| Form | 99 | 0 |
|------|----|---|
| | | |

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047 2021

| Depa Inter | artment nal Rev | of the Treasury enue Service | • | Do not en Go to www | iter social security numbe .irs.gov/Form990 for ins | ers on this form structions an | i as it may be ma Id the latest ii | ade public. nformatio | n. | | Inspection |
|--------------------------------|--|---|------------------------|------------------------|--|-----------------------------------|---------------------------------------|--------------------------|--------------------------------|-----------|---------------------------|
| Α | For t | he 2021 calen | dar year, or tax | | | | 21, and endir | | | , | , 20 |
| | | if applicable: | С | - | | | | | D Employ | er identi | ification number |
| | A | ddress change | Far Reach | ning Min | istries | | | | 33-0 | 0776 | 828 |
| | N | ame change | 38615 Cal | istoga | Dr. #100 | | | | E Telepho | ne numt | per |
| | In | itial return | Murrieta, | CA 925 | 63-4883 | | | | (95) | 1) 6 | 77-4474 |
| | Fii | nal return/terminated | | | | | | | ` | | |
| | A | mended return | | | | | | | G Gross re | eceipts | \$ 12,281,756. |
| | A | oplication pending | F Name and add | tress of principa | ^{I officer:} Wesley Be | ontlov | | H(a) Is this | a group return | | |
| | | | Same As C | 2 Above | WCSICY D | CIICICY | | H(b) Are all | subordinates attach a list. | include | |
| I | Tax- | exempt status: | X 501(c)(3) | 501(c) (|) < (insert no.) | 4947(a)(1 |) or 527 | IT INO, | attach a list. | See ins | |
| J | | · · | w.frmusa. | | , | | , | H(c) Group | exemption nu | imber 🕨 | • |
| κ | Forn | n of organization: | X Corporation | Trust | Association Other | | L Year of format | tion: 199 | 8 M s | tate of l | egal domicile: CA |
| Pa | | Summar | Ŷ | | | | | | - | | |
| | 1 | Briefly descri | be the organization | ation's missi | on or most significar | nt activities: | See Sche | dule O | | | |
| đ | | | | | | | Dec Denes | <u>aarc_v</u> | | | |
| nce | | | | | | | | | | | |
| rna | | | | | | | | | | | |
| Governance | 2 | Check this be | | | n discontinued its op | | | | | net as | sets. |
| Ğ | | | • | • | rning body (Part VI, I | | | | | 3 | L |
| ss é | 4 | | | | s of the governing bo | | | | | 4 | 2 |
| vitie | 5 6 | | | | n calendar year 2021 necessary) | | | | | 5 6 | 20 |
| Activities & | - | | | | Part VIII, column (C) | | | | | о 7а | 0. |
| 4 | | | | | from Form 990-T, Pa | | | | | 7u 7b | 0. |
| | 2 | | | | | | | | Prior Year | /5 | Current Year |
| | 8 | Contributions | s and grants (P | art VIII. line | 1h) | | | | 3,601,6 | 93 | 3,620,376. |
| Revenue | 9 | | • · | | 2g) | | | - | 4,102,9 | | 8,640,349 |
| ver | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | - | 34,8 | | 21,031 | |
| Re | 11 | Other revenu | ie (Part VIII, co | lumn (A), lir | nes 5, 6d, 8c, 9c, 10c | c, and 11e). | | | 7,5 | | • |
| | 12 | Total revenue | e – add lines 8 | through 11 | (must equal Part VII | I, column (A) |), line 12) | . 7 | 7,747,0 | | 12,281,756. |
| | 13 | Grants and s | imilar amounts | paid (Part I | X, column (A), lines | 1-3) | | . 1 | L,444,1 | 92. | 1,223,099. |
| | 14 | 4 Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | |
| ~ | 15 | Salaries, oth | er compensatio | on, employee | e benefits (Part IX, c | olumn (A), lii | nes 5-10) | . 1 | L,015,4 | 79. | 1,221,767. |
| ses | 16a | Professional | fundraising fee | s (Part IX, d | column (A), line 11e) | | | | | | |
| Expenses | b | Total fundrai | sina expenses | (Part IX, col | umn (D), line 25) 🕨 | | 65,559. | | | | |
| EX | 17 | | | | nes 11a-11d, 11f-24e |) | | | 3,713,8 | 90 | 6,499,729. |
| | | | - | | equal Part IX, colum | - | | - | 5,173,5 | | 8,944,595. |
| | 19 | | | | 8 from line 12 | | | - | L,573,4 | | 3,337,161 |
| r 98 | | | | | | | | | ng of Curren | | End of Year |
| ance | 20 | Total assets | (Part X, line 16 | 5) | | | | | 3,329,3 | | 21,362,367. |
| Asse Bal | 21 | | | | | | | | 43,7 | | 32,971. |
| Net Assets or Fund Balances | 22 | Net assets o | r fund balances | Subtract li | ne 21 from line 20. | | | 1.6 | 3,285,6 | | 21,329,396 |
| _ | rt II | Signatu | | . oubtract if | | | | . I I C | 5,205,0 | 51. | 21, 323, 330 |
| | | 5 | | amined this retu | | schedules and s | tatements and to | the hest of m | ny knowledae | and heli | ef it is true correct and |
| comp | olete. D | eclaration of prepa | arer (other than offic | er) is based on | irn, including accompanying all information of which prep | parer has any kno | owledge. | the best of h | ny knownedge | | |
| | | | | | | | | | | | |
| Sig | ın | Signatu | ure of officer | | | | | Da | ate | | |
| He | re | ▶ Wes | ley Bentle | ev | | | | CEO | | | |
| | | Туре о | r print name and title | 9 | | | | | | | |
| | | Print/Type | preparer's name | | Preparer's signature | | Date | | Check 2 | ζif | PTIN |
| Pai | id | Grace | S Clark | | Grace S Clar | k | 11/09, | /22 | self-employe | ed | P00966823 |
| Pre | epare | er Firm's nam | | S Clarl | k CPA APC | | | | | | |
| Us | e Or | Firm's addr | | | a Ave. Suite 1 | 106 | | | Firm's EIN | 82. | -3717541 |
| | | | | a, CA 92 | | | | | Phone no. | | -399-2675 |
| Мау | / the | IRS discuss th | | | shown above? See i | instructions . | | | | | X Yes No |
| BA | A Fo | r Paperwork F | Reduction Act I | Notice, see t | he separate instruct | ions. | TE | EA0101L 09/ | /22/21 | | Form 990 (2021 |

