

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



Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For c	alendar ye:	ar 2009, or tax yea	ar beginning			_ , and e	nding			
G C	heck all that	apply	Initial return			rmer public o	harity		nal return	
			Amended return	Add	dress chang)e		Name change		
Use	mie iksi	ame of foundation			7 TAT	~		A Employer iden	tification number	
	, per		E HARVEST MI DEARDORFF	INISTRIE	S, IM	-		35-202	0265	
			O box number if mail is not o	telivered to street add	(roce)		Room/suite			
			AWN COURT	ichivered to succe add	11033)		Hoomvaute	B Telephone num 864–83		
	Specific	ity or town, state, a							 	
Insti		RAVELERS		29690					cation is pending, check inizations, check here	
н с			X Section 501(c)(3) e		ndation			2. Foreign organiz	zations meeting the 85% attach computation	is test,
Ť	7, 7,		npt charitable trust	Other taxable priv		tion			·	
Fa			end of year J Account		Cash	Accr	ual	under section 5	ation status was tem 607(b)(1)(A), check f	ninated here
		col. (c), line 16)	· —	ther (specify)				1	n is in a 60-month te	
	\$		2,085. (Part I, cold	umn (d) must be	on cash b	asis.)			607(b)(1)(B), check f	
Pa	rt E Analy	ysis of Revenue an	nd Expenses amns (b), (c), and (d) may not	(a) Revenue		(b) Net in		(c) Adjusted	net (d) Dis	sbursements table purposes
	neces	sanly equal the amour	nts in column (a))	expenses pe		inco	me	income		basis only)
	1 Contri	butions, gifts, gran	its, etc , received	12,	886.			N/A		
	2 Check	if the foundation on savings and temp	on is not required to attach Sch. B						<u></u>	
	3 cash in	vestments				_				
		nds and interest fr	om securities	<u> </u>						
	5a Gross		•							······
	_	tal income or (loss)		<u> </u>						, ,
Revenue	Gross s	ales price for all	assets not on line 10			······································	······	 		
ver		on line 6a gain net income (from	Part IV line 2)		····		0.	/////// /	·····	
æ		ort-term capital ga								
		e modifications	RECEIVED		***************************************	H	· almadallala			'!'II.'nh.!!!
	Gross s	sales less returns owances	RECEIVE	18			~~~~~~~~~~			
	_	ost of goods sold	1 0 004	18	***************************************	*****************				
	c Gross	profit or (loss 🕏	AUG I S COL	4 6						
	11 Other	income .								
	12 Total.	Add lines 1 through	DODEN, U	12	886.		0.			
	•	nsation of officers, din	ecius, trostees, etc.		0.		0.			0.
		employee salaries	*		-	_				
S		on plans, employee	e benefits		+					
enses	16a Legal 1		STMT 1	1	180.		0.			1,180.
xbe		nting fees professional fees	DIMI II		, 100.		<u> </u>			1,100.
e E	17 Interes			-				-		
and Administrative Exp	18 Taxes	•								
istr		ciation and depletic	on	2,	239.		0.			
min	20 Occup					· · · · · · · · · · · · · · · · · · ·				
Ad	•	, conferences, and	meetings	4,	564.		0.			4,564.
pue		g and publications	-							
	23 Other	expenses	STMT 2	4	285.		0.			4,285.
Operating	24 Total	operating and adm	ninistrative							
be	expen	ses. Add lines 13 t	through 23	12,	268.		0.			10,029. 589.
J		butions, gifts, gran			589.					589.
		expenses and disb	oursements.		05.5		_			
		nes 24 and 25	<u> </u>	12,	857.		0.			10,618.
	27 Subtra	ict line 26 from line			29.					
				1	/4:			}	Į.	
		· · · · · · · · · · · · · · · · · · ·	nses and disbursements						······································	
	b Net in	· · · · · · · · · · · · · · · · · · ·	(if negative, enter -0-)				0.	N/A		

