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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

2010

OMB No 1545-0052

For	alen	dar year 2010, or tax year beginning		, and ending		
G C	heck	all that apply Initial return		ormer public charity	Final return	1
_		Amended return	Address chan	<u> </u>	Name change	
Nar	ne of	foundation			A Employer identification	number
		WORLD WIDE HARVEST M	INISTRIES, IN	C	25 2020265	:
<u> </u>		C/O DEBRA DEARDORFF Industriest (or PO box number if mail is not delivered to street)		Room/suite	35-2029265	
Nun	nper a	605 FERNLAWN COURT	et address)	Hoomvsuite	B Telephone number 864-836-79	122
0.1						
Uity	or to	own, state, and ZIP code TRAVELERS REST, SC	29690		D 1. Foreign organization	
ш.	hook		exempt private foundation		2. Foreign organizations macheck here and attach or	eeting the 85% test,
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation		
L Fa		rket value of all assets at end of year J Accour		Accrual	E if private foundation sta under section 507(b)(1	
		· —	Other (specify)		F If the foundation is in a	, , , , , , , , , , , , , , , , , , ,
•	\$		lumn (d) must be on cash i	basis.)	under section 507(b)(1	
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	11,665.		N/A	
	2	Check If the foundation is not required to attach Sch. B			,	
	3	Interest on savings and temporary cash investments			<u> </u>	
	4	Dividends and interest from securities				
	5a	Gross rents				
	۱ ـ	Net rental income or (loss)				
<u> </u>	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
د. ۱۷ ال Revenue	ا , ا	assets on line 6a Capital gain net income (from Part IV, line 2)		0.	<u> </u>	
	8	Net short-term capital gain				
e L	9	Income modifications				
-		Gross sales less returns and allowances				
]]	Ι.	Less Cost of goods sold				
		Gross profit or (loss)				
Ì	11	Other income				
<u> </u>	12	Total. Add lines 1 through 11	11,665.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
5	14	Other employee salaries and wages	···			<u> </u>
Ā	1	Pension plans, employee benefits				
nse		Legal fees Accounting fees STMT 1	1,180.	0.		1,180.
x pe	D	-	1,100.	_		1,100.
Ð	17	Other professional fees Interest				
aţį	18	Taxes OSO-SNI	-			
istr	19	Depreciation and depletion	980.	0.		
를	20	Occupancy \square				
Ā	21	Occupancy	5,284.	0.		5,284.
핕	22	Printing and publications -				
g	23	Other expenses — STMT 2	4,645.	0.		4,645.
rati	24	Total operating and administrative				
Operating and Administrative Expe		expenses. Add imes 13 through 23	12,089.	0.		11,109
J	25	Contributions, gifts, grants paid	838.			838.
	26	Total expenses and disb@\$@ments.	12 027	_		11 047
		Add lines 24 and 25	12,927.	0.		11,947
	1	Subtract line 26 from line 12	<1,262.	,		
	1	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	11,202.	0.		
	1	Adjusted net income (if negative, enter -0-)			N/A	-
		rialance not menine to nedante enter -o-)			<u></u>	_ t