| Form | 990 (2021) Far Reaching Ministries | 33-0776828 | Page 2 |
|------|--|-----------------------------|----------------|
| Par | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: | | |
| | See Schedule 0 | | |
| | | | |
| | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the pri | or | |
| 2 | Form 990 or 990-EZ? | | X No |
| | If "Yes," describe these new services on Schedule O. | | Λ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | rvices? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program serv | ices, as measured by ex | penses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported. | is to others, the total exp | benses, |
| | and revenue, if any, for each program service reported. | | |
| 4 a | (Code:) (Expenses \$ 3,910,530. including grants of \$) (F | Revenue \$ 5,218 | ,648.) |
| | Provided biblical training & support to the poor throughout the | | ,040.) |
| | riovided biblical claining a support to the poor throughout the | <u></u> | |
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| | 1 | | |
| 4 b | | | <u>,420.</u>) |
| | Christ for a continent: This program was developed to strengthen | | |
| | Africa. As such it has established biblical training centers in and Kenya, planted seven Calvary/Maranatha Chapel Churches, open | | <u>janda,</u> |
| | training programs, ordained pastors, and trained chaplains for the | | |
| | forces, and fire departments in South Sudan. | <u>le almy, police</u> | |
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| 4 c | | | ,281.) |
| | Missionary Support: Provides financial, spiritual, and logistica | al support to | |
| | missionaries throughout the world. | | |
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| | | | |
| | | | |
| 4 d | Other program services (Describe on Schedule O.) See Schedule O | | |
| | (Expenses \$ 690,206. including grants of \$) (Revenue \$ | 653,000.) | |
| 4 e | Total program service expenses ► 8,036,476. | _ | 200 (2021) |

Form 990 (2021)FarReaching MinistriesPart IVChecklist of Required Schedules

| 33-0776828 | Page 3 |
|------------|--------|
|------------|--------|

| | | | 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,'</i> complete Schedule D, Part III. | 8 | | Х |
| 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? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | | Х |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | Х | |
| ł | 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? <i>If 'Yes,' complete Schedule D, Part VII</i> | 11 b | | Х |
| C | 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 | 11 c | | Х |
| C | 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 | 11 d | Х | |
| e | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| f | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| ł | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ł | 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 | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20a | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | 21 | Х | |

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... Х 24a **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 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 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*...... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes,' complete Schedule L, Part IV. Х 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, complete Schedule L, Part IV..... 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 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 L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 22 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c BAA

Form 990 (2021) Far Reaching Ministries

33-0776828

Page 4

| | 990 (2021) Far Reaching Ministries 33-077682 | 8 | F | Page 5 |
|------|--|------------|-----|--------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 20 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 | 3 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)? | 4 a | Х | |
| b | If 'Yes,' enter the name of the foreign country Kenya, Uganda | - | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 b 5 c | | Λ |
| | | 50 | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | Х |
| | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | х |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year | 70 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 7.11 | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | _ | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| - | Gross income from members or shareholders | - | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | х |
| 16 | If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If 'Yes,' complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | If 'Yes,' complete Form 6069. | | | |

| 1 | a Enter the number of voting members of the governing body at the end of the tax year | 1 a | 4 | | | |
|-----------|--|-----------|------------------------|---------|--------|------|
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad | | | | | |
| | authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| | b Enter the number of voting members included on line 1a, above, who are independent | | | _ | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee? <u>See Schedule</u> 0 | | th any other | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under t | he dire | ect supervision | | | v |
| 4 | of officers, directors, trustees, or key employees to a management company or other person Did the organization make any significant changes to its governing documents | 1? | | 3 | | Х |
| 4 | since the prior Form 990 was filed? | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | | | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7 | a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body? | | | 7 a | | Х |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body? | | | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | | | 7.0 | | |
| - | the following: | - | | | | |
| | a The governing body? | | | 8 a | Х | |
| | b Each committee with authority to act on behalf of the governing body? | | | 8 b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i> . | not be | e reached at the | 9 | | Х |
| Sa | ction B. Policies (This Section B requests information about policies not red | | | - | ia Co | |
| 500 | Cion B. Poncies (This Section B requests information about policies not rec | June | | -vent | Yes | No |
| 10 | a Did the organization have local chapters, branches, or affiliates? | | | 10 a | | X |
| | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, | and bra | anches to ensure their | | | |
| | operations are consistent with the organization's exempt purposes? | | | 10 b | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | | | 11 a | | Х |
| | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 10 | V | |
| | a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that | | | 12a | Х | |
| | to conflicts? | | - | 12 b | Х | |
| | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' Schedule O how this was done See . Schedule . Q | | | 12 c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approx persons, comparability data, and contemporaneous substantiation of the deliberation and de | ecision | 1? | | | |
| | a The organization's CEO, Executive Director, or top management official See . Schedul | | | 15a | Х | |
| | b Other officers or key employees of the organizationSee . Schedule. 0. | | | 15b | Х | |
| 10 | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year? | | | 16a | | Х |
| | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps | ate its | | Tou | | |
| _ | organization's exempt status with respect to such arrangements? | | • | 16b | | |
| _ | tion C. Disclosure | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed None | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply. | | | UI(C)(| 3)s on | iiy) |
| | | | plain on Schedule O) | | | |
| 19 | Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest the public during the tax year. See Schedule O | policy, a | | able to | | |
| | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's b | | | | | |
| 20 BA/ | State the name, address, and telephone number of the person who possesses the organization's b Victoria Bentley 38615 Calistoga Dr. Murrieta CA 92573-48 | | | Form | 990 (| 202 |

Section A. Governing Body and Management

33-0776828 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Yes

Х

No

)

| Form 990 (2021) Far Reaching Ministries | 33-0776828 | Page 7 |
|--|------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors | st Compensated Employe | es, and |
| 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 Compens | sated Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year. | ng with or within the | |

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| | | | | (C) | | | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours | director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) Wesley Bentley CEO | $-\frac{40}{10}-$ | Х | | Х | | | | 142,046. | 0. | 0. |
| (2) Victoria Bentley CFO | $-\frac{10}{40}-$ | | | Х | | | | 0. | 29,760. | 0. |
| (3) Pastor Luke Beebe Director | <u>4_</u> | Х | | | | | | 27,065. | 0. | 0. |
| (4) Dean Broyles, Esg Director | <u>4_</u> | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| ВАА | TEEA0 | 107L | 09/22 | 2/21 | | | | 1 | | Form 990 (2021) |

