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## <u>...</u> 990-EZ

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-1150

Open to Public

➤ Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form Inspection Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 20 A For the 2009 calendar year, or tax year beginning D Employer identification number B Check if applicable C Name of organization ise IRS Address change World Harvest Ministries Inc. 54-1654933 label or Name change orint or Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return type. P.O. Box 241 757-220-2675 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Williamsburg, VA 23187-0241 Number ▶ Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not Website: ▶ www.wrldhrvst.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). K Check > if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 69,878 1 2 2 Program service revenue including government fees and contracts n/a 3 3 n/a Membership dues and assessments . . . . 4 4 Investment income n/a 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c n/a C Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ of contributions Gross revenue (not including \$ 6b Less: direct expenses other than fundraising expenses С Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . 6c n/a 7a Gross sales of inventory, less returns and allowances . . . . . Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с n/a 8 n/a 8 Other revenue (describe ▶ 69,878 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . . . . . 9 1,709 Grants and similar amounts paid (attach schedule) . . . . . . 10 10 n/a 11 Benefits paid to or for members . . . . . . . . 11 5,799 12 12 Salaries, other compensation, and employee benefits . . . . . . 13 210 Professional fees and other payments to independent contractors . 13 n/a 14 14 Printing, publications, postage, and shipping . . . . . . . . . . . 2,144 15 15 Other expenses (describe Foreign missions, depreciation, office supplies, misc. 52,811 16 17 62,673 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 7,205 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 29,597 Other changes in net assets or fund balances (attach explanation) . . . 20 -0-20 Net asset of fulld balances at end of year. Combine lines 18 through 20 21 36,802 Balance Sneets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (B) End of year (See the instructions for Part II.) (A) Beginning of year 26,088 22 34,550 22 Cash, savings, and investments 23 23 Land and buildings . . . . . . . . . . . . . -0--0-3,509 24 2,252 Other assets (describe Video, audio, photo, printing, computer equipment 24 29,597 25 36,802 25 Total assets . . . .

-0-

36.801

-0-

29.597

26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Total liabilities (describe ▶