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art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1 Cash - non-interest-bearing	785.	307.		
2 Savings and temporary cash investments	_			
3 Accounts receivable ►		1		
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		Ì		
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government obligations				
b Investments - corporate stock				
c Investments - corporate stock	-	-		
	-	"	W. 10'0-	
11 Investments - land, buildings, and equipment basis	1	1		
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
Less: accumulated depreciation Less: accumulated depreciation 20,617. 20,101.	1 200	F16		
	1,300.	516.		
15 Other assets (describe ►)				
	2 225	000	00.	
16 Total assets (to be completed by all filers)	2,085.	823.	82	
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons	740.	740.		
21 Mortgages and other notes payable				
22 Other liabilities (describe >)				
23 Total liabilities (add lines 17 through 22)	740.	740.		
Foundations that follow SFAS 117, check here				
and complete lines 24 through 26 and lines 30 and 31.				
24 Unrestricted				
25 Temporarily restricted	-			
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here				
and complete lines 27 through 31.				
27 Capital stock, trust principal, or current funds	0.	0.		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0.	0.		
28 Paid-in or capital surplus, or land, bldg, and equipment fund	1,345.	83.		
Retained earnings, accumulated income, endowment, or other funds	1,345.	83.		
30 Total net assets or fund balances	1,343.	03.		
Od Takel liebilities and not according to the	2 005	922		
31 Total liabilities and net assets/fund balances	2,085.	823.		
art III Analysis of Changes in Net Assets or Fund B	alances			
Total net assets or fund balances at beginning of year - Part II, column (a), line	30		1 04	
(must agree with end-of-year figure reported on pnor year's return)		1	1,34 <1,26	
Enter amount from Part I, line 27a		2		
Other increases not included in line 2 (itemize)		3		
Add lines 1, 2, and 3	** *	4	8	
Decreases not included in line 2 (itemize)		5		
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	8:	

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Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income	,					
		nd(s) of property sold (e g or common stock, 200 shs			(b) F	low ac - Purc - Dona	quired hase ation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a										
b NO	NE				_					
<u>C</u>										
d					ļ. —					
<u>e</u>	45.5		4.3.0		! 			(1-) (<u> </u>
(e) Gross sales price	(1)	epreciation allowed (or allowable)		t or other basis kpense of sale					iain or (loss s (f) minus	
a										
b										
C										
d										
6	<u>. </u>		<u> </u>	40/04/00						
Complete only for assets showir			ĭ						Col (h) gain not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i)				Losses	(from col	(h))
a										
b										
C		•								
d										
<u>e</u>	<u> </u>				_		Ι.			
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0			}	2				
3 Net short-term capital gain or (lo	ss) as defii	ned in sections 1222(5) an	nd (6)							
If gain, also enter in Part 1, line 8,			(-)]					
If (loss), enter -0- in Part I, line 8						3				
Part V Qualification U	<u> Inder S</u>	ection 4940(e) for	Reduced	Tax on Net	: Inv	estn	nent Inc	ome		
(For optional use by domestic private	e foundatio	ons subject to the section 4	4940(a) tax on	net investment ir	ncome	e)				
If section 4940(d)(2) applies, leave t	hie nart his	ank								
ii section 4340(u)(2) applies, leave t	ilis part bio	ilin.								
Was the foundation liable for the sec	tion 4942	tax on the distributable am	rount of any ye	ar in the base pe	uods		••••			Yes X N
If "Yes," the foundation does not qua										
Enter the appropriate amount in	each colur	nn for each year, see instr	uctions before	making any entri	es					/d\
(a) Base period years		(b)	tabutuna	Not volve of no	(c)		uan naanta	- 1	Distri	(d) bution ratio
Calendar year (or tax year beginni	ing in)	Adjusted qualifying dis	_1	Net value of no	пспа	ritable			(col (b) dr	vided by col (c))
2009			0,618.				1,470			7.22312
2008			8,611.				1,133			7.60017
2007	+		9,304.				657			14.16133
2006		1	3,727.				1,108			12.38898
2005			8,652.				1,608	5 -	ī	5.38059
2 Total of line 1, column (d)				-				2		46.75423
3 Average distribution ratio for the	•	•	on line 2 by 5,	or by the number	r of ye	ears				0 35324
the foundation has been in existe	ence if less	than 5 years				•		3		9.35084
4 Enter the net value of nonchantal	ble-use as:	sets for 2010 from Part X,	line 5 .					4		1,732
5 Multiply line 4 by line 3				-				5_		16,196
6 Enter 1% of net investment incor	me (1% of	Part I, line 27b)						6		0
7 Add lines 5 and 6		_						7		16,196
8 Enter qualifying distributions from	m Part YII	line 4		-				8		11,947
If line 8 is equal to or greater that			th, and comp	lete that part usir	ng a 1	% tax	rate			

