### Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public

Department of the Treasury Internal Revenue Service

and ending A For the 2024 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change BIBLE MISSION GLOBAL Name change 81-3443577 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 505-797-1950 ]Final |return 5600 WYOMING BLVD NE #180 1,710,761. termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ALBUQUERQUE, NM 87109 H(a) Is this a group return F Name and address of principal officer: JOHN SANDAGER Applica Yes X No for subordinates? pending Yes SAME AS C ABOVE H(b) Are all subordinates included? 4947(a)(1) or 527 If "No." attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) WWW.BIBLEMISSIONGLOBAL.ORG H(c) Group exemption number J Website: Other L Year of formation: 2016 M State of legal domicile: NM K Form of organization: X Corporation Trust Summary Briefly describe the organization's mission or most significant activities: A CHRISTIAN MINISTRY SERVING THE Governance COUNTRIES OF THE FORMER SOVIET UNION AND CENTRAL ASIA BY WORKING if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 4 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 1,819,848. 1,705,107. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 3,941. 654. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,823,789. 1,710,761. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,421,790. 1,544,033. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 148,982. 183,213. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 71,957. 82,534. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,764,972. 1,687,537. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58,817. 23,224. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year Assets or Ralannes 254,966. 231,742. Total assets (Part X, line 16) 0. 0. Total liabilities (Part X, line 26) 742. 966. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Signature of officer 5-8-25 Sign JOHN SANDAGER EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Preparer's name P00421834 PATRICIA KIESEL, CPA self-employed Paid Firm's EIN 81-0990886 HAJNY & KIESEL, Preparer Firm's name 5600 WYOMING BLVD., NE - SUITE 260 Use Only Firm's address Phone no. 505-503-7395 ALBUQUERQUE, NM 87109

X Yes

432002 12-10-24

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			177
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	·			37
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Δ.
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	વવન		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-22
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		23
12a		12a		x
i.	Schedule D, Parts XI and XII	120		
D	70	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.464		
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
. *	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		***************************************
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ī	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

432003 12-10-24

Form **990** (2024)

	(Construct)	Printellands de la companyament	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No," go to line 25a	24a 24b		12
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		***************************************
	any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<b></b>	
20 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
i.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a	Х	
i	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
C	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
р	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		*************	***************************************
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	*************	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
110000000000000000000000000000000000000	Note: All Form 990 filers are required to complete Schedule O	38	X	osopanino sopranisti
Pai				
***************************************	Check if Schedule O contains a response or note to any line in this Part V	·····	V	N-
	Fotor the number reported in box 3 of Form 1096. Enter -0: if not applicable		Yes	INO
	Enter the hamber reported in box 5 of 1 of 11 1000. Enter 5 if not applicable			
	Enter the number of Forms W-2G included on line 1a. Effect of it not applicable			
С	(gambling) winnings to prize winners?	1c	X	
transida (Astronomia	quanting virinings to prize virinists.	Form	ACCUPATION NAME OF STREET	2024)

Form 990 (2024) BIBLE MISSION GLOBAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b		
За				9	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?		4a		X
b	If "Yes," enter the name of the foreign country			_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		******		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?				6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	gifts				
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor	r?	7a		_X_
			******************		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs reqi	uired				**
	to file Form 8282?				7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7d</u>					
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?		7e		***************************************
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				7g		***************************************
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			,	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	ľ			
	oparition in grand and a second a second and				8		
9	Sponsoring organizations maintaining donor advised funds.				0-		أسسسا
а	4			Г	9a		020000000000000000000000000000000000000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	.,.,,,,,,		.	9b		
10	Section 501(c)(7) organizations. Enter:	10a	400				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	<u> </u>	-			
11	Section 501(c)(12) organizations. Enter:	11a					
	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	110					
Đ		11b	The state of the s				
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		İ			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>L.,,</u>				
	Is the organization licensed to issue qualified health plans in more than one state?			ľ	13a		***************************************
а	Note: See the instructions for additional information the organization must report on Schedule O.					1000	
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					10
					14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				14b		~~~~
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?				15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	. [	16		X
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			and other states		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes," complete Form 6069.	manama provinc			- 36		