26

Part	Statement of Program Service Accom	<b>plishments</b> (See the instru	uctions for Part II	l.)		Expenses		
	is the organization's primary exempt purpose?	World evangelism			, , ,	uired for section (3) and 501(c)(4)		
			inization's exempt purposes. In a clear and concise					
	•	persons benefited, and other relevant information for				nizations and section (a)(1) trusts, optional		
each	program title.					hers.)		
28 Conducted evangelistic crusades in three villages in India during the months of March & April. Estimated total								
	attendance: 13,845				-			
		-						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗀	28a	26,721		
29	Conducted evangelistic crusades in three villages in							
	Estimated total attendance: 20,590	.						
		-						
	(Grants \$ ) If this amount	29a	22,402					
	Produced two video documentaries which were view				1			
	newsletters and two prayerletters.		-1		-			
	<del></del>				-			
	(Grants\$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	1,575		
	Other program services (attach schedule)							
	, , , , ,	includes foreign grants, che	eck here	. ▶ 🗆	31a			
	Total program service expenses (add lines 28a t	hrough 31a)		>		50,698		
Part						ctions for Part IV.)		
		(b) Title and average	(c) Compensation	(d) Contrib		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ber deferred con		account and other allowances		
Dale	Sexauer							
2903	Richard Grove N., Williamsburg, VA 23185	Pres./Treas. 20 hrs.	5,799		-0-	-0-		
	chael Coleman		7			<del>-</del>		
1609	Tunbridge Dr., Richmond, VA 23233	Vice President -0- hrs.	-0-		-0-	-0-		
	ım M. Gill				· · · · ·			
109 H	Kelsey Rd., Williamsburg, VA 23185	Secretary -0- hrs.	-0-	-0-		-0-		
	McGovern							
	Village Park Drive, Williamsburg, VA 23185	Director -0- hrs.	-0-		-0-	-0-		
	is L. Kincade				<u>~</u>			
	Peputy Lane, Newport News, VA 23608	Director -0- hrs.	-0-		-0-	-0-		
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	0-E2 (2009)		Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)	<u> </u>	Tv. Tv.
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a det	tailed	Yes No
	description of each activity	. 33	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed co the changes		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 9	s), but	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to se	ection	
	6033(e) notice, reporting, and proxy tax requirements?	1000	<del>-   -   -   -   -   -   -   -   -   -  </del>
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	ssets	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<u>,                                    </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the period covered by this return?.		++
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	· 38a	<u>'</u>
39	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1 1
	section 4911 ► ; section 4912 ► ; section 4955 ►		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be transaction during the year or is it aware that it engaged in an excess benefit transaction with a disquare		1
	person in a prior year, and that the transaction has not been reported on any of the organization's Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	prior	,
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		
_	reimbursed by the organization	ļ	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax st transaction? If "Yes," complete Form 8886-T	nelter 40e	
41	List the states with which a copy of this return is filed. ▶ Non (not required)		
42a	The organization's books are in care of ▶ Dale Sexauer Telephone no. ▶	> 757-2	20-2675
	Located at ▶ 2903 Richard Grove N., Williamsburg, VA ZIP + 4 ▶		5-8339
b	At any time during the calendar year, did the organization have an interest in or a signature or other authover a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account.)		Yes No
	account)?	. 42b	
	If "Yes," enter the name of the foreign country: ▶	723	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign I and Financial Accounts.	3ank	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	. 42c	: 1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here .	<del></del>	▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ [	43	n/a
			Ven No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead	ad of [	Yes No
	Form 990-EZ	. 44	J
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(1	3)? If	
	"Yes," Form 990 must be completed instead of Form 990-EZ		1

Page	4
Page	4

Part VI

	<u> </u>						
Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	<b>section 4947(a)(1) no</b> 947(a)(1) nonexempt c and 51.	onexempt charit haritable trusts n	table trusts only. A nust answer questic	ll sec ns 46	tiốn 3–49t	ρ 7
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		<b>√</b>
	Did the organization engage in lobbying activiting	•	·		47		<b>-</b>
	Is the organization a school as described in section		•		48		<b>V</b>
	Did the organization make any transfers to an elf "Yes," was the related organization a section	•	=		49a 49b		
50	Complete this table for the organization's five hemployees) who each received more than \$100	nighest compensated er	nployees (other tha		truste		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e) acc	Expen count a allowa	ise ind
None							
		<u>.  </u>				<del></del>	
			-		_		
					<u> </u>	<del>,</del>	
f	Total number of other employees paid over \$10	00,000 ▶		<del></del>			
	(a) Name and address of each independent contractor	or paid more than \$100,000	(b	Type of service	(c) Cor	npensa	ation
None							
						<del></del>	
d	Total number of other independent contractors	each receiving over \$10	00,000 ▶				
		<del></del>					
	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ned this return, including accor on of preparer (other than office	npanying schedules and r) is based on all informa	d statements, and to the bes ation of which preparer has	any kno	knowle wledge	edge a.
Sign	1. 1/1/2						
Here	Signature of officer	Date Date					
	Dale Sexauer President/Treasurer			Date			
	Type or print name and title				•		
	Preparer's	Date	Check if	Preparer's identifying nur	nber (See	 e instruc	tions)
Paid Paid	signature	34.5	self- employed ▶		•		
Prepare	Firm's name (or	<u> </u>	1	EIN ▶			
Use On	yours if self-employed), address, and ZIP + 4			Phone no. ▶			
May th	e IRS discuss this return with the preparer show	vn above? See instruction	ons	<b>. ▶</b> [	Yes		No
				Fo	m <b>99</b> (	)-EZ	(2009)

