

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C WORLD NEIGHBORS, INC, 5600 NORTH MAY AVE SUITE 160, OKLAHOMA CITY, OK 73112-4222. D Employer identification number 73-0707328. E Telephone number 405-752-9700. G Gross receipts \$ 8,363,441.

F Name and address of principal officer: KATE SCHECTER PHD, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527. J Website: WWW.WN.ORG. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1951. M State of legal domicile: OK.

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 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): 13. 4 Number of independent voting members of the governing body (Part VI, line 1b): 13. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a): 4. 6 Total number of volunteers (estimate if necessary): 2,659. 7a Total unrelated business revenue from Part VIII, column (C), line 12: 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h): 4,147,223 / 6,858,045. 9 Program service revenue (Part VIII, line 2g): 3,447 / 3,463. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): -404,526 / 544,204. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e): 150,143 / -79,398. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12): 3,896,287 / 7,326,314. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3): 1,823,528 / 2,597,769. 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10): 1,631,936 / 1,603,244. 16a Professional fundraising fees (Part IX, column (A), line 11e): 23,093. b Total fundraising expenses (Part IX, column (D), line 25): 282,825. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e): 940,991 / 998,180. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25): 4,419,548 / 5,199,193. 19 Revenue less expenses. Subtract line 18 from line 12: -523,261 / 2,127,121.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16): 14,188,707 / 17,177,269. 21 Total liabilities (Part X, line 26): 632,313 / 569,332. 22 Net assets or fund balances. Subtract line 21 from line 20: 13,556,394 / 16,607,937.

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.

Sign Here: Signature of officer ROBERT LACHANCE CPA, Date 23 October 2024, Type or print name and title CFO.

Paid Preparer Use Only: Print/Type preparer's name CHRISTOPHER HEIM CPA, Preparer's Signature CHRISTOPHER HEIM CPA, Date 10/23/24, Check self-employed, PTIN P01332237, Firm's name HBC CPAS & ADVISORS, Firm's address 9905 N MAY AVENUE, OKLAHOMA CITY, OK 73120, Firm's EIN 73-1460911, Phone no. 4058487797.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

WORLD NEIGHBORS INSPIRES PEOPLE AND STRENGTHENS COMMUNITIES TO FIND LASTING SOLUTIONS TO HUNGER, POVERTY AND DISEASE, AND TO PROMOTE A HEALTHY ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 4,603,527. including grants of \$ 2,597,769.) (Revenue \$ 3,463.) SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,603,527.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b 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	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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.		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.		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.		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		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.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		X
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.		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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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.		
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.		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.		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.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
<b>14a</b>	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	
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17	

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.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year. 13; 1b Enter the number of voting members included on line 1a, above, who are independent. 13; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13.; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization. SEE SCHEDULE O. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
ROBERT LACHANCE CFO 5600 N MAY AVE STE 160 OKLAHOMA CITY OK 73112-4222 (405) 286-0805