35-2029265

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
L	art	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	315.	785.	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
:		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	`	Less allowance for doubtful accounts			
Ø	8	Inventories for sale or use		 	
Assets	q	Prepaid expenses and deferred charges			
As	102	Investments - U S and state government obligations			
	1	Investments - corporate stock			· · · · · · · · · · · · · · · · · · ·
	1	Investments - corporate bonds			
	ŀ	Investments - land, buildings, and equipment basis			, , , , , , , , , , , , , , , , , , ,
	''				•
	12	Less: accumulated deprecation Investments - mortgage loans			
	13	Investments - other			
	14				
	'*	Land, buildings, and equipment basis ► 20,420. Less: accumulated deprecation ► 19,120.	1,741.	1,300.	•
	4.5	Other assets (describe	1//41.	1,300.	
	13	Other assets (describe			
		Tatal secola (to be completed by all filers)	2,056.	2,085.	2,085.
	ī	Total assets (to be completed by all filers)	2,030.	2,003.	2,003.
	ı	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue	740.	740.	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	740.	740.	
Lia!	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
		-	740.	740.	
	23	Total liabilities (add lines 17 through 22)	740.	740.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted			
ala	25	Temporarily restricted			
ВР	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ë		· · · · · · · · · · · · · · · · · · ·			
ě		and complete lines 27 through 31.	0.	0	
şt	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	1,316.	1,345.	
ž	30	Total net assets or fund balances	1,316.	1,345.	•
			2,056.	2 005	
_	31	Total liabilities and net assets/fund balances		2,085.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,316.
	•	r amount from Part I, line 27a		2	29.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,345.
		eases not included in line 2 (itemize)	•	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,345.

(a) List and descr	and Losses for Tax the the kind(s) of property strehouse; or common stock,	old (e g , real estate,		(b) How acquired P - Purchase D - Donation	(c) Date a	acquired ay, yr)	(d) Date sold (mo , day, yr)
1a				D Donation			
b NOI	NE						
C							
<u>d</u>							
_e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) (f) minus (
<u>a</u>	· -						 -
<u>b</u>							
<u> </u>							
<u>d</u>							
Complete only for accets chause	a gain in column (h) and our	and by the foundation	2 22 10/04/60				
Complete only for assets showing	-			\dashv	(I) Gains (Co of (k), but n		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I)			(from col (h	
a							
b							
C							· - · · · · · · · · · · · · · · · · · · ·
<u>d</u>							
e				. 			
2 Capital gain net income or (net cap	oital loss) { If gain, als	so enter in Part I, line inter -0- in Part I, line	7 -7	} 2			
3 Net short-term capital gain or (loss	s) as defined in sections 122	2(5) and (6) [.]					
If gain, also enter in Part I, line 8, o	column (c)						
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e	-) 4 DI	. N] 3			
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation does not quali	on 4942 tax on the distributa	not complete this pa	art				Yes X No
1 Enter the appropriate amount in e							(4)
Base periód years	بأسلمينه اسمقميناهم	b) ing distributions		(c) chantable-use asset		Distribi	(d)
Calendar year (or tax year beginnin 2008	g in) Trajustou quality	8,611.	THE VALUE OF HOME	1,13	, ,	coi (b) aivid	ded by col (c)) 7 • 600177
2007		9,304.		65			14.161339
2006		13,727.		1,10		-	12.388989
2005		8,652.		1,60			5.380597
2004		12,586.		3,02			4.162037
		•					
2 Total of line 1, column (d)					2		43.693139
3 Average distribution ratio for the 5	-year base period - divide the	e total on line 2 by 5,	or by the number of	years			
the foundation has been in existen	ce if less than 5 years				3		8.738628
4 Enter the net value of noncharitable	e-use assets for 2009 from F	Part X, line 5			4		1,470.
5 Multiply line 4 by line 3		-			5	<u> </u>	12,846.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6		0.
7 Add lines 5 and 6					7		12,846.
8 Enter qualifying distributions from	Part XII, line 4				8		10,618.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part	VI, line 1b, and comp	lete that part using a	a 1% tax rate			