WORLD WIDE HARVEST MINISTRIES, INC

Form 990-PP (2010) C/O DEBRA DEARDORFF 35-2029265 Page 4 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 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1 of Part I, line 27b 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 3 Add lines 1 and 2 0. 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 -0-6 Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d 0. Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 0. 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 Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded > 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 13 or 15, 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? Х 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year _____O . (2) On foundation managers ▶ \$ _ (1) On the foundation > \$ 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 X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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) 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) N/A of each state as required by General Instruction G? If "No," attach explanation 8b 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 X year 2010 or the taxable year beginning in 2010 (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

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WORLD WIDE HARVEST MINISTRIES, INC Form 990-PF (2010) C/O DEBRA DEARDORFF 35-2029265 Page 5 Part 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 X section 512(b)(13)? If "Yes." attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 Х X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ▶ DEBRA DEARDORFF Telephone no ▶864-836-7922 Located at ▶ 605 FERNLAWN COURT, TRAVELER'S REST, ZIP+4 ▶29690 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank. Yes No Х securities, or other financial account in a foreign country? 16 See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No 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 Yes X No 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 N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 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 X before the first day of the tax year beginning in 2010? 10 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)) a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No 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

b If "Yes," did it have excess business holdings in 2010 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

N/A

N/A

🗌 Yes 💢 No

2b

statement - see instructions)

during the year?

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Combutions to employee benefit plans and deterred compensation

(e) Expense account, other allowances

NONE

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

Form **990-PF** (2010)

WORLD WIDE HARVEST MINISTRIES, INC C/O DEBRA DEARDORFF

Form 990-PF (2010)

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	undation Managers, Highly	
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		
<u> </u>		
T. I		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
	satisfactional information such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper.	s statistical information such as the	Expenses
1 N/A		
2		
3		
4		
Dest NY DE CO.		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax years.	cor on lines 1 and 2	Amount
1 N/A	eal on lines I and 2.	Amount
N/A		
2		_
•		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e 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.
b	Average of monthly cash balances	1b	0. 1,758.
	Fair market value of all other assets	10	•
d	Total (add lines 1a, b, and c)	1d	1,758.
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	1,758.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,732.
6	Minimum investment return. Enter 5% of line 5	6	87.
P	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	87.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	87.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	87.
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	87.
P	art XII Qualifying Distributions (see instructions)	······	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		11 047
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	11,947.
	Program-related investments - total from Part IX-B	1b	<u> </u>
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	
	Cash distribution test (attach the required schedule)	3b	11 047
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	11,947.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,947.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				87.
2 Undistributed income, if any, as of the end of 2010		* '- '- ''		
a Enter amount for 2009 only			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2010				, , , , , , , , , , , , , , , , , , ,
a From 2005 8,572.				
b From 2006 13,672.				
© From 2007 9,271.				
d From 2008 8,554.				
e From 2009 10,544.				
f Total of lines 3a through e	50,613.			
4 Qualifying distributions for 2010 from		***************************************		······································
Part XII, line 4. ► \$ 11,947.				
a Applied to 2009, 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			· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount			· ·	87.
e Remaining amount distributed out of corpus	11,860.			
5 Excess distributions carryover applied to 2010 (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.				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	62,473.			
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 2009. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		41 112 1	1, , u ,, , ,, ,,	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0 572			
not applied on line 5 or line 7	8,572.			
9 Excess distributions carryover to 2011.	52 001			
Subtract lines 7 and 8 from line 6a	53,901.			
10 Analysis of line 9				
a Excess from 2006 13,672. b Excess from 2007 9,271.				
10-54	1			
11 050				
e Excess from 2010 11,860.				

WORLD WIDE HARVEST MINISTRIES, INC

C/O DEBRA DEARDORFF Form 990-PF (2010) 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 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (b) 2009 (a) 2010 (c) 2008 (d) 2007 (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: a "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)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV 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

Form 990-PF (2010) C/O DEBRA DEARDORFF
Part XV Supplementary Information (continued)

35-2029265

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 or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid duning the year JOHN 17 MINISTRIES P.O. BOX 47125 INDIANPOLIS, IN 46247	NONE	ТАХ ЕХЕМРТ	WORLD MISSIONS	800.		
GLOBAL OUTREACH ASSEMBLY P.O. BOX 672935 MARIETTA, GA 30006	NONE	TAX EXEMPT	WORLD MISSIONS	38.		
Total .	T		► 3a	838.		
NONE						
Total	•	•	► 3h	0.		

