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# Form **990-EZ**

Department of the Treasury Internal Revenue Service 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)

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.

OMB No. 1545-1150

2011

Open to Public Inspection

	A F	or the	2014 calendar year, or tax year beginning	, <b>2011</b> , <i>6</i>	and ending			, 20
	B Check if applicable: C Name of organization					D Emp	loyer ide	entification number
	Address change World Harvest Ministries Inc.					1	5-	4-1654933
	□.	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele					shone na	ımber
	=	initial retu	1PU BOX 241				75	7-220-2675
	=	Terminate	City or town, state or country, and ZIP + 4			F Gro	up Exer	motion
	=	Amended Applicatio	Italiii				aber ▶	•
	_		ing Method: ☐ Cash ☐ Accrual Other (specify) ▶	<del></del>	1			f the organization is <b>not</b>
		Nebsit			'			ach Schedule B
	J Ta	ax-exen		.) 4947(a)(1) or	<b>□</b> 527	-		)-EZ, or 990-PF).
		Check ▶						
			than \$50,000. A Form 990-EZ or Form 990 return is not required thou					
			nization chooses to file a return, be sure to file a complete return.	3111 OIII1 000 11 (0	pootoura, n	ay bo roc	juirou (	see manuchons). Dut n
			5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$	200,000 or more, o	or if total ass	ets (Part II.		
			olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E				<b>▶</b> \$	148,000
	_	art l	Revenue, Expenses, and Changes in Net Assets or					
			Check if the organization used Schedule O to respond to					
		1	Contributions, gifts, grants, and similar amounts received	arry question in	T till 3 T talt	<u>' · · · ·                               </u>	1	148,000
		2	Program service revenue including government fees and contri			• • •	2	-0-
		3	Membership dues and assessments				3	-0-
		4	Investment income				4	-0-
		5a	Gross amount from sale of assets other than inventory	5a			<del>                                     </del>	<del></del>
		b	Less: cost or other basis-and sales expenses	<del></del>		-O-	}	
		C	Gain or (loss) from sale of assets other than inventory (Subtract		20 Fol	-0-	E-	•
		6	Gaming and fundraising events (a)	A INTE SO ITOITI III	ne saj .		5c	-0-
		а	Gross income from gaming (attach Schedule G if great	or than				
	Ð	-	\$15,000 \. APR \$ 15.000	.e				
	Revenue	ь	Grossliftepme from fundraising events (not including \$		a a a tributio	-0-		
	Š		from fundraising events (not including \$  from fundraising events (not i		contribution	ons		
	<b>C</b>	İ	sum of such gross income and contributions exceeds \$15,000					
			Less: direct expenses from gaming and fundraising events .		·····	<del>-0-</del>		
		l d	Net income or (loss) from gaming and fundraising events (at		Sh and a	-0-		
		, ,	line 6c)		ob and s	ubliact		_
		7a	•				6d	<u>-0-</u>
			Gross sales of inventory, less returns and allowances	<del></del>	<del></del>	-0-		
2012		b	Less: cost of goods sold	<u>  7b  </u>		-0-		_
7		Ç	Gross profit or (loss) from sales of inventory (Subtract line 7b f		t t t		7¢	-0-
00		8   9	Other revenue (describe in Schedule O)				8	-0-
		10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 , , ,		, , ,	. , <b>&gt;</b>	9	148,000
Ж		11	Grants and similar amounts paid (list in Schedule O)				10	11,718
$\cong$	(A	12	Benefits paid to or for members				11	<u>-0-</u>
	Set	1	Salaries, other compensation, and employee benefits				12	13,000
SCANNED MAY	Expenses	13	Professional fees and other payments to independent contract	lors	t t t		13	210
É	꿃	14	Occupancy, rent, utilities, and maintenance				14	-0-
$\overline{\mathbb{Q}}$		15	Printing, publications, postage, and shipping				15	1,931
6		16	Other expenses (describe in Schedule O)	16	68,428			
90		17	Total expenses. Add lines 10 through 16	<u> </u>		▶	17	95,287
	Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9) .				18	52,713
	Net Assets	19	Net assets or fund balances at beginning of year (from line and-of-year figure reported on prior year's return)		-			
	Ë						19	35,605
	Ž	20	Other changes in net assets or fund balances (explain in Sche	•			20	-0-
		21	Net assets or fund balances at end of year. Combine lines 18 t	through 20			94	88 318

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2011)