432005 12-10-24

Form **990** (2024)

81-3443577 BIBLE MISSION GLOBAL Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	***************************************	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	***************************************	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct su	upervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fi	ied?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the fo	flowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				eliama estima sieni	Accessive and the second
	(17) Country Diagnostic Michigan and Experience and Legal and		Windship Control of the Control of t		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		filiates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before fi	ling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					***************************************
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with	а			
	taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		cipation			
2.0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•			
	exempt status with respect to such arrangements?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16b		
Sect	ion C. Disclosure		DOCUMENT PROTECTION OF THE PRO	22110010310310		
17	List the states with which a copy of this Form 990 is required to be filed NM					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (s	section 501(c)(	3)s only)	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	on Sched	dule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	nd finan	cial	
	statements available to the public during the tax year.		· ·			
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and re	cords			
	THE ORGANIZATION - 505-797-1950					

ALBUQUERQUE,

87109

NM

Form 990 (2024)

5600 WYOMING BLVD NE # 180,

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I		(0	C)		200,000	(D)	(E)	(F)
Name and title	Average		not c	Pos heck i	itior more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					is bott or/trus		from	from related	other
	(list any	rector	respondence of the second				and the same of th	the organization	organizations (W-2/1099-MISC/	compensation from the
	hours for related	ee or d	estee			nsaled		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trust	onal tri		oloyee	compe		1099-NEC)		and related
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN SANDAGER	30.00									
EXEC DIRECTOR/PERSIDENT		X		X				96,000.	0.	0.
(2) DAVE JARVIS	1.00								_	_
SECRETARY/TREASURER		X		X		<u> </u>		0.	0.	0.
(3) PAUL HAGELGANS	1.00								_	
DIRECTOR		X				ļ		0.	0.	0.
(4) WALTT BENSON	1.00	7.0						^	_	0
DIRECTOR	1 00	X				<del> </del>		0.	0.	0.
(5) JEREMY PORTMANN	1.00	7.7						0.	0.	0 .
DIRECTOR		X				-		V.	U e	V a
						-				
						-				
						$\vdash$				
										**************************************
						ļ				
					********					
	***************************************									
				$\dashv$			-			
				- Transcoper					ментерия (пр. 10 м) и пр. 10 м и пр. 10 м) и пр. 10 м и пр. 10 м) и пр. 10 м	
				$\neg$						
				o de la constante						
	Lorentenancement	annonement of	and the same of			Assumed	assannond		MATERIAL PROPERTY OF THE PROPE	000,000,0

Form 990 (2024)

Section A. Officers, Directors, Trust	ees, key cm	ploye	es,	ano	1 1119	gnes	I U	ompensated Employee	s (continuea)	
(A)	(B)			(0	-			(D)	(E)	(F)
Name and title	Average	(do		Posi heck r		ነ than c	ne	Reportable	Reportable	Estimated
	hours per	box.	unles	ss per	rson i	is both or/trust	an	compensation	compensation	amount of
	week (list any	<del></del>	-u. all	u a ul	5010	a uət		from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	166			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	al trus		99/	mpen		1099-NEC)	100011	and related
	below	Individual trustee or director	institutional trusfee	<b>.</b>	Key employee	Highest compensated employee	ČES	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
									***************************************	
· ·										
							<b></b>			
ļ	***************************************									
						+				
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							*********			
						-				
										**************************************
						<u></u>		06.000		
1b Subtotal								96,000.	0	
c Total from continuation sheets to Part VII.	, Section A							0.	0	
d Total (add lines 1b and 1c)								96,000.	0	. 0.
2 Total number of individuals (including but no	ot limited to the	ose I	isted	da b	ove	) who	re	ceived more than \$100,0	000 of reportable	
compensation from the organization		ny ozovanski		CONTRACTOR OF THE PARTY OF THE	ucarantes co		nacenessa.			0
										Yes No
3 Did the organization list any former officer,	director, truste	e, k	ey e	mple	oyee	e, or	higl	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	ıch individual							********		3 X
4 For any individual listed on line 1a, is the sur	m of reportable	100 e	npe	nsat	tion	and	oth	er compensation from th	ne organization	Carrier Co.
and related organizations greater than \$150.	,000? /f "Yes, '	" cor	nple	te S	che	dule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or ac	ccrue compen	satic	n fro	om a	any	unrel	ate	d organization or individ	ual for services	
rendered to the organization? If "Yes." comp										X
Section B. Independent Contractors										
1 Complete this table for your five highest con	npensated inde	eper	nden	t co	ntra	ctors	s th	at received more than \$	100,000 of compens	ation from
the organization. Report compensation for the										
(A)								(B)		(C)
Name and business a	address	NO	NE	,				Description of se	ervices	Compensation
							T			
	24-14-14-14-14-14-14-14-14-14-14-14-14-14									
						.,.,	$\top$			
									ammunaaaa	
				************	***************************************		$\forall$			
							CHROCOLLINA		li formali na ciù di a	
2 Total number of independent contractors (in	cluding but no	t lim	ited	to ti	hne	e list	ed:	above) who received mo	re than	
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organiza		· . (IIII)		, , , , ,	0		<i></i>	and ray serve courses and send		10 mg 10 10 mg 10
υτουτου οι compensation non the organiza		(00000000000000000000000000000000000000			***************************************	HILLIAN COLUMN				Form <b>990</b> (2024)