WORLD WIDE HARVEST MINISTRIES, INC Form 99Q-PF (2009) C/O DEBRA DEARDORFF 35-2029265 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔙 and enter 1% 0. c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-5 Credits/Payments a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached ____ 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? X 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) SC

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

Form **990-PF** (2009)

X

8b

10

N/A

	WORLD WIDE HARVEST MINISTRIES, INC		•	•
orm	990 ₇ PF (2009) C/O DEBRA DEARDORFF 35-202	29265		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DEBRA DEARDORFF Telephone no ▶864-		922	
	Located at ► 605 FERNLAWN COURT, TRAVELER'S REST, SC ZIP+4 ►	<u> 19690</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
Pe	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required		·-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	<u> </u>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2009?	10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- -		
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009? Yes X No			
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	. 3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

. WORLD WIDE HARVEST MINIS	TRIES, INC			
Form 990-PF (2009) C/O DEBRA DEARDORFF			<u>35-20292</u>	65 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be P	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to			[
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire			
any voter registration drive?	•		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		• • • • • • • • • • • • • • • • • • • •	s 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ier the exceptions described i	n Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h			. ▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	N	/A Ye	s Ll No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1 }
a personal benefit contract?	,	. Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribut		•		7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DEBRA DEARDORFF	to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	
DEBRA DEARDORFF 605 FERNLAWN COURT	to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690	to position PRESIDENT	(If not paid, enter -0-)	compensation	allowances
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF	PRESIDENT 2.00	(If not paid, enter -0-)	compensation	allowances
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT	PRESIDENT 2.00	(If not paid, enter -0-)	compensation	allowances 0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690	to position PRESIDENT 2.00 VICE PRESIDEN	(If not paid, enter -0-) O.	Compensation 0 .	allowances
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690	to position PRESIDENT 2.00 VICE PRESIDEN 1.00	(If not paid, enter -0-) O.	Compensation 0 .	allowances 0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY	(If not paid, enter -0-) O.	Compensation 0 .	0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134	to position PRESIDENT 2.00 VICE PRESIDEN 1.00	(If not paid, enter -0-) O. T	O .	allowances 0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50	(If not paid, enter -0-) O. T	O .	0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50	(If not paid, enter -0-) O. T	O .	0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50	(If not paid, enter -0-) O. T O.	0 • 0 •	0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O.	O . O . (d) Contributions to employee benefit plans and deferred	0.
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 duded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 RICHARD DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690 FRANK BOENZI 3322 FIELDSTONE DRIVE GENEVA, IL 60134 MARTHA MCLOUD 208 HAIGS CREEK NORTH ELGIN, SC 29045 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 2.00 VICE PRESIDEN 1.00 SECRETARY 0.50 DIRECTOR 0.50 luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. T O. O. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other

0

Total number of other employees paid over \$50,000

WORLD WIDE HARVEST MINISTRIES, INC

Form 990-PF (2009)

C/O DEBRA DEARDORFF 3
ation About Officers, Directors, Trustees, Foundation Managers, Highly

35-2029265

3 Five highest-paid independent contractors for professional services. If none,	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant	t statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	Lxpciises
1 N/A		_[
		_
2		_
		_
3		4
		4
4		4
	 ==	-
D-+DV D O CD D I I I I		
Part IX-B Summary of Program-Related Investments	and and the state of the state	A
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
2	· · · · · · · · · · · · · · · · · · ·	_
	·	_
All other present related investments. Can instruction		
All other program-related investments. See instructions.		
3		1
		-

