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# Form **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)

2011

OMB No. 1545-1150

Open to Public Inspection

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A	For the	2011 calenda	ar year, or tax year beginning	January 1	, 2011,	and ending	Dec	ember	31 , 20	11	
В	Check if ap	plicable	C Name of organization				D Emp	loyer ide	entification numb	er	
	Address cl	hange	World Revival and Salvation Ministries	i				- 20-3168354			
	Name char	nge	Number and street (or P O. box, if mail is not o	delivered to street address)		Room/suite	E Telep	ohone nu	ımber		
	Initial retur	п	PO Box 16124					703	3-425-5351		
Н	Terminated		City or town, state or country, and ZIP + 4				F Gro	up Exen			
님		mended return							•		
ᆜ	Application					т.		nber ▶			
	_	ing Method:	☐ Cash ☑ Accrual Other (speci	ty) ▶		'			the organizatio	n is <b>not</b>	
	Websit						•		ch Schedule B		
<u>J 1</u>	ах-ехеп	pt status (che	eck only one) — 🗸 501(c)(3) 🗌 501(c) (	) ◀ (insert no.) ☐ 4947	(a)(1) or	<u></u> 527	(Form 9	90, 990	-EZ, or 990-PF)		
K	Check 🕨	· 🔲 if the	e organization is not a section 509(a)(3) sup	porting organization or a s	section	527 organiza	ation <b>and</b> r	ts gross	receipts are no	rmally	
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is n	ot required though Form 9	990-N (e	-postcard) r	may be rec	quired (s	see instructions)	. But if	
	the orga	nization choo	ses to file a return, be sure to file a comp	lete retum.							
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gr	oss receipts are \$200,000 o	r more,	or if total ass	ets (Part II,				
f	ıne 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 inste	ad of Form 990-EZ				<b>▶</b> \$		29,963	
P	art I	Revenu	e, Expenses, and Changes in N	et Assets or Fund B	Balanc	es (see th	ne instru	ctions	for Part I.)		
-			the organization used Schedule O			•			-	. 🗸	
	1 1		ons, gifts, grants, and similar amounts	<del></del>				1	<u> </u>	29,963	
	l l							2	<del></del>	20,000	
2012	2		ervice revenue including government					-			
20	3		ip dues and assessments					3			
က	4	Investment						4	·		
<del></del>	5a	Gross amo	ount from sale of assets other than in	ventory	5a						
~	b		or other basis and sales expenses .		5b			100			
SRAMMED APR	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	6	Gaming an	nd fundraising events								
	a	Gross inc	oss income from gaming (attach Schedule G if greater than								
灣	-	_			6a	1		\$ 100 m			
3	Ь	Gross Inco	ome from fundraising events (not inclu	ıdına \$		f contributi	ons				
₹	"		indraising events reported on line 1) (attach Schedule G if the								
چ			ch gross income and contributions ex		l en	I		All party			
(J)	j		-		6b		<del></del>	1			
	C		t expenses from gaming and fundrai		6c	10					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
		line 6c) .						6d	<del></del>		
	7a	Gross sale	s of inventory, less returns and allow	ances	7a						
	b	Less: cost	of goods sold		7b						
	C	Gross prof	it or (loss) from sales of inventory (Su	btract line 7b from line	7a) .			7c			
	8	Other reve	Other revenue (describe in Schedule 10)								
	9		nue Addlines 1., 2, 3, 4, 5c, 6d, 7c,	and 8			▶	9		29,963	
_	10	Grants and	similar amounts paid (list in Schedu	le O)				10		29,879	
	11	Benefits na	d similar amounts paid (list in Schedu aid முலா டு நூசருந்சாத					11			
40	J	Salaride	ther compensation, and employee be	nafite				12	<del></del>		
Ses	12	Drofossion	al-fees-and-other-payments to indepe	andont contractors				13	<del></del>		
5	13	Profession	COLAL LL	endent contractors .				14			
Expenses	. 14	Occupanc	Occupancy, rent, utilities, and maintenance							<del> </del>	
Ш	1 .0		ublications, postage, and shipping.					15		70	
	16	Other expe	enses (describe in Schedule O)					16		1,418	
	17	Total expe	enses. Add lines 10 through 16		<u></u>		<u> ▶</u>	17		31,367	
y)	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)				18		-1,404	
set	19	Net assets	or fund balances at beginning of y	ear (from line 27, colu	mn (A))	(must agr	ree with	繁建			
Ş		end-of-yea	ar figure reported on prior year's retui	n)				19		1,591	
Net Assets	20	Other char	nges in net assets or fund balances (e	explain in Schedule (1)				20	<del></del>		
ž	21		or fund balances at end of year. Cor					21		187	
F	<del></del>		tion Act Notice, see the separate instru			No. 10642I			Form <b>990-E</b>		
	apc:1	vin ricuuti	aon moi monos, see ine separate msiru		ψaι	100 100421				, ')	