## 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.

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047
2009

Open to Public Inspection

lame	of t	he organization	-						Employe	er identifica	tion number	
Wo	rld F	larvest Minis	stries Inc.		<u> </u>				54		1654933	
Pai	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
he	orga	anization is no	ot a private foun	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).		
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)						
3		A hospital or	r a cooperative I	nospital service organ	nization d	escribed	in section	n 170(b)	(1)(A)(iii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gov	emment or governme	ental unit	describe	d in sect	tion 170(t	o)(1)(A)(v	).		
7	Z	-		/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	ı govemm	nental uni	t or from	the general pu	ublic
8				d in section 170(b)(1)	-	Complete	Part II.)					
9			-	receives: (1) more that		-	-	m contrib	utions, m	nembersh	ip fees, and qu	oss
		receipts from support from	n activities relate n gross investm	ed to its exempt funct ent income and unre	tions—su lated bus	ibject to d siness ta	certain e xable inc	xceptions come (les	, and (2) s sectior	no more	than 331/3 % o	f its
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(	(a)(2). (C	omplete F	Part III.)			
0		An organizat	tion organized at	nd operated exclusive	ely to test	t for publ	ic safety	. See <b>sec</b>	tion 509	(a)(4).		
1		An organizat	tion organized a	ind operated exclusiv	ely for th	he benefi	t of, to	perform t	he functi	ons of, o	r to carry out	the
				blicly supported organated the support of the suppo								tion
		a 🗌 Type	1 <b>b</b>	] Type II 💢 🕻	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d□	] Type III-Oth	er
е		By checking	this box, I cert	tify that the organizat	tion is no	ot control	led direc	tly or ind	lirectly b	y one or	more disquali	ified
		-		n managers and othe	r than on	e or more	publicly	supporte	d organiz	zations de	escribed in sec	tion
		509(a)(1) or s	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	ion from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting	)
		organization	, check this box									
g		_		the organization acce	epted any	gift or c	ontribution	on from a	ny of the	•		
		following per									<del>г т</del>	
			-	r indirectly controls, e		_		th person	s descril	oed in (ii)		No
			_	ning body of the supp		ganizatio	n? .				11g(i)	
				rson described in (i) a							11g(ii)	
			•	of a person described							11g(iii)	
<u>_n</u>			r	ation about the suppo	T							<del>.</del>
(1)		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your	the organ	ou notify	organizat	is the ion in col	(vii) Amount of support	Я
	_			above or IRC section (see instructions))	governing	document?	col. (i)	of your port?		zed in the S.?		
				(sea manacaona))	Yes	No	Yes	No	Yes	No.		
			<del></del>		163	140	168	140	163	1.0		
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Total

Par	(Complete only if you checl					and 170(b)(1	)(A)(vi)
	tion A. Public Support	(-) 0005	<b>6-)</b> 0000	/-\ 0007	/-T\ 0000	(-) 0000 T	(A Total
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,165	71,103	64,183	71,931	69,878	346,260
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4	Total. Add lines 1 through 3	69,165	71,103	64,183	71,931	69,878	346,260
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						188,225
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						158,035
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_		69,165	71,103	64,183	71,931	69,878	346,260
7	Amounts from line 4	03,103	71,100	04,100	7 1,001	00,010	040,200
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-0-	-0-	-0-	-0-	-0-	-0-
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11	Total support. Add lines 7 through 10 .	l					346,260
12	Gross receipts from related activities, etc					12	n/a
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · .	d, third, fourth,	or fifth tax y	ear as a sectio	n 501(c)(3)
	tion C. Computation of Public Su						AE GA SI
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	•	, column (f))		14	45.64 % 43.97 %
15	Public support percentage from 2008 Sch					15	
16a	33⅓ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33% % support test – 2008. If the organization qua	lifies as a public	cly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test —20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circum	nstances" test, o	check this box a	ind stop here.	Explain in Part	IV how the
b 18	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						