EXTENDED TO NOVEMBER 17, 2025

Form 990

Department of the Treasury

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.

2024
Open to Public

A For the 2024 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address WORLD HOPE MINISTRIES INTERNATIONAL Name change Doing business as 74-1950943 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 17111 OLD LOUETTA ROAD 281-978-4570 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 2,656,380. Amended return HOUSTON, TX 77070 H(a) Is this a group return Applica-tion F Name and address of principal officer: DR. STUART SHEEHAN for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WHMI.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: TX Part I Summary 1 Briefly describe the organization's mission or most significant activities: TRAINING PASTORS, GROWING Governance CHURCHES, AND TRANSFORMING COMMUNITIES FOR CHRIST. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 Activities & 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 18 6 Total number of volunteers (estimate if necessary) 172 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,289,370. 2,594,490. Revenue Program service revenue (Part VIII, line 2g) 0. 0 . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,119. 61,890. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,748. 0. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,337,237. 2,656,380. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 314,185. 307,861. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,354,353. 1,601,007. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 639,083. 961,562. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,307,621. 2,870,430. 19 Revenue less expenses. Subtract line 18 from line 12 29,616. 214,050. Assets or Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,250,009. 2,172,006. 21 Total liabilities (Part X, line 26) 0. Net/ 22 Net assets or fund balances. Subtract line 21 from line 20 2,250,009. 2,172,006. 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 Sign DR. STUART SHEEHAN, PRESIDENT AND CEO Here Type or print name and title Preparer's name Date Preparer's signature C. PAUL SIMONSEN, CPA

Firm's name HARPER & PEARSON COMPANY, P.C. Paid P01257308 Preparer Firm's EIN 74-1695589 Use Only ONE RIVERWAY, SUITE 1900 Firm's address HOUSTON, TX 77056 Phone no. (713) 622-2310 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

	rt III Statement of Program Service Assessed International 74-1950943 Page 2
	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
ž	pheny describe the organization's mission.
	TRAINING PASTORS, GROWING CHURCHES, AND TRANSFORMING COMMUNITIES FOR CHRIST.
	ometor.
2	Did the experiention and a total
~	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
020	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,868,369. including grants of \$ 199,659.) (Revenue \$
	WHMI IS WORKING TO BRING QUALITY THEOLOGICAL EDUCATION TO PASTORS AND
	MINISTRY LEADERS WHO LACK ACCESS TO TRAINING. WE ARE EMPOWERING
	NATIONAL LEADERS TO BUILD SUSTAINABLE MULTIPLYING THEOLOGICAL EDUCATION
	IN THEIR CONTEXT, ADDRESSING BOTH THE LACK OF ACCESS TO AND THE NEED
	FOR CAPACITY IN THEOLOGICAL EDUCATION. APPROXIMATELY 90% OF INSTRUCTION
	IS DELIVERED BY NATIONALS TRAINED AND/OR VETTED BY WHMI.
4b	(Code:) (Expenses \$253,765. including grants of \$108,202.) (Revenue \$)
	MISSION TRIPS BY INDIVIDUALS FROM THE US TO CENTRAL AND SOUTH AMERICA
	AND AFRICA. INCLUDES FINANCIAL SUPPORT TO THE LEMORU HOME, A SCHOOL IN
	KENYA.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Reviews \$)
4e	Total program service expenses 2,122,134.

Form **990** (2024)

1	In the experience of the state		Yes	No
,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete School up B. School up B. School up A.	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	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		х
4	Section 50 ((c)(3) or garitzations. Did the organization engage in lobbying activities, or have a section 501/h) election in effect	-5		- 41
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8	-	<u>x</u>
3	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?	- 1		
	12 12 15 15 12 15 15 15 15 15 15 15 15 15 15 15 15 15	ا ۾		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	\rightarrow	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			\$4. SS
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 1	v
а	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c	-	<u>X</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- 1	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			227
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	x	
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	145		_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grar ts 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,			225
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	complete Schedule G, Part III	19		х
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		1,200	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
			* DE 37 5	man al

Part IV Checklist of Required Schedules (continued) WORLD HOPE MINISTRIES INTERNATIONAL

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
240	Schedule J Did the organization have a tay exempt hand is a suith	23	X	
270	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			
h	Schedule K. If "No," go to line 25a	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt honds?			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	\vdash	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 41
	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		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			200
	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			
	"Yes," complete Schedule L, Part IV	28a		X
	A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		<u> </u>
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 Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," 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? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ш
72	was a substant and		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	100000000		100 m
b	Enter the frame of a family of Ed modeled of fine far Enter of infortable and in the far Enter of infortable and infortable and in the far Enter of infortable and inf		315	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	2000
43200	4 12-10-24		990	(2024)
		A		