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| Part V | II Section A. Officers, Directors, Tru | istees, l | Key I | Emp | loy | ees, | and | d Highest Corr | pensated Empl | oyees | (conti | nued) |
|--------|---|--------------------------|-----------------------------------|-------------------------------|-----------------|---------------------------------------|--------|---|---|--------------------|-------------------------------------|-------|
| | | (B) | | | (C) | | | | | | | |
| | (A) Name and title | Average hours per | box, i | unless | perso | n re than n is bot :tor/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from | Estima | (F) ated amo | ount |
| | | week | | _ | | | · · | the organization (W-2/1099- | related organizations (W-2/1099- | compe | f other nsation f | from |
| | | hours for related | Individual trustee or director | Institutio | Key employee | ploye | Former | MISC/1099-NEC) | MISC/1099-NEC) | and | rganizati d related anization | ł |
| | | - tions | tor th | onalt | ploye | eomp | | | | 5 | | |
| | | below dotted line) | istee | onner nstitutional trustee | ð | Highest compensated employee | | | | | | |
| | | | | ¢υ | | led | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | · | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| | btotal | | · · · · · · | | | | • | 169,111. | 29,760. | | | 0. |
| | tal from continuation sheets to Part VII, Section | | | | | | | 0. | 0. | | | 0. |
| | tal (add lines 1b and 1c) tal number of individuals (including but not limited | | | | | | ived. | 169,111. | 29,760. | oncation | 2 | 0. |
| | m the organization > 1 | 10 11030 1 | isicu a | 0000 |) •••••• | | vcu | | | chisatio | | |
| | <u> </u> | | | | | | | | | | Yes | No |
| | the organization list any former officer, direct | | | | | | | | | 3 | | v |
| | line 1a? If 'Yes,' complete Schedule J for such | | | | | | | | | . 3 | | Х |
| the | r any individual listed on line 1a, is the sum of organization and related organizations greate | r than \$1 | 50,000 |)? If | 'Yes | ,' con | nple | te Schedule J for | | | | |
| | ch individual | | | | | | | | | . 4 | | Х |
| for | services rendered to the organization? If 'Yes | ,' comper | te Sch | nedul | n any le J f | or suc | ch p | erson | | . 5 | | Х |
| | n B. Independent Contractors | t | | | | | 41 | 4 | | | | |
| | mplete this table for your five highest compen- mpensation from the organization. Report compen- | sation for | the ca | lenda | ir yea | r endi | ing v | vith or within the or | ganization's tax year | | | |
| | (A) Name and business addr | ess | | | | | | (B) Description of | | ((Compe | C) nsatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | tal number of independent contractors (including b 00,000 of compensation from the organization | | ited to | those | e liste | ed abo | ove) | who received more | than | | | |

Form 990 (2021) Far Reaching Ministries Part VIII Statement of Revenue

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| Par | t V | III Statement of Revenue Check if Schedule O contains a | response or note to an | v line in this Part V | | | П |
|--|----------------|--|---------------------------------------|--------------------------|--|--|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| হ হ | 1a | a Federated campaigns | 1a | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | k | b Membership dues | 1 b | | | | |
| ۵ ف A | C | c Fundraising events | 1c | | | | |
| lar J | C | d Related organizations | 1 d | | | | |
| s, i | e | e Government grants (contributions) | 1 e | | | | |
| e ti | t | f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,620,376. | | | | |
| ĘĘ | ç | g Noncash contributions included in | | | | | |
| t p | | lines 1a-1f | 1g | | | | |
| | r | h Total. Add lines 1a-1f | Business Code | 3,620,376. | | | |
| Program Service Revenue | 2. | a D ¹ 1 1 1 1 1 1 1 1 1 1 | | E 210 C40 | E 210 C40 | | |
| eve | | Bibilical Training & Supp | _ <u>900099</u> 900099 | 5,218,648. 2,012,420. | 5,218,648. 2,012,420. | | |
| В | | <pre>b Christ for a Continent c Missionary_Support</pre> | | 756,281. | 756,281. | | |
| ŝvi | | d Children_of War | | 653,000. | 653,000. | | |
| у'n | e | | | 035,000. | 033,000. | | |
| grar | f | All other program service revenue. | | | | | |
| P. | ç | g Total. Add lines 2a-2f | | 8,640,349. | | | |
| | 3 | Investment income (including dividen | ds, interest, and | | | | |
| | | other similar amounts) | ► | 21,031. | | | 21,031. |
| | 4 | Income from investment of tax-exe | | | | | |
| | 5 | Royalties | | | | | |
| | 6. | a Gross rents 6a | l (ii) Personal | ł | | | |
| | | b Less: rental expenses 6b | | • | | | |
| | | c Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | | (i) Soourit | | | | | |
| | 72 | a Gross amount from sales of assets | | | | | |
| | ŀ | other than inventory 7a b Less: cost or other basis | | - | | | |
| | | and sales expenses 7b | | | | | |
| | Ċ | c Gain or (loss) 7c | | | | | |
| | C | d Net gain or (loss) | · · · · · · · · · · · · · · · · · · · | | | | |
| e | 8 a | a Gross income from fundraising events | | | | | |
| en | | (not including \$ | _ | | | | |
| é | | of contributions reported on line 1c). See Part IV, line 18 | 0 - | | | | |
| ж Т | | b Less: direct expenses | 8a 8b | ł | | | |
| Other Revenue | | c Net income or (loss) from fundrais | | | | | |
| 0 | | | | | | | |
| | 98 | a Gross income from gaming activities. See Part IV, line 19. | 9a | | | | |
| | t | b Less: direct expenses | 9b | Ť | | | |
| | c | c Net income or (loss) from gaming | activities ► | | | | |
| | 10 = | a Gross sales of inventory, less | | | | | |
| | | a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | 0 | c Net income or (loss) from sales of | - | | | | |
| S | 11 | | Business Code | | | | |
| g a | 11 a k c | a | | | | | |
| ê la | | p | | | | | |
| Se Se | | cd All other revenue | | | | | |
| Miscellaneous Revenue | | e Total. Add lines 11a-11d | | | | | |
| | - | Total revenue. See instructions | | 12 201 756 | 9 640 240 | 0 | 21 021 |
| | 14 | | | 12,281,756. | 8,640,349. | 0. | 21,031. |

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

| Sec | tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a | | | | |
|-----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | | (A) | (B) | (C) | (D) |
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 795,356. | 795,356. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16 | 427,743. | 427,743. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 142,046. | 83,136. | 55,964. | 2,946. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0 |
| 7 | | | | | 0. |
| 7 | õ | 950,280. | 604,181. | 343,828. | 2,271. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 82,404. | 52,384. | 30,020. | |
| 10 | Payroll taxes | 47,037. | 22,508. | 24,519. | 10. |
| | Fees for services (nonemployees): | | | | |
| | a Management | | | | |
| I | b Legal | 1,464. | 1,464. | | |
| (| c Accounting | 2,820. | | 2,820. | |
| (| d Lobbying | | | | |
| (| e Professional fundraising services. See Part IV, line 17 | | | | |
| 1 | Investment management fees | | | | |
| - | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion | 596,307. | 596,307. | | |
| 13 | Office expenses | 386,868. | 313,779. | 73,089. | |
| 14 | Information technology | | 5157775. | 10,005. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 207,397. | 99,181. | 108,216. | |
| 17 | Travel | 1,432,317. | 1,365,507. | 9,368. | 57,442. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 1,402,017. | 1,000,007. | 5,500. | 57,412. |
| 19 | Conferences, conventions, and meetings | 63,302. | 49,430. | 13,201. | 671. |
| 20 | Interest | 18,121. | -68. | 18,189. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 291,188. | 231,924. | 58,319. | 945. |
| | Insurance | 98,422. | 53,351. | 45,071. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| ä | Contract_Labor | 794,987. | 794,633. | 204. | 150. |
| | • <u>Widow/Orphan_Care</u> | 717,441. | 717,441. | | 2001 |
| | Training Center | 638,170. | 638,170. | | |
| | Honorarium | 402,358. | 402,358. | | |
| | All other expenses. | 848,567. | 787,691. | 59,752. | 1,124. |
| | Total functional expenses. Add lines 1 through 24e | 8,944,595. | 8,036,476. | 842,560. | 65,559. |
| | 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) | | | | |
| | | | | | |

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Form 990 (2021) Far Reaching Ministries

| 33- | 07 | 76 | 82 | 8 |
|-----|----|----|----|---|
| | | | | |

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Part X Balance Sheet Check if Schedule O contains

| Part | | Balance Sheet Check if Schedule O contains a response or note to | o any line | e in this Part X | | | | |
|-----------------------------|----|--|------------------------------------|-----------------------|---------------------------------|-----------|---------------------------|--|
| | | | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash - non-interest-bearing | | | 3,971,122. | 1 | 11,825,764. | |
| | 2 | Savings and temporary cash investments | | 8,148,658. | 2 | 2,680,371 | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | |
| | 4 | Accounts receivable, net | | | 105,899. | 4 | 1,895 | |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe | I contribu | tor, or 35% | | 5 | | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section | | | | 6 | | |
| | 7 | Notes and loans receivable, net | • • • • | | 101 475 | 7 | 100 704 | |
| | | | | | 101,475. | / 8 | 199,704 | |
| ei. | 8 | Inventories for sale or use Prepaid expenses and deferred charges | | | 10.040 | 8 9 | 10.046 | |
| 5 | | | 1 1 | | 18,046. | 9 | 18,046 | |
| 1 | | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | 8,116,424. | | | | |
| | b | Less: accumulated depreciation | 10b | 3,479,191. | 4,454,256. | 10 c | 4,637,233 | |
| 1 | | Investments – publicly traded securities | | | | 11 | | |
| 1 | | Investments - other securities. See Part IV, line 11. | | | | 12 | | |
| 1 | 3 | Investments - program-related. See Part IV, line 11. | | - | | 13 | | |
| 1 | 4 | Intangible assets. | 1,529,924. | 14 15 | 1,999,354 | | | |
| 1 | | | assets. See Part IV, line 11 | | | | | |
| 1 | 6 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 18,329,380. | 16 | 21,362,367 | |
| 1 | 7 | Accounts payable and accrued expenses | | | 16,866. | 17 | 6,070 | |
| 1 | | Grants payable | | | • | 18 | | |
| 1 | | Deferred revenue | | | | 19 | | |
| | | Tax-exempt bond liabilities | | | | 20 | | |
| <u>s</u> 2 | | Escrow or custodial account liability. Complete Part | | | | 21 | | |
| 2 2 2 | 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe | ficer, dire utor, or 3 rsops | ector, trustee, 5% | | 22 | | |
| | | Secured mortgages and notes payable to unrelated th | | | | 23 | | |
| | | Unsecured notes and loans payable to unrelated third | | | | 24 | | |
| | | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Corr | • | | 26,883. | 25 | 26,901 | |
| 2 | | Total liabilities. Add lines 17 through 25 | | | 43,749. | 26 | 32,971 | |
| Net Assets of Fund balances | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | x | | | 52,571 | |
| | 27 | Net assets without donor restrictions | | | 18,285,631. | 27 | 21,329,396 | |
| ž 2 | 28 | Net assets with donor restrictions | | | | 28 | | |
| | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | | | | | | |
| 5 2 | 29 | Capital stock or trust principal, or current funds | | | 29 | | | |
| 3 3 | | Paid-in or capital surplus, or land, building, or equipn | | | | 30 | | |
| й з | | Retained earnings, endowment, accumulated income | | | | 31 | | |
| 4 3 | | Total net assets or fund balances | | | 18,285,631. | 32 | 21,329,396 | |
| | | Total liabilities and net assets/fund balances | | | 18,329,380. | 33 | 21,362,367 | |
| BAA | | | TEEA0111L | | | | Form 990 (202 | |

| Forn | 1990 (2021) Far Reaching Ministries 33-0 | 776828 | | Page 12 |
|------|--|--------|---------|-----------------|
| Pa | | | | |
| | 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 | 12,281 | ,756. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,944 | ,595. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,337 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). | 4 | 18,285 | ,631. |
| 5 | Net unrealized gains (losses) on investments | 5 | -293 | ,396. |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 2 | 21,329 | ,396. |
| Pa | t XII Financial Statements and Reporting | • | , | <i>.</i> |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | 🗌 |
| | | | Ye | s No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2 a | 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 reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | l on a | | |
| 1 | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | |
| (| 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? | | 2 c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| | 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? | | 3 a | Х |
| I | 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 | | 3 b | |
| BAA | TEEA0112L 09/22/21 | | Form 99 | 0 (2021) |

SCHEDULE A (Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-FZ 2021

OMB No. 1545-0047

| ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | Open to Public Inspection | | | |
|--|--|---|--|---|--|---------------------------------|--|--|--|--|
| | of the organization | | | | | | Employer identific | ation number | | |
| | Reaching M | inistries | | | | | 33-0776828 | | | |
| Part | | | rity Status. (All o | rganizations must | comple | ete this | s part.) See instruc | ctions. | | |
| The o 1 2 3 4 | organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . 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 | | | | ental unit described in s | ection 1 | 70(b)(1) | γΑγγ). | | | |
| 7 | An organizatio | on that normally r | | part of its support from a | | | | blic described | | |
| 8 | | | | A)(vi). (Complete Part I | l.) | | | | | |
| 9 | | | | tion 170(b)(1)(A)(ix) oper (see instructions). Enter | | | | | | |
| 10 | from activities investment in | s related to its e come and unre | exempt functions, sub | nan 33-1/3% of its supp oject to certain exceptio e income (less section Part III.) | ns: and | (2) no r | nore than 33-1/3% of i | ts support from gross | | |
| 11 | An organizati | on organized ar | nd operated exclusive | ely to test for public safe | ety. See | section | n 509(a)(4). | | | |
| 12 a | or more publi lines 12a thro Type I. A supp organization(s | cly supported o ough 12d that de orting organization | rganizations describe escribes the type of so on operated, supervise gularly appoint or elect | ely for the benefit of, to ed in section 509(a)(1) of upporting organization d, or controlled by its sup a majority of the directo | or sectio and corr ported o | n 509(a plete li roanizat |)(2). See section 509(a nes 12e, 12f, and 12g. ion(s). typically by giving |)(3). Check the box on | | |
| b | management | oporting organiz of the supporting t e Part IV, Sect i | organization vested in | ontrolled in connection the same persons that c | with its ontrol or | support manage | ted organization(s), by the supported organizat | having control or ion(s). You | | |
| C | Type III function | onally integrated s) (see instructi | . A supporting organizat ons). You must comp | ion operated in connectio | n with, ar A, D, an | nd functi d E. | onally integrated with, its | supported | | |
| d | functionally in | ntegrated. The c | organization generally | anization operated in cor must satisfy a distribu s A and D, and Part V. | nnection tion requ | with its s uiremen | supported organization(s t and an attentiveness |) that is not requirement (see | | |
| е | | | | en determination from f supporting organizatior | | that it is | s а Туре I, Туре II, Тур | e III functionally | | |
| f | Enter the number | | | | | | | | | |
| | | 0 | n about the supported | d organization(s). | 1 | | 1 | | | |
| (| i) Name of supported o | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is organizat in your g docur | ion listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | Yes | No | • | | | |
| (A) | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |

Page 2

| Part II | Support Schedule for Organizations De | escribed in Sections | 170(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) |
|---------|---|---------------------------------|--------------------------------|------------------|
| | (Complete only if you checked the box on line 5.7 c | or 8 of Part I or if the organi | zation failed to qualify under | Dart III If the |

(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

| 500 | tion A. I ublic Support | | | | | | |
|--------------|---|--|--|---|---|--------------------------------------|------------------|
| Cale begi | ndar year (or fiscal year nning 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.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second, | , third, fourth, or f | ifth tax year as a | section 501(c)(3) | ► |
| Sec | tion C. Computation of Pu | blic Support P | Percentage | | | | |
| 14 | Public support percentage for 20 | 021 (line 6, colum | n (f), divided by li | ne 11, column (f) |) | 14 | % |
| 15 | Public support percentage from | 2020 Schedule A, | Part II, line 14 | | | 15 | % |
| 16a | 33-1/3% support test–2021. If t and stop here. The organization | he organization di qualifies as a pul | id not check the t blicly supported o | oox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, chec | k this box |
| b | 33-1/3% support test-2020. If the and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | ind-circumstances | s test, check this I | box and stop her e | e. Explain in Part | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a d-circumstances te | ind-circumstances est. The organiza | s test, check this tion qualifies as a | box and stop here publicly supporte | e. Explain in Part d organization | VI how the ► |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see in | structions 🕨 🗌 |

Schedule A (Form 990) 2021

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

Section A. Public Support (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.').... 7,429,440 7,052,092. 7,194,134. 7,704,617 12260727 41,641,010. 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... 37,868 37,868. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge ... 0. Total. Add lines 1 through 5... 467,308 7,052,092 7.194.134 7 704,617 12260727 41 678 878. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons... 0 0 0 0 0 0. **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 13 642,818 for the year. 0 724,072 1,234,364 322,715. 2,923,969. c Add lines 7a and 7b.... 0 724,072 642,818 322,715. 1,234,364. 2, 923,969. Public support. (Subtract line 7c from line 6.). 38,754,909 Section B. Total Support (c) 2019 (a) 2017 (e) 2021 (b) 2018 (d) 2020 Calendar year (or fiscal year beginning in) > (f) Total 9 Amounts from line 6..... 7,467,308 7. 052,092. 7. 194,134 7. 704,617 12260727 41,678,878. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 5,453 9,666 15,238 16,388 21,031 67,776. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b 5,453 9,666 15,238 16,388 21,031 67.776. 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI 30,000 30,000. 7,500 67,500. Total support. (Add lines 9, 13 10c, 11, and 12.) 7,091,758. 7,239,372. 7,728,505. 41,814,154. 7,472,761. 12281758. 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) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))..... % 15 92.68 16 Public support percentage from 2020 Schedule A, Part III, line 15. 94.97 16 Ŷ Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)..... 17 0.16 0\0 0.13 0\0 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 18 19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. **b** 33-1/3% support tests - 2020. 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 gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

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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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 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 box 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 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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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 numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 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 disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 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 supporting organizations)? If 'Yes,' answer line 10b below. 10a
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| Part IV | Supporting Organizations (continued) | | | _ |
|---|---|-----|-----|----|
| | | | Yes | No |
| 11 Has | the organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, | | | | |
| the g | governing body of a supported organization? | 11a | | |
| b A fai | mily member of a person described on line 11a above? | 11b | | |
| c A 359 | % controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Far Reaching Ministries

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section 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

Section 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | in this regard. | 3 | | |
| | | | | |

Section 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 instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

33-0776828

Page 5

Yes

1

2

No

Page 6

| 1 Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | ist on No ions mus | v. 20, 1970 (explain ir t complete Sections A | n Part VI). See through E. |
|---|-----------------------|--|--------------------------------------|
| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| 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 shor tax year or assets held for part of year): | t | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2021

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | tions (continued | d) | |
|-----|--|--------------------------------|--------------------------------------|-----|---|
| Sec | tion D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | of supported organization | S, | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide | details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization in Part VI). See instructions. | on is responsive (provide | details | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2021 | ons | (iii) 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 – <i>explain in Part VI</i>). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | P From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| • | PFrom 2020 | | | | |
| 1 | f Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| | i Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | |
| а | 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 any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2017 | | | | |
| Ł | Excess from 2018 | | | | |
| C | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |

BAA

Schedule A (Form 990) 2021

| Schedule A (For | m 990) 2021 | Far | Reaching | Mi | nistries | | 33-077 | 6828 | Page 8 |
|-----------------|----------------------------------|-------------------------------------|---------------------------------------|------------------|-----------------------|---------------------------------------|--|---------|---------------|
| Part VI | B, lines 1 and 3a, and 3b; Pa | 2; Part IV, Sec rt V, line 1; Pa | tion C, line 1; P rt V, Section B, | art IV line 1 | ', Section D, lines 2 | and 3; Part IV, D, lines 5, 6, and | 10; Part II, line 17a nd 11c; Part IV, Sec Section E, lines 1c, I 8; and Part V, Sec tions.) | 2a, 2b, | |
| Part III, L | ine 12 - Othe | r Income | | | | | | | |
| <u>Nature</u> | and Source | · | 2021 | | 2020 | 2019 | 2018 | 2017 | |
| Rental | income | Total <u>\$</u> | 0. | \$ \$ | 7,500. 7,500.\$ | 30,000. 30,000. | <u>\$ 30,000.</u> <u>\$ 30,000.</u> | \$ | 0. |