Pai	Balance Sheets. (see the instructions					
	Check if the organization used Schedule	O to respond to ar	ny question in this			🗹
			Ļ	(A) Beginning of year	Ĺ.,	(B) End of year
22	Cash, savings, and investments		<u>.</u>	34,480	<del></del>	· 86,771
23	Land and buildings			-0-		-0-
24	Other assets (describe in Schedule O)			1,125	-	1,547
25	Total assets			35,605		88,318
26	Total liabilities (describe in Schedule O)	(D)		-0-		-0-
27 Par	Net assets or fund balances (line 27 of column	;		35,605	27	88,318
Far	Statement of Program Service Accommode Check if the organization used Schedule			' —	İ	Expenses
Mhai	is the organization's primary exempt purpose?	World evangelism	ly question in this	Part III		quired for section
				<del></del>		(c)(3) and 501(c)(4) anizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of	494	7(a)(1) trusts, optional others.)
28	Conducted evangelistic crusades in four villages in approximately 8,000 people.	India during the mor		***************************************		
	(Grants \$ ) If this amount	includes foreign gra	ints check here	<b>▶</b> □	28	a 32,211
29	Conducted evangelistic crusades in four villages an				200	3 32,217
	November. Attended by approximately 20,000 people	Δ		•••••		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ □	29	a 28,393
30	Produced two video documentaries which were water					
	newsletters and two praverletters					
			••••••			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	30	a 2,035
31	Other program services (describe in Schedule O)				Г	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	318	a
	Total program service expenses (add lines 28a	through 31a)		▶	32	62,639
Par					nstru	uctions for Part IV.)
	Check if the organization used Schedule	O to respond to a	<del></del>	Part IV		<u> </u>
	(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-)		l'	) Estimated amount of other compensation
Dale	Sexauer	Pres./Treas. 40 hrs.				
	Richard Grove N., Williamsburg, VA 23185		13,000	)	0-	-0-
J. Mi	chael Coleman	Vice Pres0- hrs.			Т	
1609	Tunbridge Dr., Richmond. VA 23233		-0-	-	0-	-0-
	<b>am M. Gill</b>	Secretary -0- hrs.				
	Kelsey Rd., Williamsburg, VA 23185		-0-		0-	-0-
	d McGovern	Director -0- hrs.				
	Village Park Drive, Williamsburg, VA 23185	ļ	-0-		0-	-0-
	nis L. Kincade	Director -0- hrs.				
	Deputy Lane	-	-0-	-	0-	-0-
New	port News, VA 23608	{				
			<del> </del> -	<u> </u>	+	<del></del>
		-				
		<del>                                     </del>			+	
			<u> </u>		+-	
		-	}	•		
		<del>                                     </del>	<del> </del>		+	
		<u> </u>			+	
		1				
		<u> </u>	<del></del>	<u> </u>	+	
		-1	1	ŀ	- [	

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No
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		,
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		7
C	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		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
ь	Did the organization file Form 1120-POL for this year?	37b	<b> </b>	<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? .	00		
		38a	$\vdash \vdash$	<b>-</b> ✓
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	'		
ээ a	Initiation fees and capital contributions included on line 9	'		
ь	Gross receipts, included on line 9, for public use of club facilities	<b>i</b> '	] !	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	İ '		
	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		1
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			İ
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		<b>✓</b>
41	List the states with which a copy of this return is filed. ► None (not required)			
42a	***************************************	757-22	0-267	5
_	Located at ► 2903 Richard Grove N., Williamsburg, VA ZIP + 4 ►	23185	5-8339	
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)?	401	Yes	_
	If "Yes," enter the name of the foreign country: ▶	42b	<del> </del>	<b>✓</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	· '		
	and Financial Accounts.	1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	1
43	If "Yes," enter the name of the foreign country: ►  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	•	•	
			Yes	No
44 <sub>a</sub>	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
þ	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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	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		