Form 990 (2024) WORLD HOPE MINISTRIES INTERNATIONAL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. 2	20	Enter the work of			Yes	No
5 It at least one is reported on line 2a, did the organization file all required federal employment as returnar? 5 It by "se," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 5 It "yes," an at filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 5 It "yes," an at the during the calendary year, diff 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 accounts (FBAR). 5 If "yes," enter the name of the foreign country. 5 It was the organization a party to a prohibited tax shefer transaction at any time during the tax year? 5 It was the organization aparty to a prohibited tax shefer transaction at any time during the tax year? 5 It was the organization aparty to a prohibited tax shefer transaction at any time during the tax year? 5 It was the organization and organization file Form 8886-7? 5 It was the organization and prospective that was or is a party to a prohibited tax sheller transaction? 5 It was the organization and the organization file Form 8886-7? 5 It was the organization and the organization file Form 8886-7? 5 It was the organization and the organization file Form 8886-7? 5 It was the organization and the organization file Form 8886-7? 5 It was the organization receive a payment in excess of \$75 made party as contributions? 6 It was the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7 To Did the organization that may receive deductible contributions under section 170(c). 8 If wes, "did the organization for exceive organization section organization self-contribution of care, dietectly or indirectly, to pay premiums on a personal benefit contract? 7 To Did the organization organization for the value of the goods or services provided? 8 If we organization exceive a payment in excess of \$75	24	filed for the calendar year and is a with a within the				
March Marc	b	If at least one is reported on line 2a, did the greening file of the clients.	2a 18	363		
a At any time dumy the calendary year, dit the organization have an interest in, or a ingulature or other authority over, a financial account in a foreign country (such as a bank account, a interest in, or a ingulature or other authority over, a financial account in a foreign country (such as a bank account, a securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization has party to a prohibited tax shelter transaction? Sa Was the organization has party to a prohibited tax shelter transaction? Sa Was the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that that were not tax deductible as charitable contributions? 6a Was the organization receive deductible as charitable contributions? 8b If Y'es, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 If Y'es, 'did the organization receive and notify the donor of the value of the goods or services provided? 11 If Y'es, 'indicate the number of Forms 8282 filed during the year 12 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282. 11 If Y'es, 'indicate the number of Forms 8282 filed during the year 12 If the organization received a contribution of qualified intellectual property, did the organization file a Form 8287 are required? 12 If the organization current year, bear premiums, directly or indirectly, to pay premiums on a personal benefit contract? 13	3a	Did the organization have unrelated business green income of #1 900	ms?		Х	
financial account in a foreign country (such as a bark account, securities account, or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAF). 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 Accounts (FBAF). b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitatele contributions? 6 Did the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitatele contributions? 6 Did the organization than any receive deductible contributions under section 170c). 8 Diff "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive appyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To granizations that may receive deductible contribution and partly for goods and services provided to the payor? 7 To granization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor. 7 To granization receive any promise in excess of \$75 made partly as a contribution of the goods or services provided? 7 To granization receive any promise in excess of \$75 made partly as a contribution of an account of the goods or services provided? 7 To granization receive any promise in excess of \$75 made partly as a contribution of an account of the goods or services provided? 7 To granization receive any promise discribitation of the goods or services provided? 8 To granization receive any promises, directly or indirec		If "Yes." has it filed a Form 990.T for this year? If "No" to line 3h, provide an available of \$1,000 or more during the year?		- 100		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). \$ Was the organization aparty to a prohibited tax shelter transaction of any time during the tax year? \$ If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? \$ If "Yes" to line 5a or 5b, did the organization file Form 888617 \$ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charistale contributions? \$ If "Yes" (the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? \$ Organizations that may receive deductible contributions under section 170(c). \$ If If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? \$ If Yes", did the organization notify the donor of the value of the goods or services provided? \$ If Yes", indicate the number of Forms 8282 filed during the year \$ If Yes indicate the number of Forms 8282 filed during the year \$ If If Yes indicate the number of Forms 8282 filed during the year \$ If If Yes indicate the number of Forms 8282 filed during the year \$ If If Yes indicate the number of Forms 8282 filed during the year \$ If If Yes indicate the number of Forms 8282 filed during the year \$ If If Yes organization received a contribution of qualified intellectual property, did the organization file a Form 10867 \$ If Yes organization during the year, pay premiums, directly or indirectly, on a parsonal benefit contract? \$ If Yes organization services an except and the payment of the organization file organization and the payment of the section \$0.00000000000000000000000000000000000	4a	At any time during the calendar year did the organization have an interest in organization or Schedule	0	3b		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Markable party notify the organization that was or is a party to a prohibited tax shelter transaction? See Did any extrability the organization that was or is a party to a prohibited tax shelter transaction? See Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? See The See Th		financial account in a foreign country (such as a bank account, securities account, or a signature or other financial	authority over, a			v
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or the contributions or gifts were not tax deductibles or the contributions or gifts were not tax deductibles or the contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 10 Did the organization notify the doner of the value of the goods or services provided? 10 Did the organization notify the doner of the value of the goods or services provided? 10 Did the organization notify the doner of the value of the goods or services provided? 10 Did the organization nesselves are form \$8282 filed during the year. 17 Did the organization nesselves are form \$8826 filed during the year. 18 Did the organization notify the year, pay premiums, directly or indirectly, on a personal benefit contract? 19 Did the organization nesselved a contribution of qualified intellectual property, clid the organization file a Form 1098 or required? 19 Did the organization nesselved a contribution of care, boats, and payments of the organization file a Form 1098 or required to the payments of the organization file a Form 1098 or the payments of the payments of the organization file and payments or payments of the payments of the organization file organization make a distribution to a donor advised fun			accupto (EDAD)			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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 income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	а	The second secon	10a			
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities			
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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.

200	Check if Schedule O contains a response or note to any line in this Part VI		****	X
Sec	tion A. Governing Body and Management			
10	Entor the number of the same o		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year 1 If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	9 7/8	156	
b				
2	Enter the number of voting members included on line 1a, above, who are independent 1b 1. Did any officer, director, trustee, or key employee have a family relationship.	4		1
_	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?	PER VI		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	-	X
	of officers, directors, trustees, or key employees to a management agreed as the services of the direct supervision	١.		
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	-	X
6	Did the organization have members or stockholders?	5	-	X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	-	Λ.
	more members of the governing body?			х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		Λ
		7.		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Λ
а	The governing body?	00	х	0.00
b	Fach committee with authority to act on bahalf of the governing had 0	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		_
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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 filling the form?	11a	X	
	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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.		63	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1688	V
	taxable entity during the year?	16a	1995000	Х
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	1	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	lle onh	/) avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.	,0 0111	,	2010
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	incial	
55.00	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 books and records			
	GARY BARKER - 281-978-4570			
	17111 OLD LOUETTA RD. HOUSTON TX 77070			

Part VIII 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.
- 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.