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATE SCHECTER PHD PRESIDENT & CEO	50 0			X			232,336.	0.	47,470.	
(2) ROBERT LACHANCE CPA CFO	50 0			X			146,905.	0.	28,289.	
(3) BECKY COLLINS BOARD CHAIR	5 0	X	X				0.	0.	0.	
(4) ANITA KENDRICK VICE-CHAIR	5 0	X	X				0.	0.	0.	
(5) BETH MC LAUGHLIN TREASURER	5 0	X	X				0.	0.	0.	
(6) MARA TSHIBAKA CICHOCKI SECRETARY	5 0	X	X				0.	0.	0.	
(7) TOMMY BARROW TRUSTEE	2 0	X					0.	0.	0.	
(8) MARTHA BURGER TRUSTEE	2 0	X					0.	0.	0.	
(9) JIM FALK TRUSTEE	2 0	X					0.	0.	0.	
(10) MINDY GALOOB TRUSTEE	2 0	X					0.	0.	0.	
(11) HELEN LOWMAN PHD TRUSTEE	2 0	X					0.	0.	0.	
(12) WAYNE MOYER PHD TRUSTEE	2 0	X					0.	0.	0.	
(13) UJJWAL PRADHAN TRUSTEE	2 0	X					0.	0.	0.	
(14) NANI PYBUS PHD CRA TRUSTEE	2 0	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAY SHANKER JD TRUSTEE PART YR	2 0	X						0.	0.	0.
(16) CLAYTON TAYLOR TRUSTEE	2 0	X						0.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								379,241.	0.	75,759.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								379,241.	0.	75,759.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns.....	<b>1a</b> 8,727.				
	<b>b</b> Membership dues.....	<b>1b</b>				
	<b>c</b> Fundraising events.....	<b>1c</b>				
	<b>d</b> Related organizations.....	<b>1d</b>				
	<b>e</b> Government grants (contributions)....	<b>1e</b> 2,406,138.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above...	<b>1f</b> 4,443,180.				
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1g</b>				
	<b>h Total.</b> Add lines 1a-1f.....		6,858,045.			
	<b>Program Service Revenue</b>	<b>2a</b> <u>SUBLEASE RENTAL INCOME</u>	Business Code 900099	3,463.	3,463.	
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> -----						
<b>e</b> -----						
<b>f</b> All other program service revenue....						
<b>g Total.</b> Add lines 2a-2f.....			3,463.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts).....		384,260.		384,260.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties.....		14,151.		14,151.	
	<b>6a</b> Gross rents.....	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses.....	<b>6b</b>				
	<b>c</b> Rental income or (loss).....	<b>6c</b>				
	<b>d</b> Net rental income or (loss).....					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other	1,197,071.		
	<b>b</b> Less: cost or other basis and sales expenses.....	<b>7b</b>	1,037,127.			
	<b>c</b> Gain or (loss).....	<b>7c</b>	159,944.			
	<b>d</b> Net gain or (loss).....		159,944.		159,944.	
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	<b>8a</b>					
<b>b</b> Less: direct expenses.....	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events.....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>9a</b>					
<b>b</b> Less: direct expenses.....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities.....						
<b>10a</b> Gross sales of inventory, less returns and allowances.....	<b>10a</b>					
<b>b</b> Less: cost of goods sold.....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory.....						
<b>Miscellaneous Revenue</b>		Business Code				
	<b>11a</b> <u>MISCELLANEOUS</u>	900099	38,684.	38,684.		
	<b>b</b> <u>PAYOUTS TO ANNUITANTS</u>	900099	5,683.		5,683.	
	<b>c</b> <u>SPLIT-INTEREST AGREEMENTS</u>	900099	-137,916.		-137,916.	
	<b>d</b> All other revenue.....					
<b>e Total.</b> Add lines 11a-11d.....			-93,549.			
<b>12 Total revenue.</b> See instructions.....		7,326,314.	42,147.	0.	426,122.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,251,337.	1,251,337.		
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	1,346,432.	1,346,432.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	455,000.	213,535.	131,621.	109,844.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	902,112.	814,436.	33,899.	53,777.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,252.	3,601.	1,200.	1,451.
9 Other employee benefits	168,280.	160,804.	1,537.	5,939.
10 Payroll taxes	71,600.	52,572.	9,748.	9,280.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,029.	2,029.		
c Accounting	83,858.	67,544.	14,316.	1,998.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,219.		40,219.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	14.			14.
13 Office expenses	29,670.	25,532.	1,888.	2,250.
14 Information technology	40,800.	23,677.	8,185.	8,938.
15 Royalties				
16 Occupancy	149,120.	123,233.	18,460.	7,427.
17 Travel	193,772.	171,382.	5,790.	16,600.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,178.	41,467.	1,190.	3,521.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,087.	93,835.	14,393.	859.
23 Insurance	37,664.	21,845.	13,182.	2,637.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACT SERVICES</u>	217,328.	160,305.	13,035.	43,988.
b <u>FINANCIAL EXPENSES</u>	29,569.	25,118.	3,150.	1,301.
c <u>PRINTING AND PUBLICATIONS</u>	18,872.	4,843.	1,028.	13,001.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,199,193.	4,603,527.	312,841.	282,825.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash — non-interest-bearing	62,948.	1	66,789.
	2	Savings and temporary cash investments	841,617.	2	593,037.
	3	Pledges and grants receivable, net	161,293.	3	241,948.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	101,173.	9	191,216.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 680,828.		
	b	Less: accumulated depreciation	10b 462,879.	10c	217,949.
	11	Investments — publicly traded securities	6,606,018.	11	8,995,690.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,180,586.	15	6,870,640.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	14,188,707.	16	17,177,269.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	84,042.	17	89,678.
	18	Grants payable		18	
	19	Deferred revenue	113,777.	19	37,555.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	434,494.	25	442,099.
	26	<b>Total liabilities.</b> Add lines 17 through 25	632,313.	26	569,332.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	4,503,242.	27	6,616,056.
	28	Net assets with donor restrictions	9,053,152.	28	9,991,881.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances.</b>	13,556,394.	32	16,607,937.	
33	<b>Total liabilities and net assets/fund balances.</b>	14,188,707.	33	17,177,269.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,326,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,199,193.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,127,121.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,556,394.
5	Net unrealized gains (losses) on investments	5	924,422.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,607,937.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization <b>WORLD NEIGHBORS, INC</b>	Employer identification number <b>73-0707328</b>
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**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(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 for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,058,964.	2,874,558.	3,666,987.	4,132,223.	6,858,045.	20,590,777.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	3,058,964.	2,874,558.	3,666,987.	4,132,223.	6,858,045.	20,590,777.
5 The portion of total contributions 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).						1,998,917.
6 <b>Public support.</b> Subtract line 5 from line 4.						18,591,860.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.	3,058,964.	2,874,558.	3,666,987.	4,132,223.	6,858,045.	20,590,777.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	348,676.	302,006.	295,883.	323,009.	398,411.	1,667,985.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	6,828.	17,775.	3,640.	27,090.	38,684.	94,017.
11 <b>Total support.</b> Add lines 7 through 10.						22,352,779.
12 Gross receipts from related activities, etc. (see instructions)					12	6,910.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	83.17 %
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	80.72 %

