Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Sign

Here

Paid

Preparer

Use Only

Open to Public

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 For the 2021 calendar ye Check if applicable: Address change

inter	nal Reve	nue Service	► Go to	www.irs.gov/Form	990 for instructions	and the latest	information.		Inspection			
A_	For th	e 2021 calendar y	ear, or tax year begi	nning		, 2021, a	nd ending		, 20			
В	Check if	fapplicable:	C Name of organizationS	PORTS WORLD 1	MINISTRIES, IN	C		D Emp	loyer identification number			
	Address	change	Doing business as						23-7073822			
	Name cl	hange	Number and street (or F	P.O. box if mail is not deliv	vered to street address)		Room/suite	E Tele	phone number			
	Initial re	turn	1919 SOUTH PO	ST ROAD					(317)862-7040			
	Final ret	turn/terminated		ovince, country, and ZIP o	or foreign postal code			G Gro	ross receipts			
	Amende	ed return	INDIANAPOLIS,	IN 46239-94	29			\$ 1,148,05				
	Applicat	ion pending	F Name and address of p	rincipal officer:			H(a) Is this a	a group return for subordinates? Yes X No				
							(1)	I subordinates included? Yes No				
ī	Tax-exer	mpt status: X 501	(c)(3) 501(c) () 🍕 (insert no.)	4947(a)(1) or	527			ist. See instructions			
J	Website		PORTSWORLD.ORG	,				up exemption number				
K	Form of	organization: X Con	poration Trust As	sociation Other		L Year of formation			gal domicile; IN			
	art I	Summary							,			
-	1	Briefly describe t	he organization's miss	ion or most significa	ant activities: गमह	MISSION (F SPORTS WO	RI.D 1	IS TO SEND FORMER			
a			AL ATHLETES TO									
Ë									MESSAGE OF HOPE.			
Ē						011111111111111111111111111111111111111	.,,					
Activities & Governance	2	Check this box ▶	if the organization	n discontinued its or	perations or disposed	of more than 25	5% of its net assets	i.				
Ö	3		members of the gove				\$ · · · · · · · · · · · · · ·	1	7			
ώ O	4	_	endent voting member		,			_	7			
įį	5	•	ndividuals employed ir		, , ,			5	9			
Ġ	6		· · ·	-	• •			6				
Ă	7a	6 Total number of volunteers (estimate if necessary)							0			
	ь		siness taxable income		• •			7a 7b	0			
							Prior Year	1.0	Current Year			
e	8	Contributions and	d grants (Part VIII, line	1h)				,388	1,148,052			
	9			*			393	, 500	0			
Revenue	10								0			
Ş	11		Part VIII, column (A), lir									
_	12	Total revenue - a	,509	1,148,052								
	13		ar amounts paid (Part I				393	,509	1,148,052			
	14		or for members (Part IX		•				0			
	15		empensation, employed				202	240				
šes	16a		raising fees (Part IX, c	•	• • • •		263	,348	440,034			
ens	h		expenses (Part IX, col					4 -	0			
Expenses	17	_	Part IX, column (A), lir	• • •		70,513	138	040	620 670			
ш	18		Add lines 13-17 (must		•			390	630,672			
	19	•	penses. Subtract line	•	` '' '			881)	1,070,706			
L.5	-	10101100 1000 04	oness. Capacast into	10 110 1111 112 1 1					77,346 End of Year			
ds o	20	Total assets (Part	X line 16)		(9) . 8		Beginning of Curre					
A886	21	Total liabilities (Pa					139 287		341,206			
Net Assets or	22	,	d balances. Subtract I	ine 21 from line 20					411,673			
	rt II	Signature E		inc 21 nom inc 20			(147	013)	(70,467)			
Unde	er penalti	es of perjury, I declare to	hat I have examined this retu	ım, including accompanyl	ng schedules and statement	s, and to the best o	f my knowledge and bel	lef. It is				
true,	correct,	and complete. Declarati	on of preparer (other than off	ficer) is based on all infor	mation of which preparer ha	any knowledge.						
		TIM KIR	CHMED	Kant-					4/28/23			
3ig	n	Signature of of						Dat	8			
-ler	e	TIM KIR		יאיי					1 5			
	-	Type or print n		147 4								
		Print/Type preparer's		Preparer's signature		Date	Check	_ <u>.</u> , _	PTIN			
Pai	d	Mark Olsen						u "				
	- parer			Accounting	Tax Advisors	04-28-202	3 self-empl	uyed	P00406487			
	Only			t Oak St Sui								
		, I IIII GUUI GGG		le IN 46077	CG TOO		Phone no.	317_3	344-2669			