Check this box if neither the organizati		2000		ation	cor	nper	ารลา	ted any current officer, of	director, or trustee.	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
<u></u>	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. STUART SHEEHAN PRESIDENT AND CEO	40.00			х				195,374.	0.	25,242.
(2) GARY BARKER	40.00		П							
VP, CFO		1		Х				130,208.	0.	21,983.
(3) CASEY HOUGH	40.00					П				
DIRECTOR						Х		147,000.	0.	2,102.
(4) CRAIG KENDRICK DIRECTOR	40.00					х		112 776	0.	0
(5) BILLY ROSS	40.00	-		H	\vdash	Λ	_	113,776.	0.	0.
VP, CMO	40.00			х				104,167.	0.	0.
(6) DWIGHT DAVIS	8.00	\vdash	\vdash	22		Н		104,107.	0.	0.
VP, DIRECTOR OF GLOBAL REA	0.00	1		x				0.	0.	0.
(7) JOE CRAIGEN	2.00	\vdash		_						
DIRECTOR		X						0.	0.	0.
(8) JIM DOSCH	2.00									
DIRECTOR		X						٠ 0.	0.	0.
(9) RUSSELL GINN	2.00								382	
DIRECTOR		X						0.	0.	0.
(10) DREW HOWARD	2.00			540				7.0	-2	200
FINANCE CHAIR		X		X	L			0.	0.	0.
(11) GRIFF JONES	2.00									
DIRECTOR		X					_	0.	0.	0.
(12) LARRY KERR	2.00			,,						_
VICE CHAIR (13) DAVID LAVINE	2 00	X	_	X	_	_	_	0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) LADONNA LESIKAR	2.00	^		_	\vdash		_	0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) JESSICA MAURO	2.00				\vdash	\vdash		0.	0,	٠.
SECRETARY		x		х				0.	0.	0.
(16) TOM OWENS	2.00		\vdash							
DIRECTOR		X						0.	0.	0.
(17) GREG SANGALIS	2.00							500	900	7.00
HR CHAIR		X	L	Х				0.	0.	0.

432007 12-10-24

Section A. Officers, Directors, Tru	stees, Key Em	plo	yees	, an	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				th an	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) LAURA SORRELL	2.00	Pul	Ins	#6	Key	計量	Ğ			
CHAIR		Х		X				0.	0.	0.
								ř		
		_								
1b Subtotal					_		_	690,525.	0.	49,327.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization								690,525. eceived more than \$100	0. 0,000 of reportable	49,327.
Did the organization list any former officer	, director, trust	ee, I	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on	Yes No
line 1a? If "Yes," complete Schedule J for: 4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	ation	n and	d oth	ner compensation from	the organization	3 X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	ion f	rom	any	uni /	elat	ed organization or indiv	idual for services	5 X
Section B. Independent Contractors	6 Tre-								* 400.000 - /	
 Complete this table for your five highest co the organization. Report compensation for 										sation from
(A) Name and business			ONE					(B) Description of s		(C) Compensation
							4			
Total number of independent contractors	(including but	not I	imito	d to	the	se li	ster	above) who received n	nore than	
\$100,000 of compensation from the organ						0	2.00			Form 990 (2024)

WORLD HOPE MINISTRIES INTERNATIONAL Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 26,256. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,568,234. g Noncash contributions included in lines 1a-1f 1g \$ 7,036. h Total. Add lines 1a-1f 2,594,490. **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 61,890. 61,890. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 26,256. of contributions reported on line 1c). See Part IV, line 18 0 b Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d ... 61,890.

Total revenue. See instructions

0.

2,656,380.

0.

Section 501(c)(3) and 501(c)(4) argonizations	married a considerate of the first	
occurred and so recitations	must complete all columns a	All other organizations must complete column (A).

Check if Schedule O contains a resp Do not Include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
 Grants and other assistance to domestic organization 				
and domestic governments. See Part IV, line 21	29,020.	29,020.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	278,841.	278,841.		
Benefits paid to or for members		7.1.0.7.0.0.7.1.0.0.0.0.0.0.0.0.0.0.0.0.		
5 Compensation of current officers, directors,				
trustees, and key employees	739,852.	540,250.	166,643.	32,959
6 Compensation not included above to disqualified				32,733
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	336,565.	176,540.	79,928.	80,097
B Pension plan accruals and contributions (include	500,000.	270,3101	7373200	00,037
section 401(k) and 403(b) employer contributions)	91,338.	54,656.	25,974.	10,708
9 Other employee benefits	167,839.	98,134.	50,170.	19,535
0 Payroll taxes	265,413.	165,465.	70,039.	29,909
1 Fees for services (nonemployees):	203,413.	103,403.	70,033.	23,303
a Management		9)		
b Legal	4E 44E		45 445	
c Accounting	45,445.		45,445.	
d Lobbying				
 Professional fundraising services. See Part IV, line 17 		EVER AND DESCRIPTION		
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,		22 522	43 343	
column (A), amount, list line 11g expenses on Sch O.		75,133.	21,124.	6,782
2 Advertising and promotion				
3 Office expenses	9,126.	3,811.	4,687.	628
4 Information technology	48,427.	38,297.	6,999.	3,131
5 Royalties				
6 Occupancy	17,403.	11,350.	4,182.	1,871
7 Travel	589,612.	589,612.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	25,909.	12,006.	4,424.	9,479
3 Insurance	26,148.	17,054.	6,283.	2,811
4 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 0.)	对能图象的			
a DEVELOPMENT AND EVENTS	75,501.	18,300.		57,201
b PHONE/INTERNET	14,012.	9,139.	3,367.	1,506
c UTILITIES	6,690.	4,363.	1,608.	719
d EDUCATION	250.	163.	60.	27
	230.	103.	00.	27
e All other expenses	2,870,430.	2,122,134.	490,933.	257,363
5 Total functional expenses. Add lines 1 through 24e		4,144,134.	470,333.	231,303
6 Joint costs. Complete this line only if the organization	1			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990