Pa	m VII	Statement of Revenue					Franciscouries
***************************************	THE STREET STREET, STR	Check if Schedule O contains a response	or note to any lir		/ PPA &	///	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
20 00	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
20 5	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
n,s	е	Government grants (contributions) 1e	waspowers				
Sign	f						
but		similar amounts not included above 1f 1	<u>,705,107.</u>				
off.	g	Noncash contributions included in lines 1a-1f 1g \$					
<u> </u>	<u>h</u>	Total. Add lines 1a-1f	CONTRACTOR OF THE PROPERTY OF	1,705,107.			
			Business Code	627			
e C	2 a	National Property Company of the Com					
e Ki	b	***************************************					
Se	С						***************************************
e v	d	***************************************					
Program Service Revenue	е						
α.	f	All other program service revenue			A STATE OF THE PARTY OF THE PAR		announce (August Miles 4.4) are inter-
to commence state		Total. Add lines 2a-2f	ON OTHER DESIGNATION OF THE PROPERTY OF THE PR				
	3	Investment income (including dividends, inter		5,654.			5,654.
		other similar amounts)		V/V = 0	-		
	4	Income from investment of tax-exempt bond					THE RESIDENCE OF THE PARTY OF T
	5	Royalties (i) Real	(ii) Personal				64.17
	6 a		(1)				
	b						
		Rental income or (loss) 6c					
	d	Net rental income or (loss)		247.17 CHR. 242.			34
		Gross amount from sales of (i) Securities	(ii) Other		1000		6 S
	7 (1	assets other than inventory 7a				and the second	
	b						
e e		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c				A Company	
Re		Net gain or (loss)					
Je.	8 a	Gross income from fundraising events (not	00000000000000000000000000000000000000				
Othe		including \$ of	· ·	100000000000000000000000000000000000000	Control Services		
		contributions reported on line 1c). See		- 19		100	
		Part IV, line 18			100		
		Less: direct expenses 8t					
		Net income or (loss) from fundraising events	1				
	9 a	Gross income from gaming activities. See	-	5.0			
		Part IV, line 19 Less: direct expenses 9th	1				
		A Comment of the Comm		and the second			
							Paris and the second
	IV a	Gross sales of inventory, less returns and allowances 10a					
	h	Less: cost of goods sold 10					Ten entre
		Net income or (loss) from sales of inventory					Carrier Control
wwwww			Business Code				
Snc	11 a						
Miscellaneous Revenue	b						
ella	c						
Jisc B	d	All other revenue					
2	е	Total. Add lines 11a-11d	<	1 510 501			E CEA
	12	Total revenue. See instructions		1,710,761.	0.1	0.1	5,654.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Program service expenses Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,421,790. 1,421,790. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,200. 23,400. 23,400. 96,000. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,717. 15,717. 60,468. 29,034. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,259. 3,630. 3,630. 14,519. Other employee benefits 3,057. 6,112. 3,057. 12,226. 10 Payroll taxes Fees for services (nonemployees): 11 Management Legal 2,960. 2,960. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 22,302. 22,302. column (A), amount, list line 11g expenses on Sch O.) 1,225. 1,225. Advertising and promotion 12 1,622. 1,622. Office expenses 13 Information technology 14 Royalties 15 15,782. 267. 16,316. 267. Occupancy 16 10,413. 10,413. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 9,883. 9,883. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 352. 352. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 9,248. 9,248. COMUTER, INTERNET AND 7,513. MINISTRY EXPENSE 7,513. 700. 700. DUES & SUBSCRIPTIONS C e All other expenses 57,709. 1,475,374. 154,454. 1,687,537. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2024)