		<del></del>						Yes	No	
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposi	tion			
		indidates for public office? If "Yes," o							<b>✓</b>	
Part		Section 501(c)(3) organizations 501(c)(3) organizations and sections							h	
		and 52, and complete the tables			แนรเร กาเ	ısı arıswer qu	162110112 4	7-431	,	
		Check if the organization used Sch			n this Par	ł VI				
		Oneon in the organization tood oor	iodalo O to rospono	to any question is	T LITTO T CLI		<u> </u>	Yes	No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect during the	tax	1		
		If "Yes," complete Schedule C, Part					. 47		✓	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedul	le E	. 48		1	
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	nization?		. 49a		<b>√</b>	
b		s," was the related organization a se					. 49b		<u> </u>	
50		olete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "l	None."		
	(a) N	ame 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, itions to employee alans, and deferred ompensation		) Estimated amour other compensation		
None										
	•••••									
			- ,							
							İ			
							İ			
				- · ·- · · · · · · · · · · · · · · · ·	_					
					1					
f	Total	number of other employees paid over	er \$100 000	i						
51		olete this table for the organization's		ensated independe	nt contrac	 ctors who eacl	h received	more	than	
٧.		,000 of compensation from the orga			00116141	otoro write ede			CIICAII	
(a)	Name a	nd address of each independent contractor pai	d more than \$100.000	(b) Type of s	service	(c	) Compensat	ion		
				(=, +,)p= ===			,			
None				4						
	-				<del>-</del>					
			***************************************	-						
	·		<del></del>							
				1						
					<del></del>		<del></del>			
				1						
							<del> </del>			
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶					
52		ne organization complete Schedule A		` ' ' '	ons and 49	)47(a)(1)		_		
		xempt charitable trusts must attach a	· · · · · · · · · · · · · · · · · · ·		· · ·	· · · · ·	► ✓ Yes		No	
		of perjury, I declare that I have examined this r d complete Declaration of preparer (other than					nowledge ar	d belief	, it is	
	T	1 O - O -	- Control of Control	- The state of the	- Indo driy id					
Sign		Signature of officer				Date Date		<del></del>	<del></del>	
Here		▲ Dale Sexauer President/Treasurer								
		Type or print name and title	<del>.</del>		<del>.</del>			<del></del>	<del></del>	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Prep	arer					self-emplo				
Use		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶				Phone no.				
May t	ne IRS	discuss this return with the preparer	shown above? See	instructions			► ☐ Yes	s 🔲 I	No	

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

World	I Harvest Ministries	s Inc.							54-165	4933
Part	II Reason for	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	rt.) See ii	nstructio	ns.
	_	-	tion because it is: (Fo		_		•			
			hes, or association of			ed in <b>sec</b>	tion 170(	b)(1)(A)(i	).	
	= =									
			spital service organiza							
4			on operated in conjunc	ction with	a hospit	al descrit	oed in se	ction 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									
5		)(1)(A)(iv). (Com		ge or uni	versity ov	wned or	operated	by a go	vernmenta	ai unit described in
6			nment or government	al unit do	scribad ir	contion	170/5\/1	MANGA		
			receives a substantia						it or from	the general public
•		•	(A)(vi). (Complete Par		очрр		. govo	morrae di	0	ano gonorai public
8			n section 170(b)(1)(A)	•	nolete Pa	rt II.)				
			receives: (1) more that				om contri	butions.	members	nip fees, and gross
			d to its exempt funct							
			nt income and unrel						n 511 tax	() from businesses
	acquired by th	e organization a	fter June 30, 1975. Se	e section	n 509(a)(	<b>2).</b> (Comp	olete Pari	t III.)		
	_	_	operated exclusively		-	-			-	
11			d operated exclusive							
			licly supported organ describes the type of							
	a ☐ Type I	b []			III-Functi		•	ite iii les 1	-	Type III–Other
۵			that the organization			-	•	y by one		
•		•	ers and other than one			•				•
	or section 509	_			, , ,					
f	If the organiza	ation received a	written determination	on from t	the IRS t	hat it is	а Туре	I, Type I	ll, or Typ	e III supporting
	_	check this box .								🗀
9	Since August following person		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
			ndirectly controls, eithody of the supported of							d Yes No
	(ii) A family ma	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)
<u>h</u>	Provide the fol	lowing informati	on about the support	ed organi	zation(s).					
(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the uon in col.	(vii) Amount of
	organization		(described on lines 1–9 above or IRC section	in col (i) listed in your governing document?		the organization in col. (i) of your		(i) organı	zed in the	support
			(see instructions))	Yes	No	Yes	No No	Yes	S?	
				163	140	169		163		· · · · · · · · · · · · · · · · · · ·
(A)							ŀ			
(B)				ļ <u>.</u>			<b>-</b>	<b>†</b>	<b></b>	
(D) ———										
(C)										
		· · · -					<del> </del> -	ļ		
(D)	,									
(E)	·									
					1 .	1 -	ı		,	