16a **33-1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2022.** 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 and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2023.** 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33-1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here.

b 33-1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with 10 rows and 2 columns: Description and Current Year.

Section E - Distribution Allocations (see instructions) table with 28 rows and 4 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2023, and (iii) Distributable Amount for 2023.

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2023	2022	2021	2020	2019
TOTAL	\$ 38,684.	\$ 27,090.	\$ 3,640.	\$ 17,775.	\$ 6,828.

**SCHEDULE D  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

Employer identification number

WORLD NEIGHBORS, INC

73-0707328

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)	24,000.	
4 Aggregate value at end of year	610,170.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,672,325.	5,072,482.	5,888,859.	4,849,336.	4,605,729.
b Contributions	950,835.	281,376.	167,176.	72,670.	261,740.
c Net investment earnings, gains, and losses	788,496.	511,967.	-798,553.	1,127,853.	149,367.
d Grants or scholarships					
e Other expenditures for facilities and programs	186,000.	193,500.	185,000.	161,000.	167,500.
f Administrative expenses					
g End of year balance	7,225,656.	5,672,325.	5,072,482.	5,888,859.	4,849,336.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment 66.00 %
- c Term endowment 34.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	X	
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,202.	25,042.	160.
d Equipment		220,694.	189,153.	31,541.
e Other		434,932.	248,684.	186,248.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				217,949.

**Part VII Investments – Other Securities** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 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 or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))		

**Part VIII Investments – Program Related** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))		

**Part IX Other Assets**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUSTS	800,876.
(2) BENEFICIAL INTEREST ASSETS HELD BY OTHERS	3,811,147.
(3) BENEFICIAL INTEREST IN REMAINDER TRUSTS	1,964,253.
(4) OIL, GAS AND MINERAL INTERESTS	49,801.
(5) OPERATING LEASE RIGHT-OF-USE ASSETS	244,563.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))	6,870,640.