Check here

if following SOP 98-2 (ASC 958-720)

	76.76	Balance Sheet			
Sapara		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	******	<u> </u>
			<b>(A)</b> Beginning of year		(B) End of year
***************************************	1	Cash - non-interest-bearing	27,801.	1	37,843.
	2	Savings and temporary cash investments	203,941.	2	217,123.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		3500	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
y)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10a		- 1	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	***************************************	14	
	15	Other assets. See Part IV, line 11		15	054 066
MOMENTA DE LA COMPANSIONA DEL COMPANSIONA DE LA	16	Total assets. Add lines 1 through 15 (must equal line 33)	1	16	254,966.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	§ .	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဇ	22	Loans and other payables to any current or former officer, director,			
ofmal secon materia		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Liabilities		controlled entity or family member of any of these persons		22	
i	23	Secured mortgages and notes payable to unrelated third parties	1	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
		of Schedule D	0.	25 26	0.
N. (212) P. (100)	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here			
တ					
nce	0.7	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	231,742.	27	254,966.
<u>a</u>	27	Net assets withdut donor restrictions  Net assets with donor restrictions		28	
Ω σ	28	Organizations that do not follow FASB ASC 958, check here			
Fund Balances		and complete lines 29 through 33.			
ò	00	Capital stock or trust principal, or current funds		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	231,742.	32	254,966.
Z		Total liabilities and net assets/fund balances	231,742.	33	254,966.
DERIVED THE PROPERTY OF THE PERSON NAMED IN		TOTAL HADRINGS CITE TO COOK OF THE CONTROL CON			Form <b>990</b> (2024)

Form **990** (2024)

Pρ	Reconciliation of Net Assets			United State of Control of Contro			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>					
			1 7	10 7	<i>C</i> 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{10,7}{07}$			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	87,5	3/.		
3	Revenue less expenses. Subtract line 2 from line 1	3		23,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		31,7	42.		
5	Net unrealized gains (losses) on investments	5	***************************************				
6	Donated services and use of facilities	6					
7	Investment expenses	7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	***************************************		0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2	54,9	<u>66.</u>		
Pa	Financial Statements and Reporting				productions		
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1000		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2t	<b>)</b>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			5.3		
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 0.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				economic and the control of the cont		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		32	a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t		Oli desirante		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	necessaries and the second			
STEEDINGS GRAVE			For	m <b>990</b> (	(2024)		