| SCHEDULE D Supplemental Financial Statements | | | | | | OMB No. 1545-0047 | | |
|--|--|---|---|---|------------------------|------------------------|---|-----|
| | rm 990) | ► Comple | te if the organization answered 'Ye 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11 | es' on Form 990. | ²b. | | 2021 | |
| Depar Interna | tment of the Treasury al Revenue Service | ► Go to www.irs | Attach to Form 990. gov/Form990 for instructions and | the latest inform | mation. | | Open to Public Inspection | |
| | of the organization | | | | | Employer i | dentification number | |
| | Reaching M | | | | | 33-077 | 6828 | |
| Par | t I Organizat Complete | tions Maintaining Donce if the organization ans | or Advised Funds or Other S wered 'Yes' on Form 990, P | Similar Funds art IV, line 6. | s or Acc | ounts. | | |
| | | | (a) Donor advised fund | s | (b) F | unds and | other accounts | |
| 1 | | end of year | | | | | | |
| 2 | 55 5 | ntributions to (during year) | | | | | | |
| 3 | | Ints from (during year) | | | | | | |
| 4 | | at end of year | | | | | | |
| 5 | are the organizati | ion's property, subject to the | nor advisors in writing that the ass organization's exclusive legal con | trol? | | · · · · · · · L | Yes No | |
| 6 | for charitable pur | poses and not for the benefi | ors, and donor advisors in writing the donor or donor advisor, or | for any other pu | rpose con | ferring _ | Yes No | |
| Par | | tion Easements. if the organization ans | wered 'Yes' on Form 990, P | art IV, line 7. | | | | |
| 1 | Purpose(s) of cor | nservation easements held b | y the organization (check all that a | pply). | | | | |
| | Preservation o | f land for public use (for exam | ple, recreation or education) | Preservation | of a histor | rically imp | ortant land area | |
| | Protection of | natural habitat | | Preservation | of a certif | ied histori | c structure | |
| | | of open space | | | | | | |
| 2 | Complete lines 2a last day of the tax | | held a qualified conservation contribu | tion in the form of | | | | |
| | Total number of a | onconvotion occomants | | | н 2а | leid at the | End of the Tax Yea | ar |
| | | | ments. | | 2 a 2 b | | | |
| | | | fied historic structure included in (| | 2 D 2 C | | | |
| | | | | - | 20 | | | |
| | structure listed in | the National Register | in (c) acquired after 7/25/06, and n | | 2 d | n durina th | | |
| | tax year 🕨 | | | | gamzatio | in during ti | | |
| 4 | | where property subject to conse | | <u> </u> | | | | |
| 5 | and enforcement | of the conservation easeme | egarding the periodic monitoring, ir nts it holds? | | | · · · · · · · L | Yes No | |
| 6 | Staff and volunteer | r hours devoted to monitoring, | inspecting, handling of violations, and | d enforcing conse | rvation eas | sements di | uring the year | |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | ecting, handling of violations, and enf | orcing conservation | on easeme | ents during | the year | |
| 8 | and section 170(h | ı)(4)(B)(ii)? | n line 2(d) above satisfy the requir | | | · · · · · · · L | Yes No | |
| 9 | In Part XIII, descrinclude, if application conservation ease | able, the text of the footnote | ports conservation easements in its to the organization's financial state | s revenue and exements that desc | pense sta ribes the | atement a organizat | nd balance sheet, a ion's accounting for | ind |
| Par | t III Organizat | tions Maintaining Colle | ections of Art, Historical Tre wered 'Yes' on Form 990, P | asures, or Ol art IV, line 8. | her Sim | ilar Ass | ets. | |
| 1 a | historical treasure | es, or other similar assets he | r FASB ASC 958, not to report in i eld for public exhibition, education, al statements that describes these | or research in fu | ment and urtherance | balance s of public | sheet works of art, service, provide in | |
| t | historical treasures following amounts | s, or other similar assets held f s relating to these items: | r FASB ASC 958, to report in its re or public exhibition, education, or res | earch in furtheran | ce of publi | ic service, | provide the | |
| | •• | | line 1 | | | | | |
| • | ., | | | | | | | |
| 2 | amounts required | received or held works of art, I to be reported under FASB | historical treasures, or other similar a ASC 958 relating to these items: | ssets for financial | gain, prov | vide the fol | iowing | |

| BAA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | TEEA3301L | 08/30/21 | Schedule D |
|-----|--|-----------|----------|------------|
| b | Assets included in Form 990, Part X | | | ▶\$ |
| а | Revenue included on Form 990, Part VIII, line 1 | | | ▶\$ |
| | | | | |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 Far Reaching Ministries 33-0776828 Page Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Page |
|--|
| 3 Using the organization's acquisition accession and other records, check any of the following that make significant use of its collection |
| items (check all that apply): a Public exhibition d Loan or exchange program |
| b Scholarly research e Other |
| c Preservation for future generations |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? |
| line 9, or reported an amount on Form 990, Part X, line 21. |
| 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? |
| b If 'Yes,' explain the arrangement in Part XIII and complete the following table: |
| Amount |
| c Beginning balance |
| d Additions during the year 1 d |
| e Distributions during the year |
| f Ending balance |
| 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. |
| |
| Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back |
| 1 a Beginning of year balance |
| b Contributions |
| c Net investment earnings, gains, and losses |
| d Grants or scholarships |
| e Other expenditures for facilities and programs |
| f Administrative expenses |
| g End of year balance |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: |
| a Board designated or quasi-endowment |
| b Permanent endowment ►% |
| The percentages on lines 2a, 2b, and 2c should equal 100%. |
| |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: |
| (i) Unrelated organizations |
| (ii) Related organizations |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. |
| Part VI Land, Buildings, and Equipment. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value |
| 1a Land 848,068 848,068 |
| b Buildings |
| c Leasehold improvements |
| d Equipment |
| e Other 498,457. 328,089. 170,368 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 4,637,233 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,637,233 BAA Schedule D (Form 990) 202* |

| Schedule D (Form 990) 2021 Far Reaching Mini | stries | 33-077 | 6828 Page 3 |
|--|-------------------------|---|-----------------------|
| Part VII Investments – Other Securities. Complete if the organization answere | | N/A | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of- | |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (<u>C)</u> | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | | | |
| (H) | | | |
| () | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | • | | |
| Part VIII Investments – Program Related. | | N/A | |
| Complete if the organization answere (a) Description of investment | | | |
| | (b) Book value | (c) Method of valuation: Cost or end-o | of-year market value |
| (1) | | | |
| (2) (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. | | | |
| Complete if the organization answere | d 'Yes' on Form 990 |), Part IV, line 11d. See Form 99 | 0, Part X, line 15. |
| (a) D | escription | , , | (b) Book value |
| (1) Coins | | | 1,703,520. |
| (2) Historical Artifacts | | | 290,884. |
| (3) Over funded pension (4) | | | 4,950. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) Total. (Column (b) must equal Form 990, Part X, column | (P) lina 15) | ► | 1 000 254 |
| Part X Other Liabilities. | (<i>D</i>) IIIIe 13.) | | 1,999,354. |
| Complete if the organization answered 'Yes' on | | 1e or 11f. See Form 990, Part X, line 25. | |
| | ription of liability | | (b) Book value |
| (1) Federal income taxes | | | 26 001 |
| (2) Other Current Liability (3) | | | 26,901. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) (10) | | | |
| (1) | | | |
| | | | 26,901. |
| | | · · · · · · · · · · · · · · · · · · · | |

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.

| Schedule D (Form 990) 2021 Far Reaching Ministries | 33-0776828 | Page 4 |
|--|-----------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Return. N/A | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments 2a | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| 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 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return. N/A | |
| 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 | | |
| c Other losses. | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1. | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Part XIII Supplemental Information. | | |

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

| c Totals (add lines 3a and 3b) | 0 | 0 | |
|------------------------------------|---------------------|--------------------|--------------|
| BAA For Paperwork Reduction | Act Notice, see the | he Instructions fo | or Form 990. |

427,743. Schedule F (Form 990) 2021

OMB No. 1545-0047

2021

| Department of the Treasury nternal Revenue Service | ► Go to www. | | for instructions and the latest | | Open to Public Inspection |
|---|--|---|---|---|---|
| Name of the organization | | | | Employer identi | |
| Far Reaching Ministr | ries | <u> </u> | | 33-07768 | |
| Part I General Informat on Form 990, Par | rt IV, line 14b. | es Outside th | e United States. Complet | te if the organizatio | n answered 'Yes' |
| 1 For grantmakers. Does the the grantees' eligibility for | e organization ma the grants or ass | intain records to istance, and the s | substantiate the amount of its selection criteria used to award | grants and other assistant the grants or assistance | ance, ce?XYes No |
| 2 For grantmakers. Describe i United States. | n Part V the organi | zation's procedure | s for monitoring the use of its gra | ants and other assistance | outside the |
| 3 Activities per Region. (The | following Part I, | line 3 table can b | e duplicated if additional space | e is needed.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| | | | | Futherance of | |
| (1) Africa | | | Program support | Gospel | 46,837. |
| | | | | Missionary | |
| (2) The Netherlands | | | Program support | support | 259,006. |
| (3) Russia | | | Program support | Missionary Services | 110 210 |
| V NUSSIA | | | Program support | DETATCES | 119,218. |
| (4) Mexico | | | Program support | Church Support | 2,682. |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3 a Subtotal. | | | | | 427,743. |
| b Total from continuation sheets to Part I | | | | | |

Statement of Activities Outside the United States

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

SCHEDULE F (Form 990)

33-0776828

Page 2

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region Part V | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-----|--|---|-----------------------------|-------------------------|---------------------------------|---------------------------------------|---|---|--|
| | | | 1410 1 | Ministry | | | | | |
| | | | Africa | Support | 44,619. | Cash | 2,218, | Sound equip | Fair Market |
| | | | | Ministry | | | | Chairs/Fans/S | |
| | | | Mexico | Support | | | 2,682. | | |
| | | | | Ministry | | | | | |
| | | | Russia | Support | 117,850. | Check | 1,368. | Furniture | |
| | | | The | Ministry | | | | | |
| | | | Netherlands | Support | 259,006. | Check | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | <u>+</u> | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Enter total number of recipient organi organization by the IRS, or for which the IRS is the transmission of transmission of the transmission of transmission of the transmission of transmission o | zations listed above t | hat are recognized | as charities by t | he foreign country, | recognized as a t | ax exempt 501(c)(| 3) | 11 |
| | | | | | | | | | 4 |
| BAA | | | | | | | | | |

Schedule F (Form 990) 2021 Far Reaching Ministrie

33-0776828 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book FMV, appraisal other) |
|---------------------------------|-------------------|-----------------------------|---------------------------------|---------------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| BAA | · | · | | - | · | Schedule F | (Form 990) 2021 |

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| 55 | 01 | 100 | , <u> </u> | , |

| Pag | e | Δ |
|-----|---|---|
| | | |

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

BAA

TEEA3505L 10/28/21

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part II, Line 1 - Method of Accounting

Cash and/or Fair market value of items donated

33-0776828

| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | | OMB No. 1545-0047 |
|--|--|-----------------|-----------------------------|
| Department of the Treasury Internal Revenue Service | Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. | | Open to Publi Inspection |
| Name of the organization | | Employer identi | fication number |
| Far Reaching Ministries | | 33-07768 | 328 |

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... X Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------------|------------------------------------|---------------------------------------|----------------------------------|---|---|---------------------------------------|
| (1) Far Reaching Ministries Aviat | | | | | | | |
| 38615 Calistoga Dr., #100 | | | | | | | Ministry |
| Murrieta, CA 92563 | 20-2028633 | | 220,000. | 0. | Cash | | Support |
| (2) Horizonte Ministries | | | | | | | |
| 591 Telegraph Canyon Rd. 408 | | | | | | | Ministry |
| Chula Vista, CA 91910 | 33-0894413 | | 34,206. | 0. | Cash | | Support |
| (3) Saving Grace World Missions | | | | | | | |
| 17451_Bastanchury_Rd. #203 | | | | | | | Ministry |
| Yorba Linda, CA 92886 | 33-0646817 | | 11,000. | 0. | Cash | | Support |
| (4) The National Center for Law & | | | | | | | |
| 539 W. Grand Ave | | | | | | | Ministry |
| Escondido, CA 92025 | 20-8925383 | | 100,680. | 0. | Cash | | Support |
| (5) University of the Nations, Ko | | | | | | | |
| 75-5851_Kuakini_Hwy_#256 | | | | | | | Ministry |
| Kilua Kona, HI 96740 | 99-0240539 | | 6,000. | 0. | Cash | | Support |
| (6) U-Turn for Christ | | | | | | | |
| 20170 Patterson Ave. | | | | | | | Ministry |
| Perris, CA 92570 | 95-7008061 | | 14,300. | 0. | Cash | | Support |
| (7) Calvary Way Ministries | | | | | | | |
| 6 Drakes Bay_Dr | | | | | | | Ministry |
| Corona del Mar, CA 92625 | 81-0594375 | | 24,000. | 0. | Cash | | Support |
| (8) Advocates for the Persecuted, | | | | | | | |
| 772 Jamacho Rd | | | | | | | Ministry |
| El Cajon, CA 92019 | 56-2641811 | | 82,800. | | Cash | | Support |
| 2 Enter total number of section 501(c)(3) |) and government or | ganizations listed | in the line 1 table | | | ••••••••••••••••••••••••••••••••••••••• | • <u> </u> |
| 3 Enter total number of other organization | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | •••••••••••••••••••••••••••••••••••••• | • (|
| BAA For Paperwork Reduction Act Notice, | see the Instructions | for Form 990. | | TEEA3901L | 07/12/21 | Schee | dule I (Form 990) 2021 |

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

Schedule I (Form 990) 2021

33-0776828

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------|--------------------------|--------------------------|----------------------------------|--|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. P | rovide the informatio | n required in Part I | , line 2; Part III, co | lumn (b); and any othe | er additional information. |

Page 2

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

| Name of the organization | | | | | | Employer identific | ation number |
|--|------------------|------------------------------------|---------------------------------------|-------------------------------------|--|---|--|
| Far Reaching Ministries | | | | | | 33-077682 | 8 |
| Part II Continuation of Grants and | d Other Assistan | ce to Domestic | c Organizations an | d Domestic Gover | nments. (Schedu | le I (Form 990), I | ⊃art II.) |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| <u>A_Child's_Life</u> | | | | | | | |
| <u>95-2783 Waikalani Dr., #D102</u> | | | | | | | Ministry |
| Mililani, HI 96789 | 47-1110808 | | 30,000. | | Cash | | Support |
| Calvary Chapel_Old_Bridge | | | | | | | |
| 123_White_Oak_Ln | | | | | | | Ministry |
| Old Bridge, NJ 08857 | | | 15,000. | | Cash | | Support |
| <u> Gary Galbraith Ministries </u> | | | | | | | Ministry |
| Menifee, CA 92584 | 45-5153391 | | 19,350. | | Cash | | Support |
| <u>Calvary Chapel Magazine</u> <u>220 Edison Way, Unit 1</u> Reno, NV 89502 | 32-0011488 | | 50,000. | | Cash | | Ministry Support |
| Central Missionary Clearingho | | | , , , , , , , , , , , , , , , , , , , | | | | |
| _ <u>PO box 219228</u> | | | | | | | Ministry |
| Houston, TX 77218 | 51-0138300 | | 47,000. | | Cash | | Support |
| <u>Omega International Associate</u> <u>PO Box 70101</u> Vancouver, WA 98665 | | | 57,000. | | Cash | | Ministry Support |
| <u>UnCharted Ministries, Inc.</u> | | | | | | | |
| <u>PO Box 77160</u> | | | | | | | Ministry |
| Corona, CA 92877 | 82-3329457 | | 72,000. | | Cash | | Support |
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| /ww.irs.gov/Form990 | for the | latest information. | |
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Department of the Treasury Internal Revenue Service Name of the organization