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code	7111100111	131101101111111111111111111111111111111	
a						
b						
C			L			
d						
e						
t						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash	-		ļ			
investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property			·			
			<u> </u>			
b Not debt-financed property			 -			
6 Net rental income or (loss) from personal						
property			-			
7 Other investment income			ļ			
8 Gain or (loss) from sales of assets other						
than inventory			<u> </u>			
9 Net income or (loss) from special events			<u> </u>			
10 Gross profit or (loss) from sales of inventory			<u> </u>			
11 Other revenue			1			
a						
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		0.	0.	
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	<u> </u>		0.	
(See worksheet in line 13 instructions to verify calculations)		• •		'•_		
				_		
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	ot Purposes		
Line No. Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	mplishment of	
the foundation's exempt purposes (other than t				,	.,	
	,, 	 / / / / / /			·	
					·	
					<u></u>	
						
					· ··-·	
				. <u>.</u>		
				<u> </u>		
			-			
				 		
						
						

Form 990-PF (2010)

C/O DEBRA DEARDORFF

35-2029265

Part XVII	Information Re Exempt Organ		and Transactions ar	nd Relationships With Noncl	naritable	•	
1 Did the oi		rectly engage in any of the following	ng with any other organization	described in section 501(c) of		Yes	No
		(3) organizations) or in section 52		· ·			
		ation to a noncharitable exempt or					
(1) Cash	· · · · · · · · · · · · · · · · · · ·	•	•		1a(1)		Х
(2) Othe	r assets			_	1a(2)		X
b Other tran		•		•			
(1) Sales	s of assets to a nonchanta	ible exempt organization			16(1)		Х
(2) Purc	hases of assets from a no	encharitable exempt organization			1b(2)		X
	al of facilities, equipment,			_	1b(3)		Х
(4) Reim	bursement arrangements	.			1b(4)		X
(5) Loan	is or loan guarantees				1b(5)		X
(6) Perfo	ormance of services or me	embership or fundraising solicitation	ons .		1b(6)		Х
c Sharing o	of facilities, equipment, ma	alling lists, other assets, or paid em	ployees		10		X
or service	es given by the reporting f			ays show the fair market value of the good e in any transaction or sharing arrangemer		ets,	
(a) Line no	(b) Amount involved	(c) Name of noncharitable	a exempt organization	(d) Description of transfers, transactions, a			
(a) Line no	(b) Amount involved	N/A	c exempt organization	(u) Description of transfers, transactions, a	ind snaring an	angeme	nts
		21,722					
						_	
				<u> </u>			
-							
	=	thy affiliated with, or related to, one that than section 501(c)(3)) or in section		ations described	Yes	X	No
	omplete the following sch		,				_
	(a) Name of org		(b) Type of organization	(c) Description of relation	nship		
	N/A						
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of rry knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge. Signature of officer of trustee Date Title							
	Print/Type preparer's na	ame Preparer's s	ignature	Date Check ff PT	IN		
Paid	JERRY C. L	8/1/11 self- employed					
Preparer Use Only		,	HOLLAND, L.L.	.P. Firm's EIN ▶			
		1 WEST MCBEE AV			222	200	1
	<u> </u>	REENVILLE, SC 29	OOT	Phone no 864	-233-		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number Name of the organization 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				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	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 I	Rules					
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (3)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% 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.					
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.				
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization
WORLD WIDE HARVEST MINISTRIES, INC
C/O DEBRA DEARDORFF

Employer identification number

35-2029265

Part | 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	\$\$.	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 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)

of Part II

Name of organization
WORLD WIDE HARVEST MINISTRIES, INC
C/O DEBRA DEARDORFF

Employer identification number

35-2029265

Part II	Noncash Property (see instructions)						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - - - \$					