432012 12-10-24

### SCHEDULE A

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

### BIBLE MISSION GLOBAL

Employer identification number 81-3443577

on the same of			III III DU TOI	CONTRACTOR OF THE PROPERTY OF				
Pa		Reason for Public				***************************************	lee instructions.	
The o	organi	zation is not a private found	dation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	l in section	on 170(b)(	1)(A)(i).	
2		A school described in sect	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990).)			
3		A hospital or a cooperative				D(b)(1)(A)(i	ii).	
4		A medical research organiz						the hospital's name,
	L	city, and state:		,				
<b>y</b>		An organization operated for	or the benefit of a co	llege or university owner	i or operat	ed by a go	vernmental unit describ	ed in
5				inege or aniversity evines	or opora.	.000,000	, , , , , , , , , , , , , , , , , , , ,	
		section 170(b)(1)(A)(iv). (0			naskiam d'	70/LV4V(A)	(s.)	
6	37	A federal, state, or local go						nublic described in
7	X	An organization that norma		ntial part of its support i	rom a gov	ernmentai	unit of from the general	papile described in
	,	section 170(b)(1)(A)(vi). (C						
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma						
		activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co						
11		An organization organized		vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized						purposes of one or
h disse	· · · · · · · · · · · · · · · · · · ·	more publicly supported or						
		lines 12a through 12d that						
_		Type I. A supporting orga						aivina
а	L	the supported organization						
					majority c	or tire direc	10/0 0/ 1/00/000 0/ 1/0 0/	apporting.
		organization. You must o			ion with it	a aummerte	d arganization(a) by ba	ina
b	L	Type II. A supporting org						
		control or management of			ame perso	ns that co	ntroi or manage the supp	Jortea
		organization(s). You mus					1 C V 18 1 1 1	2 244
С	L	Type III functionally inte						ea with,
	p	its supported organizatio						
d		Type III non-functionally						
		that is not functionally int						/eness
		requirement (see instruct						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.		grandon and a second a second and a second a
f	Ente	r the number of supported o	organizations	<	***********			
g		ide the following information		d organization(s).				
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	anization listed ino document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				The second secon				
							***************************************	
							***************************************	
			000000000000000000000000000000000000000					
						L	Miletalian	
Γotal		and the second s						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	769,065.	687,162.	2151630.	1819848.	1705107.	7132812.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	769,065.	687,162.	2151630.	1819848.	1705107.	7132812.
5	The portion of total contributions						
	by each person (other than a					Table 1	
	governmental unit or publicly						
	supported organization) included			10000			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			100		Street Building	Hereit
	column (f)						4201921.
6	Public support. Subtract line 5 from line 4.						2930891.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	769,065.	687,162.	2151630.	1819848.	1705107.	7132812.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				3,941.	5,654.	9,595.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				\$\$4.500 p		·
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,000.				ette.	2,000.
11	Total support. Add lines 7 through 10						7144407.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	y
3340000000000	organization, check this box and stor						
,	ction C. Computation of Publi						41.02 %
	Public support percentage for 2024 (li				1	14	A par yer yer
15	Public support percentage from 2023	Schedule A, Part I	I, line 14			15	45.55 %
16a	33 1/3% support test - 2024. If the c				4 is 33 1/3% or mo	ore, check this box	and Fee
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2023. If the c						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion	40.40	11 41 470	🖵
17a	10% -facts-and-circumstances test	<ul> <li>2024. If the orga</li> </ul>	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						U% or
	more, and if the organization meets th						[
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 1/a, or 17b.	, cneck this box ar	ia see instructions	

Schedule A (Form 990) 2024

## Schedule A (Form 990) 2024 BIBLE MISSION GLOBAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed b ction A. Public Support	elow, please comp	piete Part II.)				
***************************************		(-) 0000	(h) 2001	T (a) 2000	(d) 2023	(e) 2024	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(u) 2023	(6) 2024	(I) IOIAI
3	Gifts, grants, contributions, and membership fees received. (Do not		la constante de la constante d				
	include any "unusual grants.")	Constitution of the Consti		***************************************	magain di sono		
_							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	Girphosomag Chu					
3	Gross receipts from activities that						***************************************
0	are not an unrelated trade or bus-				TOO		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		one and a second				
	or expended on its behalf						
5	The value of services or facilities				ST. CO.		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						***************************************
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					1	
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	100) in Vin		<u> </u>			
	Gross income from interest,						THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources					diameter de la constante de la	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						ECONOMINATION CONTRACTOR CONTRACT
	Total support. (Add lines 9, 10c, 11, and 12.)	- 1		6154		1 1	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section t	501(c)(3) organizatio	n,
200	check this box and stop here check this box and stop here check this box and stop here	c Support Per	centage				
	Public support percentage for 2024 (li			olumn (f))		15	%
	Public support percentage from 2023					16	%
	tion D. Computation of Inves					adroni de Carabana de Carab	
				ne 13, column (f))		17	%
17	Investment income percentage for 20						
	Investment income percentage for 20 Investment income percentage from 2					18	%
18	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2024. If the	2023 Schedule A, F	Part III, line 17				
18 19a	Investment income percentage from 2 33 1/3% support tests - 2024. If the more than 33 1/3%, check this box an	2023 Schedule A, Forganization did not stop here. The o	Part III, line 17 ot check the box c organization qualif	n line 14, and line ies as a publicly su	15 is more than 3 apported organiza	33 1/3%, and line 17	is not
18 19a b	Investment income percentage from 2 33 1/3% support tests - 2024. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2023. If the	2023 Schedule A, Forganization did not stop here. The organization did not organization did not see the control of the control	Part III, line 17 of check the box of check the box of creanization qualiful check a box on	n line 14, and line ies as a publicly su line 14 or line 19a,	15 is more than 3 apported organization and line 16 is mo	33 1/3%, and line 17 ation ore than 33 1/3%, ar	is not
18 19a b	Investment income percentage from 2 33 1/3% support tests - 2024. If the more than 33 1/3%, check this box an	2023 Schedule A, Forganization did not stop here. The corganization did not this box and stock this box and stock.	Part III, line 17 ot check the box corganization qualifut check a box on be here. The organ	n line 14, and line ies as a publicly su line 14 or line 19a, nization qualifies as	15 is more than 3 apported organization and line 16 is most applications.	33 1/3%, and line 17 ation ore than 33 1/3%, arorted organization	is not