**Part X Other Liabilities**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACTUARIAL LIABILITY - GIFT ANNUITIES	38,095.
(3) OBLIGATIONS - SPLIT-INTEREST TRUSTS	154,917.
(4) OPERATING LEASE LIABILITIES	249,087.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	442,099.

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. SEE PART XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,213,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	924,422.	
b	Donated services and use of facilities	2b	3,033.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	927,455.	
3	Subtract line 2e from line 1		3	7,286,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,219.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	40,219.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,326,314.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,162,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,033.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,033.	
3	Subtract line 2e from line 1		3	5,158,974.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,219.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	40,219.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,199,193.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE ENDOWMENTS ARE HELD IN PERPETUITY. INVESTMENT INCOME IS EXPENDED BASED ON SPECIFIC DONOR REQUIREMENTS FOR THE PROGRAMS AND OPERATIONS OF WORLD NEIGHBORS.

**PART X - FASB ASC 740 FOOTNOTE**

WORLD NEIGHBORS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S.

INTERNAL REVENUE CODE. WORLD NEIGHBORS EVALUATES AND ACCOUNTS FOR ITS UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH CURRENT ACCOUNTING GUIDANCE, INCLUDING WORLD

NEIGHBORS' TAX POSITION AS A TAX-EXEMPT, NOT-FOR-PROFIT ENTITY. THROUGH WORLD



**Part XIII** Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

NEIGHBORS' EVALUATION OF ITS UNCERTAIN TAX POSITIONS, MANAGEMENT HAS DETERMINED NO UNCERTAIN TAX POSITIONS EXIST AS OF JUNE 30, 2024 AND 2023 WHICH WOULD REQUIRE WORLD NEIGHBORS TO RECORD A LIABILITY FOR THE UNCERTAIN TAX POSITIONS IN ITS FINANCIAL STATEMENTS. WORLD NEIGHBORS' FORM 990, "RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX", FOR THE YEARS ENDED JUNE 30, 2021 AND THEREAFTER ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER FILING.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

WORLD NEIGHBORS, INC

Employer identification number

73-0707328

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . .  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region  PT V
(1) SOUTH AMERICA	2	10	PROGRAM SERVICES	SEE ATTACHMENT	164,190.
(2) SUB-SAHARAN AFRICA	2	7	PROGRAM SERVICES	SEE ATTACHMENT	222,034.
(3) SOUTH ASIA	1	4	PROGRAM SERVICES	SEE ATTACHMENT	140,903.
(4) EAST ASIA AND PACIFIC	2	21	PROGRAM SERVICES	SEE ATTACHMENT	684,577.
(5) CENTRAL AMERICA AND THE CARIBB	2	8	PROGRAM SERVICES	SEE ATTACHMENT	38,640.
(6) EAST ASIA AND THE PACIFIC			GRANTMAKING	SEE SCHEDULE I	1,251,337.
(7) SUB-SAHARAN AFRICA			GRANTMAKING	SEE PART II	96,088.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	9	50			2,597,769.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b) . . . . .	9	50			2,597,769.

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

**Schedule F (Form 990) 2023**

**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)
			SUB-SAHARA AFRI	FARMER CONFER.	96,088.	CASH DISBURS			

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 ..... 1

3 Enter total number of other organizations or entities ..... 0

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  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  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  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  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  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  No

**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, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

TRANSFERS ARE EXPEDITED TO EACH FIELD COUNTRY OFFICE EITHER FROM HEADQUARTERS OR BY DIRECT TRANSFER FROM THE DONOR. ALL AMOUNTS RECEIVED BY THE COUNTRY OFFICES ARE DEPOSITED INTO A LOCAL BANK ACCOUNT AND EXPENSES AND/OR PAYMENTS TO PROGRAM PARTNERS ARE EFFECTED THROUGH THIS BANK ACCOUNT.