Schedule	R	(Form 990,	990 E7	or 000, DE	MINCH
Scriedule	0	ערטוווו ששט,	99U-EZ,	Or 990-PF)	(2010)

Page of of Employer identification number

of Part III

Name of organization
WORLD WIDE HARVEST MINISTRIES, INC
C/O DEBRA DEARDORFF

35-2029265

art III	more than \$1,000 for the year. Complete of Part III, enter the total of exclusively religiou \$1,000 or less for the year. (Enter this information)	columns (a) through (e) and the s, charitable, etc., contribution	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing is of
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gi	ft
-	Transferee's name, address, and		Relationship of transferor to transferee
No.			
om rt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, and	ZiP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gi	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— - - -			
		(e) Transfer of git	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

2010

OMB No 1545-0172

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

Attachment Sequence No

Name	e(s) shown on return							Identif	ying nu	ımber
Wo	World Wide Harvest Ministries, Inc. 35-2							5-2029265		
Busin	ess or activity to which this form relates									
	ll Business Activities									
Pŧ	ett i Election To Expe	,	•							
	Note: If you have a		<u>y, complete Pa</u>	rt V be	fore you co	ompl	ete Part	l <u>. </u>		
1	Maximum amount (see instruction	•					•		1	500,000.00
2	Total cost of section 179 property		2_							
3	Threshold cost of section 179 pro	•	•		ions)				3	2,000,000.00
4	Reduction in limitation Subtract lii		•						4	
	Dollar limitation for tax year Subtract lin		less, enter -0- If man						5	
	(a) Description	n of property	·····	(b) Cos	st (business use	e only)	(c)	Elected cos	t i	
_6				 						
	Listed assessed. Enter the assessed	from Imp 200		I						
7	Listed property. Enter the amount Total elected cost of section 179 p		to in column (a) tu	F	d 7	7	<u> </u>		T .	
8 9	Tentative deduction Enter the sm	, ,	, ,-	ies o an	u /		•		9	
10	Carryover of disallowed deduction								10	
11	Business income limitation. Enter	•		ss than a	ero) or line 5	. (see	instruction	e)	11	
12	Section 179 expense deduction A		•		•	, (300	1130 000011	3)	12	
13	Carryover of disallowed deduction				o 11	13				
	: Do not use Part II or Part III below						·			<u> </u>
					ation (Do	not	nclude li	sted pro	pertv	.) (See instructions)
14	Special depreciation allowance fo			_						
	during the tax year (see instruction		•		_				14	98.57
15	Property subject to section 168(f)	(1) election			•	•			15	
16	Other depreciation (including ACF	RS)							16	
P	art III MACRS Deprecia	tion (Do not incl	ude listed prop	erty.) (See instru	ction	s.)			
			Sect	ion A					,	
17	MACRS deductions for assets pla	ced in service in tax	years beginning b	efore 20	10				17	867.80
<u>18</u>	If you are electing to group any assets place							.▶	<u> </u>	
	Section B-A	ssets Placed in Sen			r Using the (<u>Gener</u>	al Depreci	ation Sys	tem	r
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investm only-see instruc	ent use	(d) Recovery penod	(e)	Convention	(f) Me	thod	(g) Depreciation deduction
<u>19a</u>	3-year property				<u> </u>					
<u>b</u>	5-year property	_					<u> </u>			
c	7-year property	_		98.57	7.0		HY	200DE	3	14.08
`	10-year property	4			 	<u> </u>				
<u>e</u>	15-year property	-			 	<u> </u>				
_ <u>f</u>										
_ g	25-year property		 		25 yrs	-		S/L		
h	Residential rental property	ļ <u> </u>			27 5 yrs		MM	S/L		
			<u> </u>		27 5 yrs	-	MM	S/L		
1	Nonresidential real property				39 yrs		MM	S/L		
	<u>-i</u> i	sets Placed in Servi	Dusing 2010 To	V	Lainer Aba Ali	l	MM ive Dense	S/L		
200	Class life Section C-Ass	Sets Flaced III Servi	e During 2010 Ta	ix rear	Using the Ai	ternat	ive Depre			<u> </u>
20a		1			12 100	 		S/L		
	12-year 40-year		 		12 yrs	1-	MM	S/L S/L		
**********	art IV Summary (see inst	ructions)	1		40 yrs	1	ММ	<u> </u>	-	L
21	Listed property. Enter amount from								21	<u> </u>
22	Total. Add amounts from line 12,	•	lines 19 and 20 in	column	(a) and line	21 ⊏	ntor hore		1	
~~	and on the appropriate lines of yo						inci iicie		22	000 41
23	For assets shown above and place		•				Γ		1	980.4
	portion of the basis attributable to	-	. 5 22.70.11 700 1, 0			23				
										•