432023 01-14-25

Schedule A (Form 990) 2024

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes. No 1 2 За Зb Зс 4a 4b 4c 5a 5b 50 6 7 8 9a 9b 9с 10a 10b

432024 01-14-25

Company No. 2015	Edule A (Form 990) 2024 BIBLE MISSION GROBAL	OI JEEJJ// Page J
F'0	N Supporting Organizations (continued)	Yes No
	the things of the control of the control of the following persons?	res No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
а	11c below, the governing body of a supported organization?	11a
1-	A family member of a person described on line 11a above?	11b
	a perconnection to the first term of the perconnection of the perconnect	115
С		11c
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	
	1011 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	f one or officers, s) opported
2		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	
	non or type it depot and organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	1
800	the supported organization(s). tion D. All Type III Supporting Organizations	
000	tion D. Air Type in Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	MATERIAL PROPERTY AND ASSESSMENT
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	
	entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	2a
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	
	these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a - 1
*	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	58
р	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b
122026	of its supported organizations? If ites, describe in Part VI the fole played by the organization in this regard.	Schedule A (Form 990) 2024

Pe	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		The state of the s	
	instructions for short tax year or assets held for part of year):	94.5		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		***************************************
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	:	
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		**************************************
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting organ	ization (see
	in the saling of			

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

e Excess from 2024

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2024

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MACLELLAN FOUNDATION	705,000.	562,112.
NORDICK FOUNDATION	1,346,315.	1,203,427.
VON TOBEL FOUNDATION	888,500.	745,612.
NATIONAL CHRISTIAN FOUNDATION	400,000.	257,112.
TRUST BRIDGE GLOBAL	395,000.	252,112.
OLIVE BAPTIST CHURCH	229,922.	87,034.
		A
		AA CHAANAA AA CAA AA CAA AA CAA AA CAA AA CAA AA
Total Excess Contributions to Schedule A, Part II, Line 5		4,201,921.

## Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

BIBLE MISSION GLOBAL

Employer identification number

81-3443577

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

В	IBL	E	MI	S	S	I	ON	Ţ	G	L	0	В	A	Ι
---	-----	---	----	---	---	---	----	---	---	---	---	---	---	---

81-3443577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Į.

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
2	FREE WILL BAPTIST INTN'L MISSION  5233 MT VIEW ROAD  ANTIOCH, TN 37011	\$ 34,691.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	

(0)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	LOOKOUT MOUNTAIN PREBYTERIAN CHURCH  316 NORTH BRAGG AVE  LOOKOUT MT, TN 37350	\$ 50,559.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	MACLELLAN FOUNDATION  820 BROAD STREET #300  CHATANOOGA, TN 37402	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	NORDICK FOUNDATION  4231 30TH AVE SOUTH  MOORHEAD, MN 56560	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

423452 01-09-25

Schedule B (Form 990) (Rev. 12-2024)