ACTUAL EXPENSES FOR EACH OFFICE ARE COMPARED TO THE APPROVED BUDGETED EXPENSES AND VARIATIONS ARE EXTRACTED. THE REASONS FOR THESE VARIATIONS ARE DOCUMENTED IN A NARRATIVE REPORT WHICH IS SHARED AND REVIEWED BY THE MANAGEMENT TEAM ON A MONTHLY BASIS, AND BY THE BOARD ON A QUARTERLY BASIS. MID-FISCAL YEAR, THE APPROVED BUDGET IS REFORECASTED AND ADJUSTED TO TAKE INTO CONSIDERATION ACTUAL YEAR TO DATE PERFORMANCE AS WELL AS CHANGING CIRCUMSTANCES, CHALLENGES AND/OR OPPORTUNITIES IN THE RESPECTIVE COUNTRY.

FOR SEVERAL COUNTRY OFFICES, INDEPENDENT STATUTORY AUDITS ARE CONDUCTED ANNUALLY. IN ADDITION, WORLD NEIGHBORS HAS DEVELOPED AN INTERNAL AUDIT PROGRAM DESIGNED TO ENSURE THAT ON AN ONGOING BASIS, ALL FIELD OFFICE TRANSACTIONS ARE REVIEWED FOR COMPLIANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES AND ACCEPTABLE FINANCIAL AND ACCOUNTING REQUIREMENTS. THIS IS COMPLEMENTARY TO THE ANNUAL EXTERNAL AUDIT CONDUCTED BY AN INDEPENDENT AUDITOR AT WORLD NEIGHBORS' OKLAHOMA CITY HEADQUARTERS.

PROGRAM RESULTS ARE REVIEWED MONTHLY TO ENSURE THAT EXPECTATIONS ARE MET AND THAT RESOURCES ARE BEING CHANNELED TO THE PROGRAMS AND PROJECTS AS PER WORLD NEIGHBORS' MANDATE AND/OR THE SPECIFIC DIRECTION OF THE DONOR.

**PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION**

WORLD NEIGHBORS IS AN INTERNATIONAL DEVELOPMENT ORGANIZATION STRIVING TO ELIMINATE HUNGER, POVERTY AND DISEASE IN THE MOST DEPRIVED RURAL VILLAGES IN LATIN AMERICA AND

**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, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION (CONTINUED)**

THE CARIBBEAN, AFRICA, SOUTH ASIA AND SOUTHEAST ASIA. WORLD NEIGHBORS INVESTS IN PEOPLE AND THEIR COMMUNITIES BY TRAINING AND INSPIRING THEM TO CREATE THEIR OWN LIFE-CHANGING SOLUTIONS THROUGH PROGRAMS IN AGRICULTURE, LITERACY, WATER, HEALTH, ENVIRONMENTAL PROTECTION, AND SAVINGS & CREDIT.

SINCE 1951, MORE THAN 29 MILLION PEOPLE IN 45 COUNTRIES HAVE TRANSFORMED THEIR LIVES WITH THE SUPPORT OF WORLD NEIGHBORS. WORLD NEIGHBORS DOES NOT GIVE AWAY FOOD OR MATERIAL AID. INSTEAD, WE TAKE A BIG PICTURE INTEGRATED APPROACH, FOCUSING ON THE ENTIRE COMMUNITY, RATHER THAN ON ONE ISSUE. WORLD NEIGHBORS HAS FOUND THAT PROBLEMS AND ISSUES WITHIN A COMMUNITY ARE ALL INTERRELATED AND THAT YOU CANNOT SOLVE ONE PROBLEM IN ISOLATION. WORLD NEIGHBORS LISTENS TO PEOPLE WITHOUT PREDETERMINED IDEAS, TO IDENTIFY AND ADDRESS THEIR NEEDS, RESULTING IN GREATER COMMUNITY INVOLVEMENT AND LONG-LASTING IMPACT. WORLD NEIGHBORS PROVIDES KNOWLEDGE AND TRAINING SO PEOPLE GAIN SKILLS AND CONFIDENCE, THEN LOCAL LEADERS AND ORGANIZATIONS EMERGE AND WORK TOGETHER TO CARRY ON THE WORK. THIS MAKES WORLD NEIGHBORS' PROGRAMS VERY EFFICIENT AND CREATES LASTING CHANGE RATHER THAN A SHORT-TERM FIX. LISTED BELOW IS A SUMMARY OF ACTIVITIES, BY REGION, THAT WORLD NEIGHBORS IS CURRENTLY INVOLVED IN WITH LOCAL COMMUNITIES:

CARIBBEAN (HAITI) - SUSTAINABLE AGRICULTURE, COMMUNITY AND REPRODUCTIVE HEALTH, SAVINGS & CREDIT, HOUSEHOLD INCOME ENHANCEMENT, REDUCTION OF ENVIRONMENTAL DEGRADATION, NATURAL RESOURCE MANAGEMENT, CHILD NUTRITION, GENDER EQUITY, WOMEN'S EMPOWERMENT AND WATER, SANITATION AND HYGIENE (WASH).

CENTRAL AMERICA (GUATEMALA) - FOOD SECURITY ENHANCEMENT, SUSTAINABLE AGRICULTURAL PRACTICES, FAMILY HEALTH AND PLANNING, SAVINGS & CREDIT, HOUSEHOLD INCOME

**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, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION (CONTINUED)**

ENHANCEMENT, COMMUNITY CAPACITY BUILDING, GENDER EQUITY, WOMEN'S EMPOWERMENT AND WASH.

SOUTH AMERICA (BOLIVIA & PERU) - SAVINGS & CREDIT, HOUSEHOLD INCOME ENHANCEMENT, SUSTAINABLE AGRICULTURE, NATURAL RESOURCE MANAGEMENT, WATER HARVESTING AND IRRIGATION, NUTRITION AND FOOD SECURITY, GENDER EQUITY, WOMEN'S EMPOWERMENT AND COMMUNITY CAPACITY BUILDING. IN ADDITION, RESEARCH ON SOIL, FORAGE, FALLOWS, LANDSCAPES AND RURAL LIVELIHOODS, AND ADAPTATION AND MITIGATION TO CLIMATE CHANGE.

WEST AFRICA (BURKINA FASO & MALI) - SUSTAINABLE AGRICULTURE, INDIGENOUS SOIL AND WATER CONSERVATION, RURAL LIVELIHOODS, SAVINGS & CREDIT AND RURAL MICROENTERPRISES, COMMUNITY-BASED NATURAL RESOURCE MANAGEMENT, TREE NURSERIES AND REFORESTATION, COMMUNITY AND REPRODUCTIVE HEALTH, HYGIENE AND SANITATION, ORGANIZATIONAL CAPACITY BUILDING/STRENGTHENING, LITERACY AND GENDER EQUITY.

EAST AFRICA (KENYA, MALAWI, TANZANIA & UGANDA) - SUSTAINABLE AGRICULTURE (CROPS AND LIVESTOCK), CLIMATE CHANGE ADAPTATION AND MITIGATION, COMMUNITY-BASED NATURAL RESOURCE MANAGEMENT, COMMUNITY AND REPRODUCTIVE HEALTH, SUSTAINABLE LIVELIHOODS (SAVINGS & CREDIT AND ENTREPRENEURSHIP), ACCESS TO SAFE AND CLEAN DRINKING WATER, HIV/AIDS PREVENTION AND MANAGEMENT, ORGANIZATIONAL CAPACITY BUILDING/STRENGTHENING AND GENDER EQUITY.

SOUTH ASIA (INDIA & NEPAL) - SUSTAINABLE AGRICULTURE AND RURAL LIVELIHOOD, COMMUNITY-BASED NATURAL RESOURCE MANAGEMENT, COMMUNITY AND REPRODUCTIVE HEALTH, GENDER EQUITY, LOCAL CAPACITY BUILDING, WASH, FAMILY NUTRITION, SYSTEM OF RICE INTENSIFICATION, LOCAL SEED PROMOTION, SOIL ENRICHMENT, LEADERSHIP DEVELOPMENT OF



**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, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION (CONTINUED)**

RURAL WOMEN, SAVINGS & CREDIT, LIVESTOCK MANAGEMENT AND BREED IMPROVEMENT, AND TREE PLANTATIONS.