Pa	art V	`property used Note: For any ve	erty (Include a d for entertain ehicle for which y	ment, rec	reation g the sta	, or an	nuseme nileage ra	ent.) ate or d	educting	-			•		nd	
Sact	ion A-Den	reciation and Ot) through (c) of S							r autom	obiles)					
		ive evidence to supp				Silucio	Yes	No				udanca s	watten?		Yes	No
Туре	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas) other		(e) Basis for depreciation (business/investment use only)		(f) Recover	/ N	"Yes," is the ev (g) Method/ Convention		(h) Depreciati deductio		(ı Elec sectio	(i) ected ion 179 xxst
25	Special of	depreciation allow		d listed prop	erty plac	ed in se	rvice du	ring								
	the tax y	ear and used mor	e than 50% in a	qualified bu	siness us	se (see	instructio	ons)			2	5				
26	Property	used more than 5	0% in a qualified	business us	е									_		
			%						ļ							
			%						<u> </u>				•			
<u>27</u>	Property	used 50% or less	in a qualified bus	iness use		1			 			1				
			%						-	S/I		+				
			0/							S/I	_					
28	Add amo	ounts in column (h) lines 25 through	nh 27 Enter	here an	d on line	21 pag	e 1	<u> </u>		2	R	•			
29		ounts in column (i)		-			<i>z</i> - 1, pag	, ,			L. <u> </u>	<u> </u>		29		
	-			Sec	ction B-l	nforma	tion on l	Use of \	/ehicles						•	
		section for vehicle													es	
to yo	ur employ	ees, first answer	the questions in	Section C to	see if y	ou meet	an exce	ption to	complete	ng this	section 1	for those	vehicle	s		
					(a Vehi			b) ide 2	Vehi	c) cla 3		d) icle 4		e) iclo 5		f) de 6
30 Total business/investment miles driven		miles driven dur	nng	\ \text{VCIII}	CIC I	"	GC Z	"	JIC 3	Ven	icie 4	Vehicle 5		Vehicle 6		
	•	(do not include co					 		ļ		<u> </u>		ļ			
31		nmuting miles dri					ļ		ļ		-		<u> </u>			
32		er personal (nonc	commuting) miles	6	ļ										j	
•	driven						 		1		1		 		<u> </u>	
33		es driven during t	ne year Add line	es												
34	30 through	yrr 32 vehicle available	for personal use	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
-		ff-duty hours?	ioi personai use		133		1.00		1		1	""	1.00	1	100	
35	_	vehicle used prim	narily by a more				1			-	1					_
		owner or related	• •		}										1	
36	is anothe	er vehicle availabl	e for personal us	se?	l											
			Section C-Que	stions for E	mploye	s Who	Provide	Vehicle	es for Us	e by Th	eir Emp	loyees				
Ansv	ver these	questions to deter	mine if you mee	t an exception	on to cor	npleting	Section	B for ve	ehicles us	ed by e	employee	es who a	re not			
more	than 5%	owners or related	persons (see in:	structions)											,	
37	•	naintain a written	policy statement	that prohibi	ts all per	sonal u	se of vet	nicles, ir	ncluding o	commut	ing, by				Yes	No
	your emp	•														
38	•	naintain a written								-						
20		es? See the instri reat all use of veh		-	•		s, акеси	ors, or i	% Of ITIO	e owne	ers		•		<u> </u>	
39 40	•	reat all use of veri provide more than		•			mation f	rom voi	ır employ	oos ah	out		••	•	ļ	
40		of the vehicles, an	`			ani mao	madon	ioin you	ii employ	ccs ab	Jul					
41		neet the requirem				demon	stration	use? (S	ee instru	tions)						
	-	your answer to 37	_					_			•					- · · · · ·
Pi	art VI	Amortization														
											.	(e)			(f)	
		(a)		(b Date amo			Amo	(c) irtizable			d) ide	Amortiza penod		Am	for	
		Description of costs	·	beg	ins		ar	nount		sec	tion	percen			this year	
<u>42</u>	Amortiza	tion of costs that	begins during yo	ur 2010 tax	year (se	e instru	ctions)									
				ļ												
													1			
43		ition of costs that	-		-								43			
44_	i otal. Ad	dd amounts in col	unin (i) See the	IIISKUCKONS	ior wher	e to rep	DOL						44			