May the IRS discuss this return with the preparer shown above? See instructions

_	h 990 (2021) SPORTS WORLD MINISTRIES, INC 23-7073822 Page 2
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF SPORTS WORLD IS TO SEND FORMER PROFESSIONAL ATHLETES TO SHARE PERSONAL LIFE
	EXPERIENCES WITH STUDENTS, HELPING THEM TO RECOGNIZE THE CONSEQUENCES OF THEIR CHOICES WHILE
	CHALLENGING THEM WITH THE MESSAGE OF HOPE.
_	Prid the second state of t
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 225,667 including grants of \$) (Revenue \$)
40	THE IMPACT OF THE PANDEMIC KEPT IN PERSON SCHOOL ASSEMBLY PROGRAMS ON HOLD. AS A RESULT THE
	ORGANIZATION INVESTED HEAVILY IN EXPANDING ITS SOCIAL MEDIA PLATFORMS. THE MINISTRY ADDED SOCIAL
	MEDIA LIVE MINISTRY EVENTS TWICE WEEKLY AND STREAMED THEM ACROSS YOUTUBE, FACEBOOK, INSTAGRAM, AND TIKTOK. IT ADDED POSITIVE AND INSPIRATIONAL VIDEO MESSAGES TO ITS SOCIAL MEDIA PLATFORMS
	WEEKLY. THESE INITIATIVES EXPANDED SOCIAL MEDIA FOLLOWERS TO OVER 30,000 YOUTH, OVER 7 MILLION
	VIEWS AND OVER 16,000 ATTENDING THE LIVE STREAMED EVENTS AS OF 12-31-21.
	Value and dran 10 date in all all all brokens brokens of it is it.
4b	(Code:) (Expenses \$ 89,351 including grants of \$) (Revenue \$)
	PRO SPONSORSHIP EXPENSES
	
4-	(Onder) (Program & Onder)
4c	(Code:) (Expenses \$23,158 including grants of \$) (Revenue \$)
	OUTREACH PROGRAMS INCLUDED A DRUG AND ALCOHOL FREE DECISION PROGRAM THAT REACHED 14,709. THEY
	ALSO INCLUDED IN PERSON SCHOOL ASSEMBLIES THAT RE-STARTED IN 2021. THERE WERE 29,027 STUDENTS
	REACHED IN ASSEMBLIES WHICH IS A 368% INCREASE OVER THE 2020 PROGRAMS PRIOR TO COVID STOPPING IN
	PERSON ASSEMBLIES. OUTREACH PROGRAMS INCLUDED THE REMEDY LIVE CHOICE, FOURTH QUARTER, AND PHASING OUT OF BEST LIFE PROGRAM. OUTREACH PROGRAMS ALSO PARTNERED WITH CHILD EVANGELICAL FELLOWSHIP
	(CEF) PROGRAMS.
	(CEE) PROGRAMS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 15,820 including grants of \$) (Revenue \$)
4e	Total program service expenses 353,996

Form 990 (2021) SPORTS WORLD MINISTRIES, INC 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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	113		
	VII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	\rightarrow	_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	11c	\rightarrow	<u>x</u>
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	11d	-	<u>x</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		\rightarrow	<u>X</u>
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	_	
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>x</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>

Fe	Checklist of Required Schedules (Continued)			_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		+	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-	1	-
4-74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	\vdash
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	+-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	1	1
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h		258	1	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	25b	1	
26	·	230	-	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 or any of these persons? If "Yes," complete Schedule L, Part II	26	\vdash	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	
	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	27		l
20	persons? If "Yes," complete Schedule L, Part III	27	10000	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		man	
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		١
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	_	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	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	O.F.L		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		ж
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Da	19? Note: All Form 990 filers are required to complete Schedule O. **Total Complete Schedule O.** Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
_	Oneck if Schedule O contains a response of note to any life in this Part V		 V	III.
4=	Establishment of Burgast Form 4000 Fotos O Mark College		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	RE	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		Hill	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	d.c.		1111
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2021) SPORTS WORLD MINISTRIES, INC Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X Did the organization delegate control over management duties customarily performed by or under the direct 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b 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 ▶ Indiana 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 Upon request X Own website ___ Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

TIM KIRCHMER (800) 832-6546, 1919 SOUTH POST ROAD, INDIANAPOLIS, IN 46239-9429

State the name, address, and telephone number of the person who possesses the organization's books and records

and financial statements available to the public during the tax year.

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Form 990 (20:	,	23-7073822 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest 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 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, 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 instructions for the order in which to list the persons above.

EEA

					(C)						
(A) Name and title	(B)	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/	(E)	(F)	
realine and due	Average hours per week (list any								Reportable compensation from related organizations W-2/	Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC	organization and related organization	
(1) TIM KIRCHMER PRESIDENT	40.00				x			91,000	0	47,040	
(2) KIM MISKOTTEN	2.00										
BOARD SECRETARY		Х	-	\dashv	\dashv		-	0	0	0	
(3) CORKY TREBILCOCK BOARD MEMBER	2.00	х						0	0	0	
(4) STEVE MILLER BOARD MEMBER	2.00	x						o	0	0	
(5) JIM MAGRO BOARD MEMBER	2.00	x						o	0	0	
(6) CLYDE WHITEHOUSE	2.00										
BOARD VICE CHAIRMAN	2 00	Х	\dashv	Х	\dashv	\rightarrow	\dashv	0	0	0	
(7) DEAN DONOHUE BOARD CHAIRMAN	2 .00	x		х				0	0	0	
(8) JOE PERRI BOARD TREASURER	2.00	x		х				0	0	0	
<u>(a)</u>											
(10)			İ				1				
(11)			1		1		T				
(12)							1				
(13)			1	7	ı		1				
(14)			+	+							

Form 990 (2021)

	990 (2021) SPORTS WORLD MINI t VII Section A. Officers, Directors, Trustees			and	l Hir	ihee	t Com	non	sated Employage	23-707	3822 Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related	(do i	not ch , unle: cer an	Po eck n	(C) sition nore t rson i	han one s both a	in)	(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
		organizations below dotted line)	il trustee or	Institutional trustee		loyee	Highest compensated employee				
<u>(15)</u>											
(16)		·									
<u>(17)</u>											
(18)											
(19)_											
(20)_											
(21)											
(22)											
(23)_											
(24)											
(25)											
1b c	Subtotal	ion A	9.9.					À			
d	Total (add lines 1b and 1c)								91,000 than \$100,000 of	0	47,040
3	reportable compensation from the organization Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of rejorganization and related organizations greater than	I for such inco	<i>lividuai</i> pensa	l tion a	 and	 othe	r com	 pens	ation from the		Yes No
5 Secti	individual	ompensation	from .	any i	unre	late	d orga				4 X 5 X
1	Complete this table for your five highest compensat										
	compensation from the organization. Report competed (A) Name and business address		he cale	ndar	r yea	er en	ding w	vith c	or within the organi: (B) Description of service		(C) Compensation
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d ab	ove) w	vho			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1b Contributions, Gifts, Grants and Other Similar Amounts C 1c 1d Government grants (contributions) . . 1e 111,270 f All other contributions, gifts, grants, and similar amounts not included above 1,036,782 Noncash contributions included in h_Total. Add lines 1a-1f ____..... 1,148,052 **Business Code** Program Service Revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds ... Royalties (ii) Personal 6a Gross rents b Less: rental expenses . . 6b c Rental income or (loss) 6c d Net rental income or (loss) - -7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses . . 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory . . . **Business Code** 11a d All other revenue e Total. Add lines 11a-11d 1,148,052 0