SOUTHEAST ASIA (INDONESIA & TIMOR-LESTE) - DISASTER RISK REDUCTION, COMMUNITY-BASED NATURAL RESOURCE MANAGEMENT, CLIMATE CHANGE ADAPTATION, SUSTAINABLE AGRICULTURE, GOVERNMENT AND COMMUNITY CAPACITY BUILDING, ACCESS TO WATER, SAVINGS & CREDIT.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

WORLD NEIGHBORS, INC

Employer identification number

73-0707328

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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
(1) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST BALTIMORE, MD 21201	13-5563422		1,251,337.	0.	CASH DISTRIBUTION		SUPPORT CLIMATE CHANGE ADAPTATION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT AWARDED WORLD NEIGHBORS A COOPERATIVE AGREEMENT FOR PROGRAM WORK IN INDONESIA FOR THE PERIOD MAY 2, 2022 TO AUGUST 31, 2024. WORLD NEIGHBORS SUBSEQUENTLY AWARDED A SUB-GRANT TO CATHOLIC RELIEF SERVICES - UNITED STATES CONFERENCE OF CATHOLIC BISHOPS ("CRS").

CRS WILL PROVIDE WORLD NEIGHBORS WITH AN ANNUAL IMPLEMENTATION PLAN. WORLD NEIGHBORS WILL ENSURE THAT THE PROPOSED IMPLEMENTATION PLANS INCLUDE ALL AGREED-UPON ACTIVITIES WITHIN THE APPROVED TIMEFRAMES. IN ADDITION, CRS WILL PROVIDE QUARTERLY, BI-ANNUAL AND ANNUAL PROGRAM NARRATIVE REPORTS. WORLD NEIGHBORS WILL REVIEW THESE REPORTS TO ENSURE THAT ALL AGREED-UPON ACTIVITIES ARE UNDERWAY/COMPLETED WITHIN THE

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)**

TIMEFRAMES. WORLD NEIGHBORS WILL DISCUSS ANY DELAYS/CHALLENGES WITH CRS, RESULTING IN WORLD NEIGHBORS AND CRS AGREEING TO AN APPROPRIATE REMEDIATION PLAN.

IN PARALLEL WITH THE PROGRAM PLAN SUBMISSIONS, CRS WILL PROVIDE WORLD NEIGHBORS WITH QUARTERLY FINANCIAL REPORTS. WORLD NEIGHBORS WILL REVIEW ACTUAL EXPENDITURES AGAINST THE APPROVED BUDGET AND REQUEST EXPLANATIONS FOR ANY SIGNIFICANT VARIANCES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2023**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

WORLD NEIGHBORS, INC

Employer identification number

73-0707328

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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 establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |   |    |   |
|---|----|---|
| a Receive a severance payment or change-of-control payment?                           | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement?    | 4c | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                             |    |   |
|-----------------------------|----|---|
| a The organization?         | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                             |    |   |
|-----------------------------|----|---|
| a The organization?         | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?

8

X

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2023

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
KATE SCHECTER PHD 1 PRESIDENT & CEO	(i)	232,336.	0.	0.	24,523.	22,947.	279,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT LACHANCE CPA 2 CFO	(i)	146,905.	0.	0.	15,490.	12,799.	175,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part II** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**WORLD NEIGHBORS, INC**

Employer identification number

**73-0707328**

**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

OUR MISSION: WORLD NEIGHBORS INSPIRES PEOPLE AND STRENGTHENS COMMUNITIES TO FIND LASTING SOLUTIONS TO HUNGER, POVERTY AND DISEASE, AND TO PROMOTE A HEALTHY ENVIRONMENT.

OUR PURPOSE: WORLD NEIGHBORS' PURPOSE IS TO STRENGTHEN THE CAPACITY OF MARGINALIZED COMMUNITIES TO MEET THEIR BASIC NEEDS AND TO DETERMINE AND SUSTAIN AN EQUITABLE AND INCLUSIVE DEVELOPMENT PROCESS.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE INTERNATIONAL PROGRAMS, PUBLIC EDUCATION, OVERSEAS PROGRAM SERVICES AND PROGRAM FAMILIARIZATION.