Page 1 07/14/2011 8:19 AM Tax Period 7.0 50000 30 Tax Method 200DB 200DB 200DB 200DB 200DB 200DB S/L 84.49 000 0 00 0.00 85 96 167.76 177.85 516.06 Tax Net Book Value 84.49 0.00 431.57 3,658 14 13,000 00 272 21 531 24 563 20 1,963.49 112 65 112.65 1,963.49 18,024.79 20,100.93 Tax End Depr Tax Current Depreciation 0 00 580 09 57 30 111.84 118.57 112 65 0.00 980.45 867.80 0.00 112.65 2627370 World Wide Harvest Ministries, Inc.

Tax Asset Detail 1/01/10 - 12/31/10 Tax Prior Depreciation 3,658 14 12,419.91 214 91 419.40 444.63 0.00 0.00 1,963.49 1,963.49 17,156.99 19,120.48 1,829 07 6,500 00 179 09 349.50 370.53 98.57 9,228 19 0.00 0.00 9,326.76 Tax Bonus Amt 98.57 0.000 0 00c 0.00c 0.00 0.00cSec 179 Exp Current = c 00.00 0.00 3,658 14 13,000.00 358 17 699.00 741 05 1,963.49 1,963.49 197.14 197.14 18,456.36 20,61699 Tax Cost Date In Service Furniture & Fixtures Office Equip Grand Total 3/01/10 5/25/05 Software 6/30/04 6/30/03 2/12/09 4/14/09 7/06/09 Property Description Fully Deprec. Equip Office Equip Printer Marantz CD recorder Equip + mic Group: Furniture & Fixtures Computer software FYE: 12/31/2010 Office Chair Group: Office Equip Group: Software Asset

FORM 990-PF	ACCOUNTI	NG FEES	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 TELEPHONE SUPPLIES BANK FEES OFFICE SUPPLIES GIFTS & FLOWERS SECRETARIAL SERVICES EDUCATION REPAIRS	68. 1,097. 134. 63. 816. 570. 1,600. 187. 110.	0. 0. 0. 0. 0.		68. 1,097. 134. 63. 816. 570. 1,600. 187.		
TO FORM 990-PF, PG 1, LN 23	4,645.	0.		4,645.		

Form 8868

(Rev. January, 2011)

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

ightharpoons X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form. visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Type or Employer identification number WORLD WIDE HARVEST MINISTRIES, INC print C/O DEBRA DEARDORFF 35-2029265 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 605 FERNLAWN COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. structions TRAVELERS REST, SC 29690 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Application Return Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 DEBRA DEARDORFF The books are in the care of ▶ 605 FERNLAWN COURT - TRAVELER'S REST, SC 29690 Telephone No. ► 864-836-7922 FAX No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this ______ if it is for part of the group, check this box 🕨 _____ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions