

From: [Rodney Jones](#)
To: [Lindsey Cannon](#); [Tammy Abrams](#); [Deborah Ray](#)
Subject: Financials
Date: Tuesday, September 9, 2025 11:53:13 AM
Attachments: [NWB HOOPS 2024 Financial Taxes Ins Board Audir.pdf](#)

CAUTION: This email originated from outside of the Escambia Children's Trust. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning , I have attached NWB's financial documents which includes 2024 Taxes, Audit Report , Liability Insurance Certificate, Board Members

FINANCIAL AUDIT REPORT

For the Fiscal Year 2024

New World Believers H.O.O.P.S.

Pensacola, FL 32505

(850) 293-2756

rjbyfaithnotsigjt@gmail.com

CONTENTS

Auditor's Report

Statement of Activities

Statement of Financial Position

Notes to the Financial Statements

Auditor's Report

Independent Financial Auditor's Report

The Stakeholders of New World Believers

Report on the Financial Statements

The auditors of Reliable Tax & Financial Services, have audited the accompanying financial statements of the company which comprise the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Financial Position and Notes to the Financial Statements for the Year ended September 30, 2024, as well as a summary of the accounting policies and other information.

This financial audit report is made solely for the stakeholders of the company. To the fullest extent permitted by law, the firm does not accept or assume responsibility to anyone other than the stakeholders for the firm's audit work and for the opinions provided by the auditors in this report.

The Responsibilities of the Auditor

The responsibility of the auditing firm is to express its opinion on the current financial statements of the company based on the audit. The auditors have conducted the audit in accordance with the International Standards on Auditing.

The audit involves the performance of procedures to obtain audit evidence on the veracity of the financial statements. The audit also includes the evaluation of the appropriateness of the accounting policies used by the company and the reasonableness of accounting estimates and the overall presentation of the financial statements.

The other responsibilities of the auditor are:

- Identify material misstatements in the financial documents.
- Evaluate the correctness of the applied and used accounting principles.
- Evaluate the presentation of the financial reports.
- Evaluate the structure and content of the financial reports.

The auditors believe that the audit evidence obtained is appropriate to provide a basis for the opinion.

Other than the firm's capacity to audit, the firm has no relationship with the company.

The Auditor's Opinion

It is the opinion of the auditor that the financial statements provided in this financial audit report fairly present the financial position of the company and its financial performance and cash flow for the current year.

The Audit Approach

As part of the audit, the auditor determined the materiality of the financial statements and the risks of material misstatement in the accompanying financial statements.

Justina Royster
Reliable Tax & Financial Services

Statement of Activities (income)
For the Period Ended September

Statement)
2024



	2024	2023
Revenue		
Individual		
Foundation		
Government		
Program Fees	\$329,190	\$123,097
Investment Income		
Total Income	\$329,190	\$123,097
Expenses		
Program Services	\$100,000	\$97,035
Administrative Expenses	\$45,408	\$49,856
Fundraising		
Total Expenses	\$183,782	\$-23,804
Net Assets	\$145,408	\$146,902



Statement of Financial Position
For the Fiscal Year Ended September 30, 2024

	2024	2023
ASSETS		
Current Assets		
Cash and Cash Equivalents	72,190	39,148
Investments		
Account Receivables		
Prepayments		
Trust		
Accounts Receivable		
Investments at Fair Value Through Profit or Loss		
Total Current Assets		
Noncurrent Assets		
Property, Plant, and Equipment	\$280,000.00	\$280,000.00
Other Noncurrent Assets		
Total Noncurrent Assets	\$280,000.00	\$280,000.00
TOTAL ASSETS	\$492,190.00	\$291,148.00
LIABILITIES		
Current Liabilities	0	0
Accounts Payable		
Short-Term Loans		

Other Current Liabilities		
Total Current Liabilities	0	0
Noncurrent Liabilities		
Trade and Other Payables		
Long-Term Loan Payables		
Other Noncurrent Liabilities		
Total Noncurrent Liabilities		
TOTAL LIABILITIES		
NET ASSETS		
Unrestricted Assets	\$420,000.00	\$252,000.00
TOTAL NET ASSETS	\$420,00.00	\$252,000.00

Notes to the Financial Statements

Note 1: Operating Expenses

	Current Year	Previous Year
Advertising Expenses	\$1,750	\$1,700
Office Expenses	\$9,663	\$8,765
Information Technology	\$0.00	\$0.00
Occupancy	\$10,800	\$10,800
Insurance	\$1,302	\$8,960
Telecommunication Expenses		
Travel Expenses		
Other Operating Costs	\$0.00	\$0.00
TOTAL OPERATING COSTS	\$23,515	\$30,225

Note 3: Personnel Expenses

Wages and Salaries	\$49,866	\$45,408
Other Personnel Expenses		
TOTAL PERSONNEL EXPENSES	\$49,866	\$45,408

Note 4: Property, Plant, and Equipment

NET PROPERTY, PLANT, AND EQUIPMENT	\$280,000.00	\$280,000.00
---	---------------------	---------------------

Return of Organization Exempt From Income Tax

2024

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning

, 2024, and ending

, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

NEW WORLD BELIEVERS

Number and street (or P.O. box if mail is not delivered to street address)

2112 WEST YONGE ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Pensacola, FL 32505

D Employer identification number

30-0236534

E Telephone number

F Group Exemption
NumberG Accounting Method: Cash Accrual Other (specify): _____H Check if the organization is not required to attach Schedule B (Form 990).

I Website: _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16
	17 Total expenses. Add lines 10 through 16	17
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 (492,190)
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 (492,190)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II x

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25
26 Total liabilities (describe in Schedule O)	492,190	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(492,190)	27
		(492,190)

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SOCIAL SERVICES**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 ORGANIZATION PROVIDED FOOD AND EDUCATIONAL SERVICES TO 240

YOUTH, 790 ADULTS.

(Grants \$) If this amount includes foreign grants, check here 28a

29

Digitized by srujanika@gmail.com

(Grants \$) If this amount includes foreign grants, check here 29a

30

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or research@iastate.edu.

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated-see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911: _____ ; section 4912: _____ ; section 4955: _____	40b	X
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed: _____		
42a The organization's books are in care of: <u>RODNEY JONES</u> Telephone no. <u>850-293-2756</u> Located at: <u>2112 WEST YONGE ST, Pensacola, FL</u> ZIP + 4 <u>32506</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
----	--	-------------------------------------

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
-----	--	-------------------------------------

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	RODNEY JONES		Date
	Signature of officer		
RODNEY JONES, PRESIDENT			
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JUSTINA ROYSTER	JUSTINA ROYSTER	09-05-2025
	Firm's name	Check <input checked="" type="checkbox"/> If self-employed	
	RELIABLE TAX & FINANCIAL SERVICE	PTIN	
Firm's address	Firm's EIN		
945 W MICHIGAN AVE STE 9C			
Pensacola FL 32505	Phone no.	813-210-7711	

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

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.

OMB No. 1545-0047

2024**Open to Public
Inspection**

Name of the organization

NEW WORLD BELIEVERS

Employer identification number

30-0236534

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 must generally 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)						
Total						

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**Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				103,298	392,130	495,488
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 or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				103,298	392,130	495,488
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	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						495,488

Section B. Total Support**Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6				103,298	392,130	495,488
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.)	0	0	0	103,298	392,130	495,488
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests - 2024. 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. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2023. 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. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Name of organization

NEW WORLD BELIEVERS

Employer identification number

30-0236534

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ESCAMBIA CHILDRENS TRUST</u> <u>1000COLLEGE BLVD</u> <u>Pensacola, FL 32504</u>	\$ 392,190	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

Name of organization

NEW WORLD BELIEVERS

Employer identification number

30-0236534

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1	TO PROVIDE COMMUNITY RESOURCES FOR CHILDREN AND PARENTS	COMMUNITY RESOURCES	COMMUNITY SERVICES AND OUTREACH PROGRAMS						
(e) Transfer of gift									
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee							
		NO RELATION/GRANT							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 100px;"></td><td style="width: 50%; height: 100px;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift									
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 100px;"></td><td style="width: 50%; height: 100px;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift									
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 100px;"></td><td style="width: 50%; height: 100px;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

**Open to Public
Inspection**

Name of the organization

NEW WORLD BELIEVERS

Employer identification number
30-0236534

01. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
UTILITIES	9,663	9,663
DIRECT CLIENT ASSISTANCE	19,932	19,932
CLIENT TRANSPARTATION	5,793	5,793
ADP PAYROLL FEES	1,060	1,060
BUSINESS INS	1,302	1,302
PROGRAM SUPPLIES	6,480	6,480
COMMUNITY DONATIONS	392,190	392,190
GOVERNMENT FEES AND CONTRACTS	5,904	5,904
INDEPENDENT CONTRACTOR FEES	49,866	49,866

FOR TAX YEAR 2024

NEW WORLD BELIEVERS

RELIABLE TAX & FINANCIAL SERVICE

945 W MICHIGAN AVE STE 9C

Pensacola, FL 32505

(813) 210-7711

RELIABLE TAX & FINANCIAL SERVICE

945 W MICHIGAN AVE STE 9C
Pensacola, FL 32505
reliabletaxservice06@gmail.com
Phone: (813)210-7711 | Fax:

September 05, 2025

NEW WORLD BELIEVERS
2112 WEST YONGE ST
Pensacola, FL 32505

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (813)210-7711.

Sincerely,

JUSTINA ROYSTER
RELIABLE TAX & FINANCIAL SERVICE

RELIABLE TAX & FINANCIAL SERVICE

945 W MICHIGAN AVE STE 9C
Pensacola, FL 32505
reliabletaxservice06@gmail.com
Phone: (813)210-7711 | Fax:

Customer Name	Customer Information		
NEW WORLD BELIEVERS	Invoice #:		
NEW WORLD BELIEVERS	Date:	September 05, 2025	
2112 WEST YONGE ST	Phone:		
Pensacola, FL 32505	E-mail:		

Your 2024 tax return was prepared by JUSTINA ROYSTER.

Description	Fee
Federal And Supplemental Forms	
Form 990EZ	Organization Exempt from Income Tax EZ , page 1
Form 990EZ pg 2	Organization Exempt from Income Tax EZ, page 2
Form 990EZ pg 3	Organization Exempt from Income Tax EZ, page 3
Form 990EZ pg 4	Organization Exempt from Income Tax EZ, page 4
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedulc A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schcdule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedulc A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedulc B	Schedule of Contributors, page 1
Schedulc B pg 2	Schedule of Contributors, page 2
Schedule B pg 3	Schedule of Contributors, page 3
Schedule B pg 4	Schedule of Contributors, page 4
Schedulc O	Supplemental Information, page 1
Form 8879-TE	E-file Signature Authorization for Tax Exempt

Total Forms	18	Forms Subtotal	550.00
		Total Balance Due	550.00

Payment due upon receipt. Thank you for your business!



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation

NEW WORLD BELIEVERS, INC.

Filing Information

Document Number N11000009976

FEI/EIN Number 30-0236534

Date Filed 10/20/2011

State FL

Status ACTIVE

Last Event REINSTATEMENT

Event Date Filed 04/22/2020

Principal Address

2112 West Yonge St.

PENSACOLA, FL 32505

Changed: 04/22/2020

Mailing Address

2112 West Yonge St.

PENSACOLA, FL 32501

Changed: 04/22/2020

Registered Agent Name & Address

JONES, RODNEY T, Sr.

7096 Rampart Way

PENSACOLA, FL 32505

Name Changed: 09/12/2018

Address Changed: 04/22/2020

Officer/Director Detail

Name & Address

Title M

Avant, Calvin, Dr. Environmental Group

615 Nth W. Street

PENSACOLA, FL 32505

Title M

Mitchell, Gene, Attorney
11 E Romana
PENSACOLA, FL 32502

Title CFO

Delarian , Wiggins, City Council
4243 ERRESS BLVD
PENSACOLA, FL 32505

Title Board Member

Hill, Veronica
310 John Towers Rd.
Pensacola, FL 32505

Title Board Member

Jerry , McKintosh, VP Movement For Change
1603 Nth Davis Hwy
Pensacola, FL 32503

Title Board Member

Jones, Radajeline M
7096 Rampart Way
Pensacola, FL 32505

Title Member

Smith , Victor
8787 Salt Grass drive
PENSACOLA, FL 32526

Title CEO

Jones, Rodney T
7096 RAMPART WAY
PENSACOLA, FL 32505-3948

Title NAACP PRESIDENT #5124

DURANT, VIN
2112 West Yonge
Pensacola, FL 32505

Annual Reports

Report Year Filed Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/08/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: PHONE (A/C, No. Ext): (888) 202-3007		FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com		
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc		NAIC # 10200
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGEs CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	P102.991.133.2	02/15/2025	02/15/2026	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$
	BODILY INJURY (Per person) \$					
	BODILY INJURY (Per accident) \$					
	PROPERTY DAMAGE (Per accident) \$					
UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A				PER STATUTE \$
	E.L. EACH ACCIDENT \$					
	E.L. DISEASE - EA EMPLOYEE \$					
	E.L. DISEASE - POLICY LIMIT \$					
	Professional Liability					Y

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE	
	<i>Mary J. Boyd</i>	

© 1988-2015 ACORD CORPORATION. All rights reserved.