Form 990 (2024) Part X Balance Sheet

		Check if Schedule O contains a response or n			(A)	ПТ	(B)
	_				Beginning of year		End of year
	1	Cash - non-interest-bearing		***************************************	1,036,642.	1	519,012
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
1	5	Loans and other receivables from any current	or former of	officer, director,			
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		200 00 00 00 00 00			
	21	basis. Complete Part VI of Schedule D	10a	296,216.			
	b	Less: accumulated depreciation	10b	137,904.	149,993.	10c	158,312
	11	Investments - publicly traded securities			1,063,374.	11	1,494,682
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
- 1	15	Other assets. See Part IV, line 11		15			
-	16	Total assets. Add lines 1 through 15 (must equ	2,250,009.	16	2,172,006		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
- 1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
	52	controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre	lated third	parties		23	
		Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line		10			
		of Schedule D				25	
\dashv	26	Total liabilities. Add lines 17 through 25		[77]	0.	26	0 .
g		Organizations that follow FASB ASC 958, ch	eck here	X			
Ē	07	and complete lines 27, 28, 32, and 33.			1 625 501		1 405 554
) ăi	27	Net assets without donor restrictions	******		1,635,501.	27	1,425,774
ğ	28	Net assets with donor restrictions	614,508.	28	746,232		
2		Organizations that do not follow FASB ASC	558, checi	k here			
5		and complete lines 29 through 33.		100			
era	29	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Baland	30 31	Paid-in or capital surplus, or land, building, or e	quipment	runa		30	
<u> </u>	32	Retained earnings, endowment, accumulated in Total net assets or fund balances		other funds	2,250,009.	31	2,172,006.
<u> </u>						20 1	/ 1 / / 11116

Form 990 (2024)

review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a

X

2c X

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WORLD HOPE MINISTRIES INTERNATIONAL

Employer identification number

P	art I	Reason for Public	Charity Statue	(All	TIME	LAMO		74-1950943				
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
1116	X	azation is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)					
1	_A	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	\vdash	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	님	A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(i	iii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	_	city, and state:										
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a o	overnmental unit descri	ibed in				
	10	section 170(b)(1)(A)(iv). (0	Complete Part II.)			, -,	, - · · · · · · · · · · · · · · · · · ·	isod ii i				
6		A federal, state, or local go	vernment or govern	nental unit described in	section 1	70/hV1VA	(v)					
7		An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmente	(v).	l mulalla alamanta anti-				
		section 170(b)(1)(A)(vi). (C	complete Part II.)	intial part of its support	nom a gov	eninenta	runit or from the genera	ii public described in				
8		A community trust describe		(1)(A)(vi) (Complete Per	+ 11.5							
9	一					and the second s	V 100 AND 100	an accordance to				
•		An agricultural research or	gariization described	in section 170(b)(1)(A)(ix) operate	ea in conju	unction with a land-gran	t college				
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state of the colle	ge or				
40		university:		To remember the safe of the		20 XX XX						
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from				
		activities related to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	uired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co										
11	=	An organization organized										
12	Ш	An organization organized										
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	rsection	509(a)(2).	See section 509(a)(3).	Check the box on				
	_	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and 12g.					
а		☐ Type I. A supporting organical interpretation in the property of the pr	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically b	y giving				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting				
	1100	organization. You must o										
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by h	aving				
		control or management of										
		organization(s). You mus					g, ·					
c		Type III functionally inte			in connec	tion with	and functionally integra	ted with				
		its supported organizatio										
d		Type III non-functionall		the control of the co				nization(s)				
		that is not functionally in										
		requirement (see instruct						tiveriess				
е		Check this box if the orga						r .				
·	1						a Type I, Type II, Type II	18				
	Ente	functionally integrated, o										
'	Prov	er the number of supported vide the following information	n about the support	od organization(s)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	,,,,	(described on lines 1-10	in your govern	ng document?	support (see instructions)	support (see instructions)				
_				above (see instructions))	Yes	No						
_												
								1				
Tot	al											

Part II 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			5 T T T T T T T T T T T T T T T T T T T						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	/s) 000.4	(A) T. (.)			
	Gifts, grants, contributions, and	1-7	12/2021	(0) 2022	(u) 2023	(e) 2024	(f) Total			
	membership fees received. (Do not			II.						
	include any "unusual grants.")			1						
2	Tax revenues levied for the organ-			1	 					
	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				 					
	The portion of total contributions				RANGE SPACE					
	by 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)									
6	Public support, Subtract line 5 from line 4.									
Sec	tion 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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third	fourth, or fifth tax	year as a section	501(c)(3)	_			
_	organization, check this box and stor									
	tion C. Computation of Publ			- 10 (242						
	Public support percentage for 2024 (column (f))		14	%			
	Public support percentage from 2023		CONT. CONT. CO. CO. CO. C. A.			15	%			
16a	33 1/3% support test - 2024. If the o									
	stop here. The organization qualifies as a publicly supported organization									
D	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
47-	and stop here. The organization qualifies as a publicly supported organization									
1/a	a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
						VI how the organiz	ation			
	meets the facts and circumstances to					17a and the 1F	100/			
D	10% -facts-and-circumstances tes	a de de la	·			to the second of	10% Of			
	more, and if the organization meets the organization meets the facts-and-circ									
18	Private foundation. If the organization									
	ato roundadon in the organizatio	ar did not ontook a	DON OIT MID TO, I	, 100, 17a, 01 17	D, OHOOK IIIIO DOX I		(Form 990) 2024			