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
<b>22</b>	Cash, savings, and investments		[	1,591	22	187
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			1,591	$\rightarrow$	187
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			1,591	27	187
Par	t III Statement of Program Service Accom	• `		,		Expenses
	Check if the organization used Schedule	····	ny question in this	Part III 🗸	(Red	quired for section
<b>Nha</b>	t is the organization's primary exempt purpose?	See O		<del> </del>		(c)(3) and 501(c)(4) Inizations and section
as m	cnbe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	services provide	d, the number of	494	7(a)(1) trusts, optional others.)
28	Grants provided to World Salvation and Salvation M			hurch		
	leadership training, orphanage, AIDS victims care fa	icility and medical tra	ining facility			
	/O		:			
~~	(Grants \$ 29,879) If this amount			· · · · · · · · · · · · · · · · · · ·	28a	
29						
	(Grants \$ ) If this amount	includes foreign gra	nto chook horo		29a	
30					298	1
•						
	***************************************					1
	(Grants \$ ) If this amount	ıncludes foreign gra	nts. check here	▶ □	30a	d
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	1
32	Total program service expenses (add lines 28a	through 31a)			32	29,879
Par	t IV List of Officers, Directors, Trustees, and Ke	<b>Employees.</b> List eac	h one even if not cor	npensated. (see the	nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		🗆
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		- 0	Estimated amount of other compensation
Vivia	an D'Arezzo	President		· · · · · · · · · · · · · · · · · · ·		
7818	B Lake Pleasant Drive, Springfield, VA 22153	1				
Caro					o	0
	ol A Bomar	Secretary		<b>)</b>	0	0
5109	ol A Bomar 9 King David Bivd, Annandale, VA 22003	Secretary			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	Secretary				0
Erne	King David Blvd, Annandale, VA 22003	,				0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0
Erne	King David Blvd, Annandale, VA 22003 est T Bomar Jr	,			0	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	-5
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ł		
40a	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			1 1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		`	ľ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
Ū	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		. 4	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Ernest T Bomar Jr Telephone no. ▶	703 42	5 535	1
	Located at ► 5109 King David Blvd, Annandale, VA ZIP + 4 ►	220	003	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	_	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		· /
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		j

	_	·						Yes	
		e organization engage, directly or and idates for public office? If "Yes,"					tion 🎇		AG:
Part V		Section 501(c)(3) organizations				hle truets on		6   ection	
. Care	_	501(c)(3) organizations and secti					-		b
		and 52, and complete the tables				·			
		Check if the organization used Sc	hedule O to respond	to any question in	n this Par	: VI	<u></u>	· · ·	<u>.                                     </u>
	<b>5</b>			5040				Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ect during the		_	,
-	-	organization a school as described				 oF	4	8	1
		ie organization make any transfers t					. 49		1
		s," was the related organization a se					. 49		<b>                                     </b>
		plete this table for the organization's							
	emplo	oyees) who each received more than	1 \$100,000 of comper	nsation from the org			e, enter	"None.	
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employee lans, and deferred empensation		nated amo compensa	
						· <del></del>			
					_				
					1				
				<del></del>					
					1				
	Total	number of other employees paid ov	er \$100,000	<u> </u>					
		plete this table for the organization		· •		— ctors who eacl	h receive	ed more	e than
		000 of compensation from the orga							
(a) N	ame ar	nd address of each independent contractor pa	ud more than \$100,000	(b) Type of s	service	(c	) Compens	sation	
		· · · · · · · · · · · · · · · · · · ·							
						]			
ď	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶		0		
52 i	Did th	e organization complete Schedule	A? Note: All section 5	01(c)(3) organizatio	ns and 49	47(a)(1)			
	nonex	cempt charitable trusts must attach	a completed Schedul	e A		<u> </u>	► <b>7</b> Y	es 🔲	No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other that					nowledge	and belief	i, it is
	1	1 Esset Success	<i>A</i>			3-2	G - 1	2	
Sign		Signature of officer	<u></u>			Date	9-1		
Here	- [	Ernest T Bomar, Jr, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		4	
Prepa	rer		<u> </u>	1		self-emplo	yed		
Use O		Firm's name	<del></del>			Firm's EIN ▶	<del></del> -		
May the	e IRS	Firm's address ► discuss this return with the prepare	r shown above? See	nstructions		Phone no	► 7 Y	es 🔲	No
					· · ·			990-EZ	
							1 011111		