Far Reaching Ministries

Employer identification number 33-0776828

Form 990. Part I. Line 1 - Organization Mission or Significant Activities

Our mission is to carry the gospel to the lost and dying of the world with discipleship as the primary vehicle. We do this through the planting and establishing of churches and Bible schools. We desire to minister to the afflicted, starving, and dying by bringing aid to their physical needs while, most importantly, fulfilling their spiritual needs with the love of our Lord Jesus Christ. We desire to train and equip in the United States, training missionaries to go out an fulfill the calling on their lives and exercise the gifts given them by our father in heaven. In doing so, we are able to reach the rest of the world by supplying teachers and mentors who can effectively train and equip indigenous pastors and servants to minister in their own countries or serve a missionaries to neighboring countries.

Form 990, Part III, Line 1 - Organization Mission

Our mission is to carry the gospel to the lost and dying of the world with discipleship as the primary vehicle. We do this through the planting and establishing of churches and Bible schools. We desire to minister to the afflicted, starving, and dying by bringing aid to their physical needs while, most importantly, fulfilling their spiritual needs with the love of our Lord Jesus Christ. We desire to train and equip in the United States, training missionaries to go out an fulfill the calling on their lives and exercise the gifts given them by our father in heaven. In doing so, we are able to reach the rest of the world by supplying teachers and mentors who can effectively train and equip indigenous pastors and servants to minister in their own countries or serve a missionaries to neighboring countries.

Form 990, Part III, Line 4d - Other Program Services Description

Children of War: Supports impoverished children in Africa by providing discipleship

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Wesley Bentley and Victoria Bentley are married

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The conflict of interest policy and compliance is reviewed, and compliance verified

at the annual Board of Directors meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Income levels of officers and key employees are low based on industry standards.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Income levels of officers and key employees are low based on industry standards.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Far Reaching Ministries

Employer identification number 33-0776828

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded er | ntity | (b) Primary ac | tivity | (c Legal dom or foreign | ;) icile (state i country) | То | (d) tal income | End-c | (e) of-year assets | Direc | (f) entity | lling |
|--|--------------------------|--------------------------------------|--------------------------------------|-------------------------------|---|------------|---|-------------------|--------------------------------|--------|-------------------------------------|-----------|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga | ganization anizations | 1s. Complete during the ta | if the org x year. | janization | answered | d 'Yes' | on Form 990 | 0, Part | : IV, line 34, | becau | se it | |
| (a) Name, address, and EIN of related organization | Primar | (b) y activity | (c Legal dom or foreign | icile (state | (d) Exempt (sectio | Code on | (e) Public charity (if section 501 | status (c)(3)) | (f) Direct contro entity | olling | (g Sec 512(controlled | d entity? |
| (1) Far Reaching Ministries Aviation 38615 Calistoga Dr., Suite 100 Murrieta, CA 92563-4883 20-2022833 (2) | | igious arity | C | CA | 5010 | c3 | 509(a)(| (2) | N/A | | Yes | No X |
| | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (<u>4)</u> | | | | | | | | | | | | |

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

Schedule R (Form 990) 2021 Far Reaching Ministries

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | excluded from under secti | elated, inco m tax ons | of total | (g Shar end-of ass | f-year | (I Dispr tior alloca | opor- late | (i) Code V-UBI amount in bo 20 of Schedul K-1 (Form 1065) | | al or P ging c | (k) ercentage ownership |
|---|--------------------------------|--|---|--|------------------------------|------------------------------|------------------------------------|---------------------------------|--------------------------------------|---------------|--|--------------------------------|-------------------|--------------------------------------|
| (1) | | country) | | 512-514) |) | | | | Yes | No | 1065) | Yes | No | |
| | | | | | | | | | | | | | | |
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| (3) | | | | | | | | | | | | | | |
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| Part IV Identification of | of Related Orga | nizations | Taxable as | a Corporatio | on or Trust. C | omplete i | if the o | rganiza | tion a | nswei | red 'Yes' on | Form 99 | 0, Par | t IV, |
| line 34, becaus | se it had one or | more rela | ited organiz | ations treated | d as a corpora | ation or ti | trust du | ring the | tax y | ear. | | | | |
| (a) Name, address, and EIN | of related organizat | ion Prim | (b) ary activity | (c) Legal domicile (state or foreign | | (e) Type of (C corp, S | entity S corp, | (f) Share total in | e of come | | (g) are of end-of- year assets | (h) Percentage ownership | Sec 5 control | (i) 12(b)(13) led entity? |
| | | | | country) | entity | or tru | ust) | | | | | | Yes | No |
| (1) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512 controlled |) (b)(13) d entity? |
|---|--------------------------------|--|---|---|--|---|---------------------------------------|------------------------------|----------------------------------|
| | | country) | entity | 01 (1031) | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No |
|---|---------------------------|-----------------|--------------------|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list | sted in Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1a | | Х |
| b Gift, grant, or capital contribution to related organization(s) | | | 1b | Х | |
| c Gift, grant, or capital contribution from related organization(s) | | | 1c | | Х |
| d Loans or loan guarantees to or for related organization(s). | | | 1d | | Х |
| e Loans or loan guarantees by related organization(s) | | | 1e | | Х |
| | | | | | |
| f Dividends from related organization(s). | | | 1f | | Х |
| g Sale of assets to related organization(s) | | | 1g | | Х |
| h Purchase of assets from related organization(s) | | | 1h | | Х |
| i Exchange of assets with related organization(s) | | | 1i | | Х |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | 1j | | Х |
| | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | | Х |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | 11 | | Х |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | 1n | ı | Х |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1n | | Х |
| o Sharing of paid employees with related organization(s) | | | 10 | | X |
| | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | 1p | | Х |
| q Reimbursement paid by related organization(s) for expenses. | | | - | | X |
| | | | - | | |
| r Other transfer of cash or property to related organization(s). | | | 1r | | Х |
| s Other transfer of cash or property from related organization(s) | | | | | X |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover | | | | 4 | 1 |
| (a) Name of related organization | (b) | | Method of | (d) | |
| Name of related organization | Transaction type (a-s) | Amount involved | Method of amoun | | |
| | type (a-s) | | amoun | | eu |
| (1) The Desching Ministeries Bedeties | 1- | 222 000 | 0 1- | | |
| (1) Far Reaching Ministries Aviation | b | 220,000. | Lasn | | |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unre- lated, excluded from tax under sections 512-514) | Are all sec 501(organiz | tion | (f) Share of total income | (g) Share of end-of-year assets | tior | h) ropor- nate ttions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | i) ral or aging ner? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----------------------------------|------|--|---|------|---------------------------------|--|----------------------|-------------------------------|---------------------------------------|
| | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
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Provide additional information for responses to questions on Schedule R. See instructions.