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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and					13/2027	L./ Total
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)	Vac de la company					
Se	etion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(4) 2020	(b) 2021	(0) 2022	(u) 2020	(6) 2024	(i) rotar
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
25.3	check this box and stop here					1-71-7-1-3-1	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
25.5	Public support percentage for 2024 (I			column (f))		15	%
	Public support percentage from 2023					16	%
	ction D. Computation of Inves			***********************	*************************	1	
17	Investment income percentage for 20	24 (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from		D 100 11 47			18	%
	33 1/3% support tests - 2024. If the						
	more than 33 1/3%, check this box a						
1	33 1/3% support tests - 2023. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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

- 1 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
- 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.
- 10a 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		10000
	1816	
2	- Carrie	
3a		
3b		
3с		
4a		
4b		
4c	Ta, a	
5a		
5b		
5c		
6	-917	
7		5.0%
8		
9a		
		16 ZI
9b	310015	
9c	000	
10a	1.36	
iva		ENGINE A

III a	Supporting Organizations (continued)			
11	Has the organization acconted a gift or contribution for		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	4		1
u	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		(C) (S) (S)	ES.
b	A family member of a person described on line 11a above?	11a		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b	On the last	
	provide detail in Part VI.	10,000		
Sec	tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or	103	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	建基础		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	THE STATE OF	SUA.	
	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,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
12.1	A.22		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			
202	the supported organization(s). tion D. All Type III Supporting Organizations	1		
560	non b. All Type III Supporting Organizations			
i	Did the arganization provide to each of its supported arganizations by the last description		Yes	No
	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	No. Care		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		0,76
	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).	2		NESSEL SE
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-	508	-0.00
	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			
	supported organizations played in this regard.	3	***********	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instr	uctions).		
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.			
C	The organization supported a governmental entity, Describe in Part VI how you supported a governmental			
	entity (see instructions).	1		
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,			all sa
	how the organization was responsive to those supported organizations, and how the organization determined			PAT
2.	that these activities constituted substantially all of its activities.	2a		
D	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			
	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.	O.	CHESTS	WI TS
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	10000	1500
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	The same of	W 62 B
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			7000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-	
43202		ichedule A (Forr	n 990)	2024

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	M.T.EKN	ATIONAL	74-1950943 _{Page}
Photosopic Co.	The state of the s			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust o	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions
_	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sec	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	9219		
	instructions for short tax year or assets held for part of year):			
_ a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 pon-function:	ally integra	ted Type III supporting ora	anization (age

Schedule A (Form 990) 2024

instructions).

	edule A (Form 990) 2024 WORLD HOPE MIN	NISTRIES INTERN	ATIONAL	74	1-1950943 Page
Pa	art V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (contin	nued)	i ugo
Sec	tion D - Distributions		10011111	1	Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	1S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	don E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2024	ns	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		THE WAS PERSONAL THE SE		
2	Underdistributions, if any, for years prior to 2024 (reason-				1 5 10 10 10 10 10 10 10 10 10 10 10 10 10
	able cause required - explain in Part VI). See instructions.			12.0	
3	Excess distributions carryover, if any, to 2024		19万二年第1日 在	100	
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023			The same	
f	Total of lines 3a through 3e				COLUMN TO THE REAL PROPERTY.
g	Applied to under distributions of prior years	ESPACION STATE		1	
h	Applied to 2024 distributable amount	EMPERIOR SERVICE		3338	
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		STATE OF STA		
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			-	
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				MATERIAL SALVER
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020			TESTE I	
b	Excess from 2021			3.5/4.6	
	Excess from 2022			1,34	
	Excess from 2023		A STATE OF THE REAL PROPERTY.	1789	
_	Excess from 2024		d I was projected	- 100	

Schedule A (Form 990) 2024

Schedule A	(Form 990) 2024	WORLD	HOPE	MINISTRIES	INTERNATIONAL	74-1950943 Page 8
Part VI	Part IV, Section A, li line 1; Part IV, Section	nformation. F nes 1, 2, 3b, 3c, 4 on D, lines 2 and 3	Provide the 4b, 4c, 5a 3; Part IV,	e explanations require , 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 10; Part II, 1b, and 11c; Part IV, Section a, 2b, 3a and 3b; Part V, line	Ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, ny additional information.
	Section D, lines 5, 6 (See instructions.)	and 8; and Part	V, Section	E, lines 2, 5, and 6.	Also complete this part for a	ny additional information.
				7		
8						
-						
-						
	E sull					
)						

SCHEDULE D

(Form 990)

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

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
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

WORLD HOPE MINISTRIES INTERNATIONAL

Employer identification number 74-1950943

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	is of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Ves No
Par	TII Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
2			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
8	Poss such consequences		Z-VAVENOS
0	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	lote to the organization's linaridial stater	nents that describes the
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets.
UM FOR BUILDING	Complete if the organization answered "Yes" on Form		The children of the control
1a	If the organization elected, as permitted under FASB ASC 95	10 11 50 145 50 150 50 50 50 50 50 50 50 50 50 50 50 50 5	and halance sheet works
0.750	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	on the first of th	and a public service;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB A		pale d month f atism pamas
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$