OUR RATIO OF PROGRAM/ADMINISTRATIVE EXPENSES IS APPROXIMATELY 89%/11%. THERE ARE A NUMBER OF REALITIES THAT LEAD WORLD NEIGHBORS TO THIS PROGRAM/ADMINISTRATIVE RATIO: 1) WE RELY ON NUMEROUS SMALL, INDIVIDUAL DONORS AND FOUNDATIONS FOR OUR FINANCIAL SUPPORT AND REQUIRE MORE TIME BY STAFF TO SUPPORT THESE RELATIONSHIPS. THIS HAS ALLOWED US TO DEVELOP OUR UNIQUE AND HIGHLY SUCCESSFUL PROGRAM METHODOLOGY THAT IS NOT DRIVEN BY ANY ONE PERSON'S OR ORGANIZATION'S AGENDA. 2) OUR PROGRAMS ARE UNDERTAKEN BY THOUSANDS OF COMMUNITY VOLUNTEERS WHO IMPLEMENT PROJECTS FOR THEMSELVES. THESE EFFORTS ARE NOT REFLECTED IN DOLLARS, THUS KEEPING OUR PROGRAM COSTS LOW. WE ALSO DO NOT CONSTRUCT BUILDINGS OR PROVIDE OTHER EQUIPMENT OR FACILITIES - COSTS THAT TYPICALLY BOOST PROGRAM COSTS TO HIGHER LEVELS.

**FORM 990, PART V, LINE 4 - BANK ACCOUNTS AT FOREIGN COUNTRIES**

BOLIVIA, BURKINA FASO, GUATEMALA, HAITI, INDONESIA, KENYA, NEPAL, PERU, TIMOR-LESTE



Name of the organization

WORLD NEIGHBORS, INC

Employer identification number

73-0707328

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

TWO TRUSTEES ARE MARRIED TO EACH OTHER.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING. THE BOARD REVIEWS THE 990 AND PROVIDES FEEDBACK TO THE CEO AND CFO. ANY RECOMMENDED CHANGES ARE MADE PRIOR TO FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ANNUALLY, THE BOARD IS REQUIRED TO READ THE CONFLICT OF INTEREST POLICY. EACH BOARD MEMBER IS REQUIRED TO SIGN A STATEMENT REPORTING THAT THEY HAVE READ THE POLICY AND AFFIRMS THAT NO CONFLICTS EXIST. ON A SEMI-ANNUAL BASIS, THE CHAIR OF THE AUDIT COMMITTEE INFORMS THE BOARD OF ANY CONFLICTS REPORTED DURING THE PRIOR SIX MONTHS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE BOARD IS RESPONSIBLE FOR HIRING THE CEO. DURING THE HIRING PROCESS THE BOARD REVIEWS SALARIES FOR SIMILIAR POSITIONS WITHIN PEER ORGANIZATIONS AS A MEANS OF SETTING SALARIES FOR WORLD NEIGHBORS. THE CEO IS RESPONSIBLE FOR HIRING THE OFFICERS THROUGH A SIMILAR PROCESS.

**FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AL AK AR AZ CA CO CT DE DC FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT  
NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

UPON REQUEST, THESE DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION AT WORLD NEIGHBORS' HEADQUARTERS IN OKLAHOMA CITY, OKLAHOMA. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON WORLD NEIGHBORS' WEBSITE - WN.ORG.

**ACTIVITY OR MISSION DESCRIPTION**

WORLD NEIGHBORS' PURPOSE IS TO STRENGTHEN THE CAPACITY OF MARGINALIZED COMMUNITIES TO MEET THEIR BASIC NEEDS AND TO DETERMINE AND SUSTAIN AN EQUITABLE AND INCLUSIVE DEVELOPMENT PROCESS.

Name of the organization

WORLD NEIGHBORS, INC

Employer identification number

73-0707328

**NAME OF FOREIGN COUNTRIES WHERE WORLD NEIGHBORS CURRENTLY WORKS**

BOLIVIA

BURKINA FASO

GUATEMALA

HAITI

INDIA

INDONESIA

KENYA

MALAWI

MALI

NEPAL

PERU

TANZANIA

TIMOR-LESTE

UGANDA