3577\_\_\_1

Employer identification number

BIBLE	MIS	SION	GLO	BA1

81-3443577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OLIVE BAPTIST CHURCH  1836 OLIVE ROAD  PENSACOLA, FL 32514	\$110,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	VON TOBEL FOUNDATION  PO BOX 1819  VALPARAISO, IN 46384	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### BIBLE MISSION GLOBAL

81-3443577

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	

Employer identification number

BIBLE	MISSION GLOBAL			81-3443577			
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations descr	ribed in section 50	01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a)	through (e) and the following	ng line entry. For c	organizations \$			
	Use duplicate copies of Part III if additional s	charitable, etc., contributions of a	\$ 1,000 or less for t	he year, (Enter this info, once.)			
(-) N	Ose duplicate copies of Part III II additionals	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Part I	(b) i di pose oi gin	(0) 000 0.	23.1.2	(0),000.161.01.031.01.01			
		***************************************		Autory programme and the second secon			
				######################################			
		***************************************		HANDANIA CONTROL OF THE STATE O			
			A 4 TO STATE OF THE STATE OF TH				
		(e) Trans	fer of gift				
	Transferee's name, address, a	nd ZIP + 4	F	Relationship of transferor to transferee			
		***************************************					
	We would not be a second of the second of th						
(a) No. from	0.10	(c) Use of	miss	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of	gnt	(a) Description of now girt is field			
			**************************************				
	**************************************						
-							
		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	lelationship of transferor to transferee			
ļ							
	400000000000000000000000000000000000000						
		No. 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	L				
(a) No. from	On Decrease and and wide	(a) I lan of	na lifeb	(d) Deparintian of how gift is hold			
Part I	(b) Purpose of gift	(c) Use of	9111	(d) Description of how gift is held			
		***************************************					
		Aller and the second se					
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
			***************************************				
1							
enimanionismi memorani							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	wift	(d) Description of how gift is held			
Part I	(b) Furpose of gift	(c) Ose or s	3111	(a) Description of flow gives need			
				WHAT A CONTROL OF THE			
			Weed of processing and the second				
-			·				
		(e) Transf	er of gift				
and the state of t							
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee			
F							
		***************************************					
1							

10300507 148992 3577

### SCHEDULEF (Form 990) (Rev. December 2024)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

BIBLE MISSION G	LOBAL			81-34435	77
		ctivities Out	side the United States. Comple	ete if the organization answered '	'Yes" on
Form 990, Part I\	/, line 14b.				***************************************
			ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
					-1-1- 44
***	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance out	side the
United States.		l Con Ottoble on	- he dustinated if additional appear in p	andad \	
3 Activities per Region. (1) (a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(a) Hegion	offices	employees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region		gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
EUROPE (INCLUDING			PROGRAM SERVICES - DONATONS		
ICELAND & GREENLAND)	accidinates and a second secon		TO BIBLE MISSION GERMANY		
ALBANIA, ANDORRA,			FOR AID TO PEOPLE IN		
AUSTRIA, BELGIUM	0	0	IMPROVERISHED COUNTRIES		1421790.
	out and a second				
	venegopoma-a-doza				
	on granden one				
	na n				
					000
					O. Control
					No. of control of cont
3 a Subtotal	0	0			1421790.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			1421790.
For Panerwork Reduction Ac	t Notice see the	e Instructions fo	or Form 990.	Schedule F (Form 99	0) (Rev. 12-2024)

LHA 432071 01-15-25

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

3 Enter total number of	2 Enter total number of					1 (a) Name of organization
Enter total number of other organizations or entities	f recipient organizatio					(b) IRS code section and EIN (if applicable)
or entitles	ins listed above that are				EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	(c) Region
Enter total number of other organizations or entities.	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax execute £01(A/3) country by the IDS or formula the greater or country by the foreign country, recognized as a tax				TO PROVIDE MONEY FOR BUILDING ORPHANAGES AND CHURCHES, DEVELOPING MINISTERS,	<b>(d)</b> Purpose of grant
1011 201 (c)(o) eq	foreign country,				1421790.	(e) Amount of cash grant
areactory icites	recognized as a tax				WIRE TRANSFERS	(f) Manner of cash disbursement
					0.	(g) Amount of noncash assistance
						(h) Description of noncash assistance
						(i) Method of valuation (book, FMV appraisal, other)