	dule D (Form 990) (Rev. 12-2024)WORLD							50943	
Par	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Treasures	, or Oth	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the following t	hat make	significant	use of its		
	collection items (check all that apply).								
а	Public exhibition	ď	Loa	or exchange pro	gram				
b	Scholarly research	•	Othe	er					
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how they t	urther the organiz	ation's ex	empt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treasures, or o	ther simila	ar assets			
4	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's collection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the orga	nization answered	"Yes" on	Form 990	, Part IV, li	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for cor	tributions or other	assets no	ot included		_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table):					
								Amount	
C	Beginning balance					1c			
d	Additions during the year				*****	1d			
е	Distributions during the year					1e			
	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escr	ow or custodial ac	count liab	oility?		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII								<u> </u>
Par	t V Endowment Funds Complete if						bl.		anna hank
		(a) Current year	(b) Prior	year (c) 1W0 y	ears back	(d) Three y	ears back	(e) Four y	ears back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	59	ce (line 1g, c	olumn (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	COLUMN TRANSPORTATION IN ACCOUNT				46.2			
За	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e neid and admini	stered for	tne		[x	es No
	organization by:							200 2000	03 110
	(i) Unrelated organizations?							3a(i) 3a(ii)	
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.	-North Noted on your	lead on Cobo	dula DO					+
	Describe in Part XIII the intended uses of the							. 30	
Par			ownent rune	15.					
	Complete if the organization answere		0. Part IV. lir	e 11a. See Form 9	90. Part)	C. line 10.			
	Description of property	(a) Cost or o		(b) Cost or other		Accumulate	ed be	(d) Book	value
	Description of property	basis (invest		basis (other)	0.053	epreciation		(a) DOOK	
10	Land	The second second	2127137	11,000		E LINES		11	,000.
	Land Buildings			193,625		67,5	93.		,032.
	Leasehold improvements					.,,			• • • • • • • • • • • • • • • • • • • •
	Equipment			54,091		54,0	91.		0.
	Other			37,500		16,2		21	,280.
	I. Add lines 1a through 1e. (Column (d) must		t X, line 10c.						,312.
		-		W. 1441414					

Part VII Investments - Other Securities	MINISIRIES	INTERNATIONAL	74-1930943 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)		-	
(7)			
(9)		ł	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		2000年3月20日 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	COMMENTAL PROPERTY.
Part IX Other Assets	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) i	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	. 2011		
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		11074
Part X Other Liabilities Complete if the organization answered "Yes"	on Form 000 Port IV lin	a 11a or 11f Saa Form 000 Part V lin	25
	on Form 990, Fart IV, III	e Tre of Tri. See Point 990, Part A, III	(b) Book value
(a) Description of liability (1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		*****

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

64,839.

PREPAID EXPENSES

Part XIII Supplemental Information (continued)	74-1950943 Page 5
Supplemental Information (continued)	
	

SCHEDULE F (Form 990)

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

Name of the organization

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

The Committee of the Committee Commi

Employer identification number

WORLD HOPE MINI	STRIES I	NTERNATI	ONAL				74-195094	13
Part I General Info	rmation on A	Activities Ou	tside the U	nited St	ates. Comp	lete if the organ	ization answered "	Yes" on
Form 990, Part I	V, line 14b.							
1 For grantmakers. Does	the organization	n maintain recor	ds to substant	iate the an	nount of its gr	rants and other	assistance,	
the grantees' eligibility for								
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for	r monitorin	g the use of it	ts grants and ot	ther assistance out	side the
United States.								
3 Activities per Region. (Ti	he following Part		an be duplicate	ed if addition	onal space is	needed.)		
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities	conducted	in the region		rity listed in (d)	(f) Total
	in the region	agents and	(by type) (su gram services	cn as, tuno	raising, pro-		gram service,	expenditures for and
	uno region	contractors	recipients				specific type s) in the region	investments
		in the region	. selpionto		and region)	Of service(s) in the region	in the region
CENTRAL AMERICA AND								
THE CARIBBEAN	0	0	GRANTS AND	DDOCDAM	GEDUTORG			
	Ť	-	SKANIS AND	PROGRAM	SERVICES	FINANCIAL S	UPPORT	38,970.
	l l							
EAST ASIA & THE								
PACIFIC	0	0	GRANTS AND	PROGRAM	SERVICES	FINANCIAL S	IIPPORT	3,910.
					DESCRIPTION OF THE PROPERTY OF	THE COMPANY	OII ONI	3,510.
SOUTH AMERICA	0	0	GRANTS AND	PROGRAM	SERVICES	FINANCIAL S	UPPORT	5,745.
SOUTH ASIA	0	0	GRANTS AND	PROGRAM	SERVICES	FINANCIAL S	UPPORT	7,950.
SUB-SAHARAN AFRICA	0	0	GRANTS AND	PROGRAM	SERVICES	FINANCIAL S	UPPORT	215,688.
EUROPE	,	0	anavma avr	DDCCDAW	annirana			
LOKOFE	U U	0	GRANTS AND	PROGRAM	SERVICES	FINANCIAL S	UPPORT	6,578.
3 a Subtotal	0	0				THE TEN		278,841.
b Total from continuation								
sheets to Part I	0	0						0.
c Totals (add lines 3a								
and 3h)	0	0				WE WELL TO		278 841

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

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	FINANCIAL ASSISTANCE	.005,6	9,500,WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL ASSISTANCE	12,000.	12,000.WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PINANCIAL ASSISTANCE	13,970,	13,970.WIRE TRANSFER	0.		
		BUROPE	FINANCIAL ASSISTANCE	6,578.8	6,578 WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	FINANCIAL ASSISTANCE	13,900,	13,900.WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	FINANCIAL ASSISTANCE	17,150.8	17,150.WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	FINANCIAL ASSISTANCE	31,469.14	31,469.WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	FINANCIAL ASSISTANCE	46,330.8	46,330.WIRE TRANSFER	0		
o Cotos total cumber of	recipient organization	ins listed above that are	Exercises our number of recipient occanizations listed above that are recognized as charities by the foreign country recognized as a fax	foreign country	secondized as a tax			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