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, (B) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 5 Compensation of current officers, directors, trustees, and key employees 91,000 91,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 229,638 96,137 133,501 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 100,114 7,907 92,207 10 19,282 8,072 11,210 11 Fees for services (nonemployees): b Legal 21,657 21,657 7,615 7,615 Lobbying Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 53,589 53,589 9,609 12 54,343 40,601 4,133 13 24,802 1,011 20,415 3,376 14 53,805 21,307 32,498 15 16 62,262 61,677 585 17 35,236 85,631 48,570 1,825 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 101,592 5,694 35,372 60,526 20 20,707 20,707 21 22 Depreciation, depletion, and amortization 9,373 9,373 23 5,699 5,699 Other expenses. Itemize expenses not covered 24 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.) PRO SPONSORSHIP EXPENSES 89,351 89,351 REMEDY LIVE CHOICE 270 270 MOVE YOUR CHAINS PROGRAM 4,569 4,569 d FOURTH QUARTER PROGRAM 2,291 2,291 All other expenses 33,116 18,953 14,095 68 25 Total functional expenses. Add lines 1 through 24e . . 1,070,706 353,996 646,197 70,513 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 | | | if following SOP 98-2 (ASC 958-720)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	31,685	1	69,932
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,543	3	12,795
	4	Accounts receivable, net	43,615	4	219,223
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		16 11	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		514	North and
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	9,462	9	1,939
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 103 , 578		14 By	
	b	Less: accumulated depreciation 10b 68,003	41,384	10c	35,575
	11	Investments - publicly traded securities	7,917	11	1,742
	12	Investments - other securities. See Part IV, line 11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	139,606	16	341,206
_	17	Accounts payable and accrued expenses	122,680	17	145,538
	18	Grants payable	,,,,,,	18	
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,	JET 124 (20 1)	100	EQUAL DIRECTOR
Labilities		trustee, key employee, creator or founder, substantial contributor, or 35%		33 10	
abi		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	164,739	24	266,135
	25	Other liabilities (including federal income tax, payables to related third	2017.00		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	287,419	26	411,673
		Organizations that follow FASB ASC 958, check here	Harris Lini		
Š		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	(147,813)	27	(70,467)
Bal	28	Net assets with donor restrictions	(==,,==,,	28	(10)101/
2		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.	AND THE RESERVE	8 1	
9	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	(147,813)	32	(70,467)
Ż	33	Total liabilities and net assets/fund balances	139,606	33	341,206
EA			,,,		Form 990 (2021)

For	m 990 (2021) SPORTS WORLD MINISTRIES, INC	23-707382	22	Р	age 12
Pa	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	1,	148,	052
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	070,	706
3	Revenue less expenses. Subtract line 2 from line 1	. 3		77,	346
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	(147,	813)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		(70,	467)
Pa	int XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		THE		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				1
	Schedule O.		1186		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		200		
	reviewed on a separate basis, consolidated basis, or both:		-25	121	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				E W
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		5.11	970	
	Schedule O.		MIT I		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	a - 000 - 16 - 000	3a		X
b	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	* * * * * * * * * *	3b		
EEA			Form 9	90 (2	(021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

SPU	X15	WORLD MINISTRIES, INC		Il annonimations and		Lata Hala	23-707382			
Pai	41.	Reason for Public Cha					part.) See instructi	ions.		
The d	rga	nization is not a private foundation b		•	-					
1	Ļ	A church, convention of churches,				o)(1)(A)(i).				
2	L	A school described in section 170								
3		A hospital or a cooperative hospita	l service organizati	on described in section	170(b)(1)(A)(iii).				
4		A medical research organization or	perated in conjunct	ion with a hospital descri	bed in sec	tion 170(b)	(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the be	enefit of a college o	r university owned or op-	erated by a	governme	ental unit described in			
		section 170(b)(1)(A)(iv). (Complet	e Part II.)							
6		A federal, state, or local government	nt or governmental	unit described in section	n 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)(•		.			
8	П	A community trust described in sec		-						
9	П	An agricultural research organization			erated in co	oniunction v	with a land-grant college	9		
	_	or university or a non-land-grant co						-		
		university:		(COO IIIOII GOILO/IIO/I EIIIO	ano mamo,	ony, and o	iato di allo dollogo di			
10	П	An organization that normally received	ves: (1) more than	33 1/3% of its support fro	om contrib	utions mer	nharshin face and area	29		
	لسما	receipts from activities related to its	exempt functions,	subject to certain excep	tions; and	(2) no mon	e than 33 1/3% of its			
		support from gross investment inco) from businesses			
11	П	acquired by the organization after J An organization organized and ope								
12	H	An organization organized and ope					to come out the numer	oo of		
12	ш									
		one or more publicly supported orga						Sneck		
		the box in lines 12a through 12d that Type I. A supporting organization					-			
а				•		•	17.71	}		
		the supported organization(s) the			only of the	directors o	r trustees of the			
		supporting organization. You m		-	ومدرو ما المال		-i#/-\ b., b-, i			
b		☐ Type II. A supporting organizat	•			•				
		control or management of the s			persons th	at control o	r manage the supporte	a		
		organization(s). You must com	•							
C		Type III functionally integrate						٦,		
		its supported organization(s) (s		•						
d		Type III non-functionally integ						` '		
		that is not functionally integrate					ent and an attentivenes	S		
		requirement (see instructions).		•	-					
e		Check this box if the organization					I, Type II, Type III			
		functionally integrated, or Type	-		-			r		
f		nter the number of supported organi				• • • • •				
g		rovide the following information abou			г		r			
	(i) Na	ame of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	organization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))	docum	ur governing nent?	support (see instructions)	other support (see instructions)		
				"			,	'		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total			THE RELLEGION OF THE PARTY OF T							