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12:2024) BIBLE MISSION GLOBAL

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance Part III can be duplicated if additional space is needed (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other)

8 828 E	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	pro	( m m
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		TV7
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
	Fund (see the Instructions for Form 6621)	housenessed 4 age age	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? // "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain  Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No
	are monactions for common to, don't me want form oddy		THE PARTY OF THE P

Schedule F (Form 990) (Rev. 12-2024)

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART II, COLUMN (D):
(A) REGION:
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU
(D) PURPOSE OF GRANT: TO PROVIDE MONEY FOR BUILDING ORPHANAGES AND
CHURCHES, DEVELOPING MINISTERS, PROVIDING MEDICAL SERVICES & CLOTHING,
BIBLE EDUCATION, ETC.

#### SCHEDULE L

(Form 990)

(1) (2) (3) (4) (5) (6)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of t	he	ora	aniz	atior

BIBLE MISSION GLOBAL

Employer identification number

81-3443577 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person person and organization Yes No Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

#### Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

reported an amount on Form 990. Part X, line 5, 6, or 22

(a) Name interested po	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) V		(i) W agreei	Written eement?	
			То	From			Yes	No	Yes	No	Yes	No	
(1)													
(2)												ļ	
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)							CONTRACTOR OF THE PARTY OF THE	ant source of the same	\$2000)M0500251030	00000000000000000000000000000000000000	AND RESERVE OF THE PARTY OF THE		

#### Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Schedule L (Form 990) (Rev. 12-2024)

### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### 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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BIBLE MISSION GLOBAL

Employer identification number 81-3443577

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALONGSIDE USA - BASED CHURCHES TO SPREAD THE GOSPEL OF JESUS CHRIST TO THOSE NATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PREPARE YOUNG PEOPLE FOR THE MINISTRY AS NEXT GENERATION LEADERS. THE
STRATEGY OF BMG TO ACCOMPLISH THE MISSION IS BY WORKING WITH
FOUNDATIONS, CHURCHES AND INDIVIDUAL DONORS IN SHARING THE VISION OF
EVANGELISM, DISCIPLESHIP, AND CARING.

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A, MEMBERS HAVE BEEN TRAINED BY BMG. ALSO THOUSANDS OF BELIEVERS WERE TRAINED TO GROW IN THEIR FAITH AND BE ABLE TO SHARE THEIR FAITH THROUGH INDEPENDENT BIBLE CORRESPONDENCE SCHOOL. NEW ORPHANGES (CALLED HOPE CENTERS) WERE ESTABLISHED TO PROVIDE FOOD, HOUSING AND CLOTHING FOR HEATING WIDOWS WERE SERVED WITH FOOD, ORPHANS AND/OR STREET CHILDREN. THROUGHOUT THE MINISTRY CLOTHING, AND SHELTER AREAS. NEW SUPPLIES, (CALLED PRAYER HOUSES) WERE BUILT FOR CONGREGATIONS WHO HAD GROWN TO A SIZE THAT THEY NEEDED A BUILDING.

FORM 990, PART VI, SECTION A, LINE 2: THE BOARD PRESIDENT'S (JOHN SANDAGER) SON-IN-LAW, WALT BENSON, IS A BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE COMMITTEES, RATHER THE BOARD WORKS AS A WHOLE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN, FORM 990, IS REVIEWED BY THE EXECUTIVE DIRECTOR
THEN PROVIDED TO THE BOARD FOR THEIR REVIEW BEFORE IT IS FILED WITH THE
IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ASKED TO REVIEW THE POLICY AND CONFIRM THERE ARE NO
CONFLICTS TO DISCLOSE.

FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S SALARY IS ESTABLISHED BY THE BOARD AND BASED ON
THEIR EXPERIENCE WITH OTHER NONPROFIT ENTITIES.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S TAX RETURN, ARTICLES OF INCORPORATION, AND BY-LAWS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) (Rev. 12-2024)