၈

	(i) Method of valuation (book, FMV, appraisal, other)			q						
1)	(h) Description of non-cash assistance									
990), Part II, line	(g) Amount of non-cash assistance	0.	0,	0.						
(Schedule F (Form 9	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER						
United States.	(e) Amount of cash grant	9,750.	55,706.	32,750.						
tions or Entities Outside the	(d) Purpose of grant	FINANCIAL ASSISTANCE	FINANCIAL ASSISTANCE	FINANCIAL ASSISTANCE						
Assistance to Organiza	(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA						
f Grants and Other	(b) IRS code section and EIN (if applicable)									
) Name of organization									
		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (b) IRS code section (c) Region (d) Purpose of grant (e) Amount of of non-cash and EIN (if applicable) (g) Region (d) Purpose of grant (e) Amount of of non-cash of cash grant (ash disbursement assistance assistance	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (b) IRS code section (c) Region and EIN (if applicable) (c) Region (d) Purpose of (e) Amount (f) Manner of non-cash of cash grant cash disbursement assistance SUB-SAHARAN FINANCIAL ASSISTANCE 9,750, WIRE TRANSFER 0.	Continuation of Grants and Other Assistance to Organization and ElN (if applicable) (b) IRS code section (c) IRS code section (d) Purpose of cash grant (f) Manner of non-cash grant cash disbursement assistance (e) Amount of (g) Amount of of non-cash of cash grant cash disbursement assistance SUB-SAHARAN SUB-SAHARAN FINANCIAL ASSISTANCE 55,706, WIRE TRANSFER 0.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (a) Figure (b) Figure (c) Figure (c	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) The of organization and EIN (if applicable) SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN FINANCIAL ASSISTANCE SUB-SAHARAN FINANCIAL ASSISTANCE	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (b) Fis code settion and EIN (if applicable) (c) Region (d) Purpose of of cash grant (ash disbursement) (g) Amount of find non-cash assistance assistance assistance (e) Amount (f) Manner of find cash of non-cash assistance assistance assistance (e) Amount (f) Manner of find cash of non-cash assistance (e) Amount (f) Manner of find cash of non-cash assistance (e) Amount (f) Manner of find cash of non-cash assistance (e) Amount (f) Manner of find cash of non-cash assistance (f) Manner of find cash of find ca	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 390), Part II, line 1) (b) RS code section (d) Purpose of (a) Amount (f) Manner of (assh grant cash disbursement assistance	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 930) Test II, line 1) The of organization of Grants and Other Assistance of Organizations of Organization (G) Region (G) Purpose of (e) Amount (f) Manner of (g) Amount of Organization of Organization (G) Region (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Region (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Purpose of (each grant cach disbursement assistance) SUB-SMARANY PERION (G) Purpose of (each grant cach disbursement are provided by the Company of (each grant cach grant cach disbursement assistance) SUB-SMARANY PERION (G) Purpose of (G) Purpose of (each grant cach gr	Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States. ISchedule (Fform 990), Part I line 1). Research (of Region (of Purpose of Ge) Amount (if Mumer of Increase) REPSEARAN PENANCIAL ASSISTANCE SS. 716, PIER TRANSFER 0. REPSEARANCE SS. 716, PIER TRANSFER 0. REPSEARANC

74-1950943

Schedule F (Form 990) (Rev. 12:2024) WORLD HOPE MINISTRIES INTERNATIONAL

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.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement			.c.		
(d) Amount of cash grant					
(c) Number of cash grant cash grant					
(b) Region					
(a) Type of grant or assistance					

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 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 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
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "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

ACTIVITIES PER REGION

Part V | Supplemental Information

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 I, LINES 2 AND 3

LINE 3 -

PART I,

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
SUPPORT FOR THE MISSIONS INCLUDES FINANCIAL SUPPORT, TRAINING AND
MANAGEMENT EXPERTISE TO IMPROVE THE MISSIONS SUCCESS AND TO ACHIEVE THE
PRIMARY GOAL OF SPREADING THE GOSPEL OF JESUS.

WHMI REQUIRES MONTHLY AND/OR ONE-TIME MISSION REPORTS DETAILING
MINISTRY ACTIVITY IN THE REGION WITH AN EXPLANATION OF EXPENDITURES.
FIELD VISITS ARE ALSO IN PLACE BY WHMI PERSONNEL FOR AN IN-PERSON
VERIFICATION OF MINISTRY WORK IN VARIOUS REGIONS.

CENTRAL AMERICA	REGION		ENDITURES	INVEST	MENTS
GOUTH AMERICA \$ 5,745 \$ 0 GOUTH ASIA \$ 7,950 \$ 0 GUB-SAHARAN AFRICA \$ 215,688 \$ 0 GAST ASIA AND PACIFIC \$ 3,910 \$ 0					
GOUTH ASIA \$ 7,950 \$ 0 GUB-SAHARAN AFRICA \$ 215,688 \$ 0 EAST ASIA AND PACIFIC \$ 3,910 \$ 0	SOUTH AMERICA	Š	5.745	Š	
SUB-SAHARAN AFRICA \$ 215,688 \$ 0 EAST ASIA AND PACIFIC \$ 3,910 \$ 0		Š	7,950		
EAST ASIA AND PACIFIC \$ 3,910 \$ 0	SUB-SAHARAN AFRICA	Š	215 688		
SUROPE \$ 6,578 \$ 0	EAST ASIA AND PACIFIC	Š	3 910		
	EUROPE		6 578	- č	
		Y	0,370		-

SCHEDULE G (Form 990)

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

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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						Employer ide	ntification number
WORLD H	HOPE MINISTRIES INT	ERN	ITA	ONAL		74-1950	943
Fundraising Activities required to complete this part	 Complete if the organization answert. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
Indicate whether the organization rai a	e Solicitar s f Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra (includer orofess	nongo gover aising ding o	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
_							
Total							
List all states in which the organizati or licensing.	on is registered or licensed to solicit	contrit	oution	s or has been notifie	d it is	exempt from r	egistration
				10			
				VIII.			
8							