Page 2

Part							
	(Complete only if you checked the Part III. If the organization fails to						uny under
Secti	on A. Public Support	quality dride	Tale tests lis	ted below, pr	case comple	to t dit iii.	<del></del>
	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.")	64,183	71,931	69,878	71,145	78,000	355,137
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	64,183	71,931	69,878	71,145	78,000	355,137
5	The portion of total contributions by					i	
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						187,991
6	Public support. Subtract line 5 from line 4.						167,146
	on B. Total Support		<del> </del>			·	
	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	64,183	71,931	69,878	71,145	78,000	355,137
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.)						•
11	Total support. Add lines 7 through 10	-0-	-0-	-0-	-0-	-0-	-0- 355,137
12	Gross receipts from related activities, etc.	(see instruction	ne)			12	333,137 n/a
13	First five years. If the Form 990 is for the	•	•				
	organization, check this box and stop her	_			-		
Sect	on C. Computation of Public Suppor						<u>_</u>
14	Public support percentage for 2011 (line 6			1, column (f))		14	47.06 %
15	Public support percentage from 2010 Sch		-			15	45.98 %
16a	331/3% support test—2011. If the organize						
	box and stop here. The organization qual						
b	331/3% support test-2010. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organi	ization qualifies	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly su	··
_	organization						. ▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m						
	supported organization	eers the 18018	-anu-circumst	ances test. H	ne organizado	ıı qualilles as a	
18	Private foundation. If the organization di	d not check a l	hox on line 13		or 17h chec	k this hov and	· <b>P</b> []
	instructions	a not oncor a i		. Ju, 100, 17a	, 5, 175, 01160	and box and	<b>-</b> -

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.)

Saati	in the organization rails to quality	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	ion A. Public Support	(-) 2007	(h) 2000	(-) 0000	(4) 0010	1-1-0044	(0 T-1-1
Calen 1	idar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received. (Do not include any "unusual grants.")			ì			
2	Gross receipts from admissions, merchandise			<del></del>	-		
	sold or services performed, or facilities				1	İ	
	furnished in any activity that is related to the organization's tax-exempt purpose		ļ		İ	ł	
3	Gross receipts from activities that are not an	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	unrelated trade or business under section 513		ľ		1		1
4	Tax revenues levied for the			-	· · · · · · · · · · · · · · · · · · ·		
	organization's benefit and either paid						
	to or expended on its behalf						ļ.
5	The value of services or facilities	-					
	furnished by a governmental unit to the		ļ				i
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				ļ	ļ	
b	Amounts included on lines 2 and 3		1			1	
	received from other than disqualified		1	1	!	1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						<del> </del>
8	Public support (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support		1	1	<del> </del>		<b>1</b>
	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		1				<b>,</b>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		ľ	İ			
	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						ļ <u>.</u>
11	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether		1	}			
	or not the business is regularly carried on				İ		ŀ
12	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·	<b></b>	<del>                                     </del>			
	loss from the sale of capital assets						
	(Explain in Part IV.)					1	
13	Total support. (Add lines 9, 10c, 11,						1
	and 12.)		L				
14	First five years. If the Form 990 is for th		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her		<u> </u>				🕨 🗀
	on C. Computation of Public Suppor					<del></del>	
15 16	Public support percentage for 2011 (line 8						<u>%</u>
	Public support percentage from 2010 Sch on D. Computation of Investment Inc	equie A, Part	ntage	· · · · ·	· · · · ·	16	%
17	Investment income percentage for 2011 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2010						
19a	331/3% support tests—2011. If the organization						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2010. If the organization	ation did not d	heck a box on	line 14 or line	19a, and line 16	is more than :	33¹/3%, and
	line 18 is not more than 331/3%, check this b	oox and stop i	n <b>ere.</b> The organ	ization qualifies	as a publicly s	supported organ	nization 🕨 🗀
20	Private foundation. If the organization did	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions >

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).
An unusua	grant in the amount of \$70,000 cash was received on December 19, 2012.
*************	······································
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

World Harvest Ministries Inc.	54-1654933				
Part I Line 10 "Grants and similar amounts paid"					
11,200 Cash gift to Operation Mobilization for relief and social work in Afghanistan and for rescuin	g children from sex trafficking in India				
200 Cash gift to Pastor Pardeep Kumar, India					
130 Cash gift to Pastor Sandeep Kumar, India					
54 Cash gift to Pastor Borah Masih, India					
48 Cash gift to Pastor Kashmir Billa, India					
43 Cash gift to pastor in Valtowa, India					
22 Cash gift to Pastor Veer Singh, India					
21 Cash gift to Pastor Surjeet, India					
11,718 Total Grants and similar amounts paid					
Part I Line 16 "Other expenses"					
66,684 Foreign Missions (evangelistic crusades, travel expenses, transportation, misc.)					
1,034 Depreciation					
375 Office supplies					
333 Misc. (website, bank charges, travel supplies, postal box, state registration fee)					
67,394 Total "Other expenses"					
Part II Line 24(B) "Other assets"					
5,157 Cost of audio, video, computer, printing & photo equipment					
3,610 Accumulated depreciation					
1,547 Current value of audio, video, computer, printing & photo equipment					
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