SPORTS WORLD MINISTRIES, INC Page 2 23-7073822 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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ... 1,025,760 1,066,714 997,532 393,379 1,001,725 4,485,110 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,025,760 1,066,714 997,532 393,379 1,001,725 4,485,110 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) 546,814 Public support. Subtract line 5 from line 4 . 3,938,296 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1,025,760 1,066,714 997,532 393,379 1,001,725 4,485,110 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 109 180 187 121 (157)440 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 44,645 111,270 155,915 11 Total support. Add lines 7 through 10 4,641,465 Gross receipts from related activities, etc. (see instructions) 12 12 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 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 84.85 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. 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................. \mathbf{x} 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2021. 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

10%-facts-and-circumstances test - 2020. 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

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

18

П

mm 990) 2021 SPORTS WORLD MINISTRIES, INC
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees				1		1
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					1	1
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						1
8	Public support. (Subtract line 7c from	. 10				MARKET LINE	
	line 6.)						
Secti	on B. Total Support						
alen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 [
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org	ganization's fi	rst, second, thi	rd, fourth, or fit	th tax year as	a section 501	(c)(3)
	organization, check this box and stop here						▶ [
ecti	on C. Computation of Public Support	Percentag	е				
15	Public support percentage for 2021 (line 8			(f))		15	9
16	Public support percentage from 2020 Sche	edule A, Part	III, line 15 🕠			16	c
ecti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (li	ne 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	9
18	Investment income percentage from 2020	Schedule A, f	Part III, line 17			18	C
19a	33 1/3% support tests - 2021. If the organ	ization did no	t check the box	x on line 14, aı	nd line 15 is mo	ore than 33 1/	3%, and line
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2020. If the organization	_	_	-			
	line 18 is not more than 33 1/3%, check this box a						▶ Γ
20	Private foundation. If the organization did						ctions▶ 「

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		4.5	1154
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1		No.
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		X	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination		113	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		- Lu	
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1319		
	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	100		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			H)
_	designated in the organization's organizing document?	5b	_	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		JE !	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1 25	311	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		III.	
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	1	11 11	
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Ja	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	26-	100	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja		LIFE III
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	The State of	1.00
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	OD	2 10 1	1100
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		- 1	
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		71	

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1 77	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		3 9 3	185
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A DWALL A LIL A LI			
	provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	10 111	1/1-	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			15
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		100	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	145		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0 (1	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		28	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		188	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	8 9		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			T
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1314	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	of his		100
	a significant voice in the organization's investment policies and in directing the use of the organization's		707	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instr	uctio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- Liter		12
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		15.1	u.
	that these activities constituted substantially all of its activities.	2a	1000	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			30
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			7,7
		21-		
2	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		4 1	114.1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-01	4
L.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	_	_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		200	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

23-7073822

1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1	Net short-term capital gain	1		(opnomin)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(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):	ш		THE RESERVE
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors		FIRST SALES	
	(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,	\Box		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		SOUTH PROPERTY.	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally in	tegrated Type III suppo	rting organization
	(see instructions).	-	- 71	

Fai	Type III Non-Functionally integrated 303(a)(o) Supporting Organ	izations (continue	7U)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required)		· VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	, ,	***	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(ili) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
	From 2019		Care Williams IN		
	From 2020	CHARLE IN EXPL	English & M		
f	Total of lines 3a through 3e				
<u>g</u>				-	Hally mallets
	Applied to 2021 distributable amount	STATE BETT THE STATE OF	DESCRIPTION OF THE PERSON OF T		
<u>i</u>	Carryover from 2016 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$		- 12 Tel		
b	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	E				
b	Excess from 2017			-	
	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