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

		of fundraising event contributions and gr	ross income on Form 990	0-EZ, lines 1 and 6b. Lis	t events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOATN 2024			col. (c))
enu			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,256.			26,256.
	2	Less: Contributions	26,256.			26,256
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
so	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
L	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through	0 1 1 1 1	k)	-	
		Net income summary. Subtract line 10 from l			***************************************	
Pa	rt II	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
aun			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		,	,			
9	Ente	er the state(s) in which the organization condu	icts gaming activities:			
		e organization licensed to conduct gaming a				Yes No
D	U IN	lo," explain:				
10a	Wer	e any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		'es," explain:				
320	2 01	14-25			Schadula G (E	orm 990) (Rev. 12-2024

Sch	edule G (Form 990) (Rev. 12-2024)WORLD HOPE MINISTRIES INTERNATIONAL 74-	L950943	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	·	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
t	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
,	If "Yes," enter the name and address of the third party:		
	7 1 105, Office the final address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Secretary Secret		
17			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$	Lat III lines O	05 10b
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Schedule G (Form 990)	mation (continued)	INTERNATIONAL	74-1950943 Page 4
Part IV Supplemental Infor	mation (continued)		•
		3	

Schedule G (Form 990)

SCHEDULE (Form 990)

Department of the Treasury (Rev. December 2024)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Employer identification number Open to Public Inspection

74-1950943

Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. WORLD HOPE MINISTRIES INTERNATIONAL Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service

ŝ X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	onal space is need	Jed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LIGHT AND SALVATION MINISTRIES 27086 FM 1736 ROAD HEMDSTEAD TX 77445	84-2644306		29,020.	.0			FINANCIAL ASSISTANCE, UNUSED RESTRICTED FUNDS TRANSFERRED TO A LIKE-MINDED CHRISTIAN
		24					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the table	ne line 1 table				***************************************

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (Rev. 12:2024) WOKLD HOLE FILINISIANE LATERATION ANSWERED "Yes" on Form 990, Part IV, line 22.

Part III an be duplicated if additional space is needed.

Page 2

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(b) Number of recipients		(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
ired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
: LIGHT ?	AND SALVAT	ION MINISTE ANCE, UNUSE	(IES	
LIKE-MINI	DED CHRIST	IAN 501(C)(3).	
	52			Schedule (Form 990) (Bey 19, 2004)
	recipients LIGHT 7 FINANCI TKE-MINI	Part N Supplemental Information. Provide the information required in Part I, line 2; Part III, column NAME OF ORGANIZATION (H): (H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE TRESTRICTED FUNDS TRANSFERRED TO A LIKE-MINDED CHRIST	recipients cash grant cash assistance cash grant line 2; Part III, column (b); and any other ad LIGHT AND SALVATION MINISTERINANCIAL ASSISTANCE, UNUSEURE-MINDED CHRISTIAN 501(C)(Sh grant SALIVAT ASSIST CHRIST CHRIST

SCHEDULE J (Form 990)

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD HOPE MINISTRIES INTERNATIONAL

Employer identification number

74-1950943

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1100		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	-		
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	100000		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			W.
			1	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	3.50		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
	trustees, and officers, including the SES Encount of Disease, and	OBRIE		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			2 3 10
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			300
	Independent compensation consultant X Compensation survey or study	38	1/25	
	Form 990 of other organizations X Approval by the board or compensation committee			
	Form 990 of other organizations		1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4			1 3 3	
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	Displace of the	X
a	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
D	Participate in or receive payment from an equity-based compensation arrangement?			X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		NAME:	18.5%
	These to any of lines 44-6, list the persons and provide the applicable amounts for each term of the			12.50
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1937
-	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	7 19 A.P.		
5				
	contingent on the revenues of:	5a	1111010101	X
a	The organization?	EL		X
D	Any related organization?		133	188
	If "Yes" on line 5a or 5b, describe in Part III.			San II
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2 250		100
	contingent on the net earnings of:	6a	Magazini.	Х
	The organization?	-	\vdash	X
b	Any related organization?	OD		-
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	S. Comp. (S	х
	not described on lines 5 and 6? If "Yes," describe in Part III	1	 	+**
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		75
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		1000	State of the last
	Regulations section 53.4958-6(c)?	. 9		

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	compensation	C and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation other deferred compensation compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation				on prior Form 990
ε	195,374.	0.		9,76	15,47	220,61	0
€	• 0	0					
ε	130,208.	0		6,51	15,47	152,19	
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			F 4			Schedule J (Forr	Schedule J (Form 990) (Rev. 12-2024)

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Part III Supplemental Information

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 WORLD HOPE MINISTRIES INTERNATIONAL	Employer identification number 74-1950943
FORM 990, PART VI, SECTION B, LINE 11B:	71 1330313
FORM 990 AND RELATED SCHEDULES (EXCEPT SCHEDULE B) ARE PR	OVIDED TO ALL
BOARD MEMBERS PRIOR TO FILING.	· · · · · · · · · · · · · · · · · · ·
DOIND MEMBERS INTOK TO TIBING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCLOSURE BY DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES	ARE MONITORTED
THROUGH AN ANNUAL CERTIFICATION PROCESS, AND DISCLOSURE O	F SUCH AN EVENT.
UPON OCCURRENCE, BY THE INDIVIDUAL.	
OTON OCCUMENCE, DI IND INDIVIDUIDI	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION PROCESS FOR TOP OFFICIAL CEO COMPENSATIO	N IS REVIEWED AND
APPROVED BY AN H.R. COMMITTEE, WHICH IS DOCUMENTED AND RE	PORTED TO THE FULL
BOARD OF DIRECTORS. THE H.R. COMMITTEE ALSO REVIEWS TOTAL	COMPENSATION,
INCLUDING OTHER OFFICERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED TRAVEL	36,785.
FORM 990, PART XII, LINE 1:	
PREVIOUSLY, THE ORGANIZATION PREPARED FINANCIAL STATEMENT	S USING THE
MODIFIED CASH BASIS OF ACCOUNTING. DURING 2024, THE ORGAN	IZATION
ADOPTED GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP).	