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

**World Revival abd Salvation Ministries** 20-3168354 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(l) (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (I) Name of supported (II) EIN (iii) Type of organization (Iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9 organization in col. support governing document? col. (1) of your (I) organized in the above or IRC section support? U S.? (see instructions)) Yes Nο Yes No (A) (B) (C) (D) (E) Total

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	<b>-</b>						
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	32,355	28,505	48,193	59,369	29,963	198,385
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities				<del> </del>		- <del></del> · · · · ·
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	32,355	28,505	48,193	59,369	29,963	198,385
	<del>-</del>	02,000	20,000	40,133	33,303	23,303	130,303
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly				}		
	supported organization) included on		j				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	Ì					
6	Public support. Subtract line 5 from line 4.				,		0
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	32,355	28,505	48,193	59,369	29,963	198,385
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
_							
9	Net income from unrelated business activities, whether or not the business					İ	
	is regularly carned on						
10	Other income. Do not include gain or		<del></del>				
	loss from the sale of capital assets					1	
	(Explain in Part IV.)					1	
11	Total support. Add lines 7 through 10						198,385
12	Gross receipts from related activities, etc.	. (see instruction	ons)	<del></del>		12	0
13	First five years. If the Form 990 is for th		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor			·			
14	Public support percentage for 2011 (line 6					14	100 %
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organization gua						
<b>L</b>	box and <b>stop here.</b> The organization qua			-			. ▶ 🗸
b	331/3% support test—2010. If the organ check this box and stop here. The organ				•	15 IS 33'/3% (	_ · _
47-	_	-					. •
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization					u publicly St	. <b>P</b> -
b	10%-facts-and-circumstances test – 20	010. If the orga	nization did no	ot check a hov	on line 13 16	a 16b or 17a	and line
	15 is 10% or more, and if the organizat						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please c	omplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	L.			l		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			1		1	
	organization's tax-exempt purpose			<u></u>			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		L				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						<del></del>
	furnished by a governmental unit to the	]					
	organization without charge		1				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	and the same wife			SEPPLEASE.		
	on B. Total Support	T			1		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
_	·						
b	Unrelated business taxable income (less section 511 taxes) from businesses					İ	
	acquired after June 30, 1975				}		
_	· ·	· · · · · · · · · · · · · · · · · · ·					
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on		j				
10							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				<del>                                     </del>		
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	ı's first, secon	d third fourth	Or fifth tax v	ear as a section	501(c)(3)
•	organization, check this box and stop he						
Section	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2011 (line	8, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Scl					16	%
Section	on D. Computation of Investment In						
17	Investment income percentage for 2011 (			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organ					ore than 331/3%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organization	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de	d not check a	box on line 14,	19a, or 19b, o	check this box	and see instruc	tions 🕨 🗍

	orm 990 or 990-EZ) 2011 Pag						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number **World Revival and Salvation Ministries** 20-3168354 990EZ, Part 1, Line 10 - \$29,879 grants to World Revival and Salvation Ministries, Kitale, Kenya 990EZ, Part 1, Line 16 - Internet Payment Fees - 912, Wire Transfer Fees 191, Bank Fees - 315 990EZ, Part III - The organization's primary exempt purpose is the sharing of Jesus Christ in East and Central Africa by providing support to World Revival and Salvation Ministries of Kitale, Kenya for support of church leadership training, operation of an orphanage, AIDS victim care facility, medical training facility and the building of churches