SPORTS WORLD MINISTRIES, INC

Employer identification number

23-7073822 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line Name of organization

SPORTS WORLD MINISTRIES, INC

Employer identification number

23-7073822

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	RENT					
1	:					
		\$54,606	12-31-2021			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
_						
		\$!			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		s				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				

SCHEDULE D (Form 990)

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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

SPOR	RTS WORLD MINISTRIES, INC		23-7073822
Pa	Organizations Maintaining Donor Advised Funds or Other Similar	Funds or Accou	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.	
	(a) Donor advised fi	unds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in 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 for		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an		
	conferring impermissible private benefit?		Yes No
Par			7
	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).	•	
•		repretion of a histor	ically important land area
			•
	Preservation of open space	eservation of a certifi	ed historic structure
2		:- 4b - 66	
	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a cons	
_	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 in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organiz	ation during the
_	tax year •		
4	Number of states where property subject to conservation easement is located	<u> </u>	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	•	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	orcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	g conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that o	describes the
	organization's accounting for conservation easements.		
Par		•	r 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 s	statement and balan	ce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or re	search in furtheranc	e 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 state	ement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance o	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		
	following amounts required to be reported under FASB ASC 958 relating to these items:	5 / [-	
а	Revenue included on Form 990, Part VIII, line 1	.530	> \$
b	Assets included in Form 990 Part X		

chedui	e D (Form 990) 2021 SPORTS WORLD M	INISTRIES: IN	c			23-7073	822	Pag	je 2
_	t III Organizations Maintaining			Treasures	, or Ot				_
3	Using the organization's acquisition, access	sion, and other record	s, check any of the t	following that	make sig	nificant use of its			
	collection items (check all that apply):			-					
а	Public exhibition		d Loan	or exchange į	programs	3			
b	Scholarly research		e Other						
С	Preservation for future generations		_						
4	Provide a description of the organization's	collections and explain	how they further th	e organizatio	n's exem	pt purpose in Part			
	XIII.			•					
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	sures, or othe	r similar				
	assets to be sold to raise funds rather than						Yes	\Box	No
Par	t IV Escrow and Custodial Arr		3				- Lund		_
	Complete if the organization		on Form 990, F	Part IV, line	9, or	reported an ame	ount on I	Form	
	990, Part X, line 21.		•	•	,	•			
1a	Is the organization an agent, trustee, custoo	dian or other intermed	iary for contributions	s or other ass	ets not				
			•				Yes	П	No
b	If "Yes," explain the arrangement in Part XII								
_			9			Amo	ount		
c	Beginning balance				. 10	_			
ď	Additions during the year					+			_
e	Distributions during the year								
f	Ending balance				. 1f				
2a	Did the organization include an amount on I						Yes	П	No
b	If "Yes," explain the arrangement in Part XII					,		Н.	
Par		i. Orlook flore if the ex	planation nas boom	provided on i	GI (XIII				_
	Complete if the organization	answered "Yes"	on Form 990. F	Part IV line	10				
	oompioto ii allo olganization	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Foury	onre hac	
1a	Beginning of year balance	(a) Content year	(b) Filol year	(c) Two years	S Dack	(d) Thies years back	(e) Foury	rears vac	
b	Contributions								
c	Net investment earnings, gains, and						1		_
•	losses								
d	Grants or scholarships								_
e	Other expenditures for facilities and								_
•	programs								
•	. •								_
-	Administrative expenses								_
g 2	Provide the estimated percentage of the cur		(line de column (o	\\ hald as:					_
-	Board designated or quasi-endowment)) neid as:					
a _		%	70						
b	Permanent endowment Term endowment								
C									
2-	The percentages on lines 2a, 2b, and 2c sh	·	ion that one hald on	ما معامدات ام	مملة ممكا ام				
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are neid an	a administere	a for the		L	Van 1	Na.
	organization by:							Yes I	No
	(i) Unrelated organizations		• • • • • • • • • •			360 360 - 6 -	3a(i)	-	_
	(ii) Related organizations					0.000	3a(ii)	-	_
D	If "Yes" on line 3a(ii), are the related organiz	•					3b		_
		e organization's endov	vment funds.						
4 David	Describe in Part XIII the intended uses of the		Part VI Land, Buildings, and Equipment.						
Par	VI Land, Buildings, and Equip	oment.	on Ea 000 F)out 1\/ !!	. 11- 0	Fa 000 F	Doet V. III	40	
Par	Land, Buildings, and Equip Complete if the organization	oment. answered "Yes"							_
Par	VI Land, Buildings, and Equip	oment. answered "Yes" (a) Cost or other	basis (b) Cost o	or other basis	(c) /	Accumulated	Part X, lir		_
	Complete if the organization Description of property	oment. answered "Yes"	basis (b) Cost o		(c) /				_
1a	Complete if the organization Description of property Land	oment. answered "Yes" (a) Cost or other	basis (b) Cost o	or other basis	(c) /	Accumulated			
	Complete if the organization Description of property	oment. answered "Yes" (a) Cost or other	basis (b) Cost o	or other basis	(c) /	Accumulated	(d) Book v		