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee Instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	1,492.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,492.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets] 2]	0.
3	Subtract line 2 from line 1d	3	1,492.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,470.
6	Minimum investment return. Enter 5% of line 5	6	74.
þ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	74.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	74.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	74.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	74.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		10 610
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	10,618.
D	Program-related investments - total from Part IX-B	1b 2	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b		3b	10,618.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,010.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
_	income Enter 1% of Part I, line 27b	5	10,618.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	· · · · · · · · · · · · · · · · · · ·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualities for th	ne section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7	······································	**************************************		74.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years				
		0.		-**************************************
3 Excess distributions carryover, if any, to 2009				
a From 2004 12,435. b From 2005 8,572.				
10 670				
0 071				
d From 2007 9,2/1. e From 2008 8,554.				
f Total of lines 3a through e	52,504.			
4 Qualifying distributions for 2009 from	32/3011			
Part XII, line 4 ▶\$ 10,618.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				······································
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		· · · · · · · · · · · · · · · · · · ·		74.
e Remaining amount distributed out of corpus	10,544.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	63,048.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract	1			
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010		***************************************		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2004	12,435.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2010.	12/433.			
Subtract lines 7 and 8 from line 6a	50,613.			
O Analysis of line 9				······································
a Excess from 2005 8,572.				
b Excess from 2006 13,672.				
c Excess from 2007 9, 271.				
d Excess from 2008 8,554.				
e Excess from 2009 10,544.			· · · · · · · · · · · · · · · · · · ·	

WORLD WIDE HARVEST MINISTRIES, INC Form 990-PF (2009) C/O DEBRA DEARDORFF 35–2029265 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (c) 2007(d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter. (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(8)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed DEBRA DEARDORFF 605 FERNLAWN COURT, TRAVELERS REST, SC 29690 b The form in which applications should be submitted and information and materials they should include. c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

WORLD WIDE HARVEST MINISTRIES, INC

Form 990-PF (2009)

C/O DEBRA DEARDORFF 35-2029265 Page 11

Part XV Supplementary Informatio			35-202	29265 Page 11
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year EVIDENT CALL 123 MAIN ST GREENVILLE, SC 29615	NONE	ТАХ ЕХЕМРТ	WORLD MISSIONS	235.
REAL LIFE CHURCH 2801 WADE HAMPTON BLVD. TAYLORS, SC 29687	NONE	ТАХ ЕХЕМРТ	WORLD MISSIONS	50
FOOD FOR HOMELESS ON STREETS OF TULSA, OK 100 MAIN STREET TULSA, OK 74103	NONE	TAX EXEMPT	WORLD MISSIONS	200.
BENNY HINN MINISTRIES P.O. BOX 162000 IRVING, TX 75016	NONE	ТАХ ЕХЕМРТ	WORLD MISSIONS	104.
				589.
Total b Approved for future payment			> 3a	389.
NONE				
Total .			> 3b	0.
				·

gross amounts unless otherwise indicated	Unrelated t	ousiness income		ded by section 512, 513, or 514	(e)
3.000 	(a) Business	(b)	Exclu- sion	(d)	Related or exemp
rogram service revenue [.]	code	Amount	code	Amount	function income
	.		<u> </u>		
	.				
Fees and contracts from government agencies	.		\bot		
			_		
terest on savings and temporary cash					
vestments					
vidends and interest from securities	ļ		 	, , , , , , , , , , , , , , , , , , ,	
et rental income or (loss) from real estate					
Debt-financed property	<u> </u>				
Not debt-financed property					
et rental income or (loss) from personal					
operty					
ther investment income					
ain or (loss) from sales of assets other					
an inventory					
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue					
ubtotal Add columns (b), (d), and (e)		0	•	0.	
otal. Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculations)					
Relationship of Activities No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in c	column (e) of Part XVI			nplishment of

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Form 990-PF (2009)

35-2029265

	Exempt Organizations					
1	Did the organization directly or indirectly engage in any o	of the following with any other organizati	on described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or	r in section 527, relating to political orgai	nizations?			
а	a Transfers from the reporting foundation to a noncharitab	ole exempt organization of		[
	(1) Cash			1a(1)	į i	Х
	(2) Other assets			1a(2)		Х
b	b Other transactions					
	(1) Sales of assets to a noncharitable exempt organizati	ıon		16(1)	1	Х
	(2) Purchases of assets from a noncharitable exempt or			1b(2)		Х
	(3) Rental of facilities, equipment, or other assets	•	·	1b(3)		Х
	(4) Reimbursement arrangements	•		1b(4)		Х
	(5) Loans or loan quarantees	-		1b(5)		Х
	(6) Performance of services or membership or fundrais	sing solicitations		1b(6)		Х
C	c Sharing of facilities, equipment, mailing lists, other asset	<u> </u>		10		Х
	d If the answer to any of the above is "Yes," complete the fo		ways show the fair market value of the goods.	other ass	ets.	
	or services given by the reporting foundation. If the foun				,	
	column (d) the value of the goods, other assets, or serving					
(a)) Line no (b) Amount involved (c) Name of	noncharitable exempt organization	(d) Description of transfers, transactions, and	shanng ar	rangeme	ents
		N/A				
		 				
2 a	a Is the foundation directly or indirectly affiliated with, or re	· · · · · · · · · · · · · · · · · · ·	zations described			_
	in section 501(c) of the Code (other than section 501(c)((3)) or in section 527?	L	Yes	LX.] No
b	h If "Yes," complete the following schedule	(b) Time of a constant	(a) December of relations	<u> </u>		
	(a) Name of organization	(b) Type of organization	(c) Description of relations	пір		
	N/A	-				
		<u> </u>				
			· - · · · · · · · · · · · · · · · · · · ·			
	Under penalties of penjury, I declare that have examined this return,	. including accompanying schedules and staten	nents, and to the best of my knowledge and belief, it is	true, corre		
	and complete Declaration of preparer other than taxpayer or fiducia		r has any knowledge.		•	
	I KUMA KUMURAT	18/16/10	(Ev			
<u>و</u>	Signature of officer or trustee	Date	Title			
린	Preparer's	1.	Date / Check if Prepare	er's identify	/ing nur	ber
Sign Here	signature signature CHERRY, BEKAE! if self-employed), 201 WEST MCBE!	CPA 3	8//o//s self- employed ▶ □			
מ	Firm's name (or yours CHERRY, BEKAE	RT & HOLLAND, L.L.				
	if self-employed), 201 WEST MCBE	E AVENUE, SUITE 20				
	address, and ZIP code GREENVILLE, SO		Phone no 864-	233–	398	1
				rm 990		
					•	-

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

WORLD WIDE HARVEST MINISTRIES, INC C/O DEBRA DEARDORFF 35-2029265 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

35-2029265

Part I Contributors (see instructions	Part I	Contributors	(see instructions)
---------------------------------------	--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD & DEBRA DEARDORFF 605 FERNLAWN COURT TRAVELERS REST, SC 29690	\$9,675.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 07/21/2010 10:14 AM Tax Period 3.0 5.0 5.0 5.0 5.0 5.0 Tax Method 200DB 200DB 200DB 200DB 200DB S/L 0.00 580.09 143.26 279.60 296.42 0.00 Tax Net Book Value 1,299 37 0.0 1,299.37 3,658.14 12,419.91 214.91 419.40 444.63 1,963 49 17,156 99 1,963.49 19,120.48 Tax End Depr Tax Current Depreciation 0.00 1,160.19 214.91 419.40 444.63 2,239.13 2,239 13 0.00 0.00 2627370 World Wide Harvest Ministries, Inc.

Tax Asset Detail 1/01/09 - 12/31/09 3,658 14 11,259 72 0 00 0.00 0 00 Tax Prior Depreciation 14,917 86 1,963.49 1,963.49 16,881.35 1,829.07 6,500.00 179.09 349.50 370.53 9,228.19 9,228.19 Tax Bonus Amt 0.00 000 0.00c 0.00 Sec 179 Exp Current = c 0.00 3,658.14 13,000.00 358.17 699.00 741.05 1,963.49 1,963.49 18,456 36 20,419.85 Tax Cost Date In Service 6/30/04 6/30/03 2/12/09 4/14/09 7/06/09 Software Grand Total Office Equip 5/25/05 Property Description Fully Deprec. Equip Office Equip Printer Marantz CD recorder Equip + mic Computer software FYE: 12/31/2009 Group: Office Equip Group: Software **₽** ← Asset · 4 4 5 6

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 1				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES				
ACCOUNTING	1,180.	0.		1,180.				
TO FORM 990-PF, PG 1, LN 16B	1,180.	0.		1,180.				
FORM 990-PF	OTHER E	XPENSES	STATEMENT 2					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES				
POSTAGE	77.			77.				
TELEPHONE	997.	0.						
SUPPLIES BANK FEES	838. 95.	0.		838. 95.				
OFFICE SUPPLIES	352.	0.		352.				
GIFTS & FLOWERS	140.	• •		140				
SECRETARIAL SERVICES	1,640.			1,640.				
EDUCATION	64.	0.		64.				
REPAIRS	82.	0.		82.				
TO FORM 990-PF, PG 1, LN 23.	4,285.	0.		4,285.				

4562

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2009

Attachment Sequence No 67

Form **4562** (2009)

OMB No 1545-0172 *

Name(s) shown on return Identifying number 35-2029265 World Wide Harvest Ministries, Inc. Business or activity to which this form relates All Business Activities Part ! **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 250,000.00 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000.00 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year (see instructions) 14 899.12 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 1,160.19 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (business/investment use (e) Convention (f) Method year placed in service (g) Depreciation deduction (a) Classification of property period only-see instructions) 19a 3-year property 899.10 5.0 HY 200DB 179.82 b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/I Residential rental <u>27.5 yrs.</u> MM property 27.5 yrs MM S/L MM S/L Nonresidential real 39 yrs property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System Class life S/L 12 yrs S/L b 12-year 40-year MM S/L C 40 yrs. Summary (see instructions) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions 22 239.13 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

35-2029265

ÿ Pa	rt V	Listed Prope property used Note: For any ve 24a, 24b, column	I for entertain chicle for which v	ment, recr	eation, the stan	or ami	usemer leage rat	nt.) te or de	ducting le	ase exp				ers, and	d	
Secti	on A-De	preciation and Ot	her Information	(Caution: S	See the in	structio	ns for lin	nits for	passenge	autom	obiles)					
24a	Do you ha	ave evidence to supp	ort the business/in	vestment use	daimed?		Yes	No	24b II	"Yes,"	ıs the ev	idence v	vritten?		Yes	No
(list	(a) of property vehicles first)_	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or bas	other		(e) s for depre iness/inve use onl	stment	(f) Recovery period	1	(g) ethod/ nvention	C	(h) Depreciati deductio		(i Elec section co	ted n 179
25	•	depreciation allowa						ng the t	ax		. 25					
26		used more than 5				.ou douc	<u> </u>	<u> </u>			<u>. , ,</u>	<u> </u>				~~~~
	Тторску	uged more didir o	o a quamos													
			%		-	-				-		+				
	Desport	wood 50% or loop	is a qualified by	SIDOSS USO						<u></u>		<u> </u>				
<u>27</u>	Property	used 50% or less	in a qualified bu	silless use		Т				T -						
			%		·	<u> </u>				S/L						
			0,							S/L						
28	Add ame	ounts in column (h). lines 25 throug	h 27 Enter l	nere and	on line	21. page	: 1	<u> </u>	1	28	. - 				
29		ounts in column (i								· · · ·				29		
							tion on	Use of	Vehicles							-
Com to yo	plete this ur employ	section for vehicle yees, first answer t	es used by a sol he questions in S	e proprietor Section C to	, partner, see if you	or othe meet a	er "more an excep	than 59 tion to 0	% owner," completing	or rela this se	ted pers	on. If yo those v	ou provi ehicles.	ded veh	icles	
30	Total bu	siness/investmen	t miles driven		(a)	(1	o)	(0	;)	(0	<u>i)</u>	(6	e)	(f)
	during t	ne year (do not inc	clude		Vehi	cle 1	Vehi	cle 2	Vehic	de 3	Vehi	cle 4	Veh	icle 5	Vehi	cle 6
	commut	ang miles) 👝			ļ				ļ						ļ	
31		mmuting miles driv		•	<u> </u>		ļ ·		ļ				ļ		<u> </u>	
32		ner personal (nonc		driven			<u> </u>		-		ļ		<u> </u>			
33		les driven during to through 32	ne year. Add													
34		vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•		ing off-duty hours?	•						Ĭ Ì							
35	Was the	vehicle used prim	narily by a	. ,												
	more th	an 5% owner or re	lated person?				<u> </u>		<u> </u>			ļ			<u> </u>	
<u>36</u>	Is anoth	er vehicle availabl	e for personal us	e [?]			<u> </u>		<u>.l</u>		L	l	<u> </u>	<u> </u>	<u> </u>	l
		questions to deter		an exceptio						-						
		owners or related						_11_								T
37	•	maintain a written ployees?	policy statement	ınaı prohibit	s all pers	onai us 	e ot vehi 	ues, inc	auaing co	เกเทนนท	y, oy 	_			Yes	No
38	-	maintain a written														
20		ees? See the instru treat all use of veh					, uirectoi	s, or 17	o or more	owners	•		••	•		
39 40	•	provide more than	• • •	· ·		•	 nation fro	om voui	 emplove	 es abou	It	• ••				
40	•	of the vehicles, an	-												<u>L</u>	
41	Do you	meet the requirem	ents concerning	qualified aut	omobile											
		your answer to 37		1 is "Yes," d	o not cor	nplete S	Section B	for the	covered v	ehicles				_	<u> </u>	<u> </u>
<u>. P</u>	art VI	Amortization	1	Τ		1					Т					
		(a)		(b			Δmc	(c) ortizable		(c	l) de	(e) Amortiza	ation	Am	(f) ortization	for
		Description of cost		beg	ins	_L	aı	nount		sec		percent percent			this year	
42	Amortiz	ation of costs that	begins during yo	ur 2009 tax	year (see	instruc	tions).		1							
	A 1		hogos bef	1 2000 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	—			•				1 42			
43		ation of costs that Add amounts in col	•			to ren	nrt				•		43			
44	i Otali. F	nuu amuunta III WI	onin (i). Occ ule	mad dodons	WHER	, to tebt						•	 1.		Form 450	52 (2009)

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	The application of the second		J					
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			X				
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).						
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868.					
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete						
Part I o	•	· •• ••••	•	• 🗆				
All othe	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exten	sion of time					
	come tax returns.							
noted to (not aut you mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	ically if nsolida	(1) you want the a ted Form 990-T. Ir	dditional				
Туре о		Empl	oyer identificatio	n number				
print	WORLD WIDE HARVEST MINISTRIES, INC							
•	C/O DEBRA DEARDORFF	3:	5-2029265					
File by the due date filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.							
retum Se Instruction								
	TRAVELERS REST, SC 29690							
Check	type of return to be filed (file a separate application for each return):							
□ F	orm 990 Form 990-T (corporation) Form 4	720						
F	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227						
□ F	orm 990-EZ Form 990-T (trust other than above) Form 60	069						
X F	orm 990-PF	370						
	DEBRA DEARDORFF							
	books are in the care of \triangleright 605 FERNLAWN COURT - TRAVELER'S REST, S	C 2	9690					
Tele	phone No. ► 864-836-7922 FAX No. ►							
• If the	e organization does not have an office or place of business in the United States, check this box			▶ □				
If this	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is for	the whole group,	check this				
box 🕨	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extension	will cover.				
			· · · · · · · · · · · · · · · · · · ·	·				
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 16, 2010 , to file the exempt organization return for the organization named a		The extension					
i.	for the organization's return for:	20010.	THE EXCENSION					
	X calendar year 2009 or							
	tax year beginning, and ending							
•	tax year beginning, and crossing		_ •					
2 1	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accoun	ting period				
3a II	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	onrefundable credits. See instructions.	3a	\$	0.				
~	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		- ¥	-				
	ax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	0.				
-	lalance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
	leposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).							
	eposit with F1b coupon of, in required, by using EF1F3 (Electionic Federal Tax Fayment System).	3c	\$	0.				
			- 					
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	O for payment in:	structions.				
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868	(Rev. 4-2009)				
_ , ,, ,	A Mile annual a ton mile a mile a mile a commencia a contra partitional managements.							