtract line 5 from line 4						1,025,291
Secti	on B. Total Support			<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4				826,034	1,439,756	2,265,790
8	Gross income from interest, dividends,						
	payments received on securities loans,					]	
	rents, royalties, and income from						
_	similar sources					3	3
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	· ·						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						12265702
11	Total support. Add lines 7 through 10						2,265,793
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	· <del></del> -
13	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her			<u>.</u>	·		. <u>.</u> ▶ ☑
Secti	on C. Computation of Public Suppor	t Percentage	e				
14	Public support percentage for 2017 (line 6		-			14	<u>%</u>
15	Public support percentage from 2016 Sch					15	<u>%</u>
16a	331/3% support test—2017. If the organic						
_	box and stop here. The organization qual						
þ	331/3% support test—2016. If the organization this box and stop here. The organization						
49-				_			_
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me						
	Part VI how the organization meets the "I						
	organization				•		· · <b>&gt;</b> □
<b>L</b>	10%-facts-and-circumstances test—20					6a 16h or 17a	
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m						
	supported organization						▶ □
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee
	instructions						

	Support Sc			
Part III				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Secti	on B. Total Support		, /	<u></u>	<u> </u>	I	L
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 201/4	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<i>y</i>					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		-		
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch			<i></i>	<del></del> .	16	%
	on D. Computation of Investment In			<del></del>		1 4= 1	
17	Investment income percentage for 2017 (I					17	<u>%</u>
18	Investment income percentage from 2016	Schedule A,	Part III, line 17			18	<u>%</u>
19a	331/3% support tests—2017. If the organi						
b	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 <sup>1</sup> /3%, and
20	<b>Private foundation.</b> If the organization did	•	-		-		
_20	/ I the organization di	u not check a	DOX OIT HITE 14,	134, 01 130, 0	TIECK IIIIS DOX	and see mould	

## Part IV Supporting Organizations

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

ect	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ĺ		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ł		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del>-</del>		
	(b) and (c) below.	3a		—
_	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 54		<b></b>
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	<del></del>		
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	. , . ,			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			į
	purposes.	4c		
<b>5</b> -		70		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	]	J	j
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			i
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			- 1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			]
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		-	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			7
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ī
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		- }	Į
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	-3a		i
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>			
_		9b		<del></del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		—— -	
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	j
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schedu	le A (Form 990 or 990-EZ) 2017			Page :
Part	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
Ī	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		\ <u>\</u>	<b>N</b>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<b> </b>	<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported	1		<b>-</b>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
1	Mare a majority of the agreement onto discators or trusteen during the toy year along a majority of the discators		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	200 (0)	ntn . nt	·onal
С				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		_	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	25		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	.		
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

_			•
Pa	а	e	С

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	tions must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<del></del>	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y inf	egrated Type III supporting	ng organization (see

Part	<del></del>	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish		. <u></u>	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			<u> </u>
	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
<u>4</u>	The state of the s			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI) See instructions.			<u> </u>
<u>7</u>	Total annual distributions. Add lines 1 through 6.	<del></del>		
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.	·	<del></del>	
9	Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount	<del></del>	(ii)	(iii)
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
Ь	From 2013		· <del></del> · · · · · · · · · · · · · · · · ·	]
c				
<u>d</u>	From 2015			
е_	From 2016			
f	Total of lines 3a through e			
g	<del></del>			
h	Applied to 2017 distributable amount			<del></del>
_ <u>i</u> _	Carryover from 2012 not applied (see instructions)			
_ز_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			_
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in		:	
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

20**17** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Harvesters Ministries 81-3261157 General Information on Activities Outside the United States, Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . . . . . . . ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) employees, agents, and a program service, describe specific type of expenditures for and investments offices in the region service(s) in the region in the region contractors in the region (1) (2) (3)(4) (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total . . . . . Total from continuation sheets to Part I . . . .

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2017 Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (e) Name of organization (b) IRS code section and EIN (if applicable) (e) Amount of cash grant (f) Manner of cash disbursement (g) Amount of noncash assistance (h) Description of noncash assistance (c) Region (d) Purpose of grant Central Africa Pastor Training 287,868 Wires Southern Africa Pastor Training 81,000 Wires Cent/South America Pastor Training 151,442 Wires SE and South Asia Pastor Training 315,692 Wires (10) (11) (12) (13) (14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities Schedule F (Form 990) 2017

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)	<u></u>		<u> </u>		<u> </u>		
(7)							
(8)					<del></del>		
(9)	_ <del>_</del> .						
10)	<u></u>						
11)			<u></u>				
2)							
3)							
4)							
5)					<del></del> ,		
6)			<u>.</u>				
77)							

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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Harvesters Ministries – EIN: 81-3261157

## SCHEDULE O (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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number	
Harvesters Ministries Inc.	81-3261157	
Part III 4 - Grants and Allocations to others, Total Expenses		
Part III 4d Other program services (Expenses \$ 126,804 including grants of \$ 35,809 ~) (Revenue	e\$ 0)	
The state of the s		
Bibles distributed person-to-person to new pastors and those in discipleship programs in new churches.		
Regions: Asia; Africa; Central and Latin America Bibles distributed: 8952		
Part VI, Section A, 2 - Family relationship between Officers. Rev. Steven Loots is Founder, CEO and Bo	pard Chair. Mrs. Hannalie Loots is his	
spouse and serves as Board Secretary (a non-voting role), and V.P. of Administration and Compliance.		
Spouse and serves as board secretary to non-voting roley, and v.r. or Administration and Compitance.		
····		
Part VI, Section B, 11b - Form 990 distribution and review - The 990 was forwarded to all Board Member	's by email for review	
requesting feedback; changes were incorporated into the final Form 990.		
Part VI, Section C, 19 - Availability of governing documents to public - documents are available upon w	ritton request to the organization	
Part VI, Section C, 19 - Availability of governing documents to public - documents are available upon w	interirequest to the organization,	
and copies are forwarded when requested.		
	·	

# Harvesters Ministries - EIN: 81-3261157

Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
	81-3261157
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