Schedule D (Form	990) 2021 SPORTS WORLD MIN	ISTRIES, IN	c		2:	3-7073822	Page :
Part VII	Investments - Other Securities.						
	Complete if the organization answered	d "Yes" on For	m 990, Part	: IV, line 1	1b. See For	m 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book val	lue	Cos	(c) Method of valuation t or end-of-year market v	
(1) Financial							
	eld equity interests						
(3) Other							
(A)							
(B)							
(C) (D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)				Thursday.		
Part VIII	Investments - Program Related.				_		
	Complete if the organization answered	l "Yes" on For	m 990, Part	IV, line 11	c. See For	m 990, Part X,	line 13.
	(a) Description of investment		(b) Book val	ue	0	(c) Method of valuation	
(1)					Cost	or end-of-year market v	alue
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	- (1)						73.00
Part IX	o (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					THE PERSON NAMED IN	100
raitin	Complete if the organization answered	"Yes" on For	m 990 Part	IV line 11	d See For	m 990. Part X	line 15.
	(a) Des			.,,	2. 000 . 0	(b) Boo	
(1)	()					(,	
(2)							
(3)							
(4)							
(5)							
(6)						-	_
(7)							
(9)						-	
	(b) must equal Form 990, Part X, col. (B) line 15.)	********	(90 + 16 + + 36) +	× + + 000 + +	x +3x2 + •		
Part X	Other Liabilities.					.1	
	Complete if the organization answered	"Yes" on Fori	m 990, Part	IV, line 11	e or 11f. Se	e Form 990, P	art X,
	line 25.						
1	(a) Description of liability	(b) Book va	alue				
(1) Federal in	ncome taxes						
(2)							
(3)							
(4)							
(6)							
(7)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

(8) (9)

Part		23-7073822	Page
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	No.	
b	Donated services and use of facilities	1000	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1000	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	75.20	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1 2 3	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
art		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
b	Prior year adjustments	193	
c	Other losses		
d	Other (Describe in Part XIII.)	138.0	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	E	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	198	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.	h	
Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

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

Employer identification number

SPORTS WORLD MINISTRIES, INC 23-7073822 Part Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 2 Art - Historical treasures 3 Art - Fractional interests Clothing and household 5 6 Cars and other vehicles 7 Securities - Publicly traded 9 10 Securities - Closely held stock . . . 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic 14 Qualified conservation 15 Real estate - Residential 16 Real estate - Commercial 17 18 19 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (RENT 54,606 FMV 26 Other ► (27 Other ► (28 Other ►(29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a to be used for exempt purposes for the entire holding period? X If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization

Inspection **Employer Identification number**

SPORTS WORLD MINISTRIES, INC 23-7073822
01. Officer, directors, etc. family relationship (Part VI, line 2)
STEVE MILLER AND LIONEL TREBILCOCK BOTH HAVE OWNERSHIP INTERESTS IN A COMMON BUSINESS.
MILLWOOD INC.
MILLINGOD INC.
02. Form 990 governing body review (Part VI, line 11)
FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND IS REVIEWED BY THE
PRESIDENT AND EXECUTIVE BOARD. A COPY WILL ALSO BE PROVIDED TO THE FULL BOARD PRIOR TO
THE PRESIDENT SIGNING AND FILING WITH THE IRS.
03. Conflict of interest policy compliance (Part VI, line 12c)
OFFICERS AND BOARD MEMBERS ANNUALLY SIGN CONFLICT OF INTEREST STATEMENTS. ANY DEVIATION
FROM THE CONFLICT OF INTEREST POLICY ARE TO BE REPORTED TO THE BOARD CHAIRMAN AND/OR VICE
CHAIRMAN WHO ADDRESSES THE MATTER. EITHER OR BOTH, DEPENDING ON THE CIRCUMSTANCES,
INVESTIGATE AND ENFORCE THE POLICY. INDIVIDUALS WITH CONFLICTS WOULD BE EXCUSED DURING
THE PROCESS OF BOARD DELIBERATION AND ABSTAIN FROM VOTING.
04. CEO, executive director, top management comp (Part VI, line 15a)
THE PRESIDENT'S SALARY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS WHO ARE INDEPENDENT
AS WELL AS ACTIVELY INVOLVED IN OTHER NONPROFIT AND FOR-PROFIT ORGANIZATIONS GIVING THEM
MANY RESOURCES TO COMPARE COMPENSATION TRENDS.
05. Other officer or key employee compensation (Part VI, line 15b
OFFICERS AND KEY EMPLOYEES' SALARIES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS WHO
ARE INDEPENDENT AS WELL AS ACTIVELY INVOLVED IN OTHER NONPROFIT AND FOR-PROFIT
ORGANIZATIONS GIVING THEM MANY RESOURCES TO COMPARE COMPENSATION TRENDS.

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Name of the organization	Employer identification number
SPORTS WORLD MINISTRIES, INC	23-7073822
06. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST AND ARE ALSO INCLUDED IN	THE FINANCIAL
ACCOUNTABILITY SECTION OF THE WEBSITE.	
07. Significant program services not listed on prior year return (Part II	I. line 2)
THE IMPACT OF THE PANDEMIC KEPT IN PERSON SCHOOL ASSEMBLY PROGRAMS ON HOLD.	AS A RESULT
THE ORGANIZATION INVESTED HEAVILY IN EXPANDING ITS SOCIAL MEDIA PLATFORMS.	THE MINISTRY
ADDED SOCIAL MEDIA LIVE MINISTRY EVENTS TWICE WEEKLY AND STREAMED THEM ACRO	SS YOU TUBE,
FACEBOOK, INSTAGRAM AND TIKTOK. IT ADDED POSITIVE AND INSPIRATIONAL VIDEO M	FSSACES TO ITS
FACEBOOK, INGIAGRAM AND TIRTOR. IT ADDED FOSTITVE AND INSPIRATIONAL VIDEO M	ESSAGES TO TIO
SOCIAL MEDIA PLATFORMS WEEKLY. THESE INITIATIVES EXPANDED SOCIAL MEDIA FOL	LOWERS TO OVER
30,000 YOUTH, OVER 7 MILLION VIEWS AND OVER 16,000 ATTENDING THE LIVE STRE	AMED EVENTS AS
OF 12-31-21.	
	· · · · · · · · · · · · · · · · · · ·
08. Cessation of, or significant change to, any program service (Part III	, line 3)
THE IMPACT OF THE PANDEMIC KEPT IN PERSON SCHOOL ASSEMBLY PROGRAMS ON HOLD.	AS A RESULT IN
PERSON ACTIVITIES WREE MOVED TO VIRTUAL FORMATS WHEREEVER POSSIBLE.	
09. List of other fees for services expenses (Part IX, line 11g)	
PROGRAM EXPENSES ARE RELATED TO CONTRACTED PROFESSIONAL ATHLETE FEES AND TH	EIR TRAVEL
EQUALING \$53,589.	
10. List of other expenses (Part IX, line 24e)	
DONATIONS AND GIFTS - \$	
INSURANCE - \$	
EVENTS - \$	
OTHER OPERATING COSTS - \$ OTHER PROGRAM EXPENSES INCLUDE THOSE REGARDING THE	E BEST LIFE

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

SPORTS WORLD MINISTRIES, INC

23-7073822

FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$15820

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

THE MOVE YOUR CHAINS PROGRAM WAS LAUNCHED IN 2021. THIS PROGRAM PROVIDES MENTORING WITHIN THE WESTWOOD COMMUNITY SCHOOL DISTRICT. THIS IS A ONE ON ONE PROGRAM THAT ASSISTS STUDENTS TO KNOW PURPOSEFUL IDENTITY IN THEIR LIVES.