Form S	<b>990</b>
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(Rev. January 2020)

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) • Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

					.irs.gov/Form99					11.			
			dar year, or tax	year begin	ining		, 2019,	, and endir	ıg	1		,	
B Check if applicable: C									D Employ	er iden	tification number		
	Addr	ress change	Far Reach								0776		
	Nam	ne change	38615 Cal							E Telepho	ber		
	Initia	al return	Murrieta,	CA 925	63-4883				(951) 677-4474				
	Final	return/terminated											
	Ame	ended return								G Gross r	eceipts	\$ 8,224,397.	
	Appl	lication pending	F Name and addr	ess of principa	al officer: Mog	lov Bo	ntlov		H(a) Is this	a group retur			
			Same As C	Above	WCD1	теу ве	пстеу		H(b) Are al	I subordinates	include	ed? Yes No	
I	Tax-ex	empt status:	X 501(c)(3)	501(c) (	)◀ (ins	sert no.)	4947(a)(1) or	527	It "No	," attach a list	. (see ir	istructions)	
J			w.frmusa.c		, (		1017 (4)(1) 01	027	H(c) Group	exemption n	imher	•	
ĸ		of organization:	X Corporation	Trust	Association	Other P	1	Year of format	<b>1</b>			legal domicile: CA	
	nrt I	Summar		Thust	Association	Other	F		1011. <b>19</b> 9				
10	1 B	Riefly descri	<b>y</b> ibe the organiza	tion's miss	ion or most si	ignificant	activities: c.		1.1.0				
						ignincant	activities. Se	<u>e Sche</u>	<u>dule_0</u>				
<u>ce</u>	-												
Activities & Governance													
ver	<b>2</b> 0	Check this br	ox ► if the	organizatio	n discontinue	d its one	rations or disp	osed of m	ore than 2	25% of its	net as		
g			oting members of								3	4	
ిర			dependent votir								4	3	
ties	<b>5</b> T	otal number	r of individuals e	employed in	n calendar yea	ar 2019 (F	Part V, line 2a	ı)			5	18	
tivi			r of volunteers (								6	2	
Ac			ed business rev								7a	0.	
	b N	let unrelated	d business taxal	ole income	from Form 99	90-T, line	39				7b	0.	
										Prior Year		Current Year	
ക			and grants (Pa							2,537,6	507.	2,503,839.	
Revenue		-	vice revenue (Pa							4,514,4	185.	4,690,294.	
eve			ncome (Part VII								07.	395,091.	
œ			ie (Part VIII, col							30,0		30,000.	
			e – add lines 8	-						7,089,0	)99.	7,619,224.	
			imilar amounts			-	•			891,9	917.	987,847.	
	<b>14</b> B	Benefits paid	I to or for memb	ers (Part I	X, column (A)	), line 4).							
~	<b>15</b> S	Salaries, oth	er compensation	n, employe	e benefits (Pa	art IX, col	umn (A), lines	s 5-10)		963,8	392.	998,257.	
Expenses	16a P	Professional	fundraising fees	s (Part IX, d	column (A), li	ine 11e)							
pen	h⊺	otal fundrai	sing expenses (	Part IX co	lumn (D) line	25) ►	-	17,332.					
Щ	17 C		ses (Part IX, col			· · –		•		E 000 C	0.00	1 070 500	
		•	-			-				5,090,3		4,870,560.	
			es. Add lines 13							6,946,1		6,856,664.	
		Revenue less	s expenses. Sub		o from the L	۷				142,9		762,560.	
Net Assets or Fund Balances	<b>20</b> T	tal accete	(Part X, line 16)	\						ng of Currer		End of Year	
ssel 3ala	20 ⊺ 21 ⊤		es (Part X, line 2							9,548,3		10,818,548.	
et A Ind B	21 1		-							41,0		39,850.	
			r fund balances.	Subtract I	ine 21 from lii	ne 20				9,507,2	214.	10,778,698.	
Pa	rt II	Signatur	re Block										
Unde	er penaltie plete. Dec	es of perjury, I de	eclare that I have exa arer (other than office	amined this retu er) is based on	urn, including acco all information of	ompanying so which prepa	chedules and state rer has any knowle	ments, and to	the best of r	ny knowledge	and be	lief, it is true, correct, and	
				,			,	- 5 -					
•		Signatu	ire of officer							ate			
Sig	jn									uto			
He	re	Ves	ley Bentle	ey					CEO				
		21								1 1	7	DTIN	
			oreparer's name		Preparer's signa			Date		Check	K if	PTIN	
Pa			S Clark		Grace S					self-employ	ed	P00966823	
Pre	eparer	Firm's name			k CPA APO								
Us	e Only	Firm's addr			a Ave. Su	uite 1	06			Firm's EIN	► 82	-3717541	
				a, CA 9						Phone no.	951	-399-2675	
Ma	y the IR	S discuss th	nis return with th	ne preparer	shown above	e? (see in	structions)					X Yes No	
BA	A For F	Paperwork F	Reduction Act N	otice, see	the separate i	instructio	ns.	TE	EA0101L 01	/21/20		Form 990 (2019)	

Form	n 990 (2019) Far Reaching Ministries	33-0776828	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? 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 service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	es, as measured by expe	enses.
	and revenue, if any, for each program service reported.	to others, the total expension	1565,
4 a	a (Code:) (Expenses \$ 2,599,902. including grants of \$) (Ret	venue \$ <u>1,938</u> ,6	507.)
	Christ for a continent: This program was developed to strengthen t		
	Africa. As such it has established biblical training centers in S		nda,
	and Kenya, planted seven Calvary/Maranatha Chapel Churches, opened		
	training programs, ordained pastors, and trained chaplains for the	<u>e army, police</u>	
	forces, and fire departments in South Sudan.		
4 t	b (Code:) (Expenses \$1,823,818. including grants of \$) (Ret	venue \$ <u>1,411,</u>	503.)
	Provided biblical training & support to the poor throughout the wo	orld	
4 0	c (Code:) (Expenses \$ 942,422. including grants of \$) (Ret	venue \$ 720,4	421.)
	Missionary Support: Provides financial, spiritual, and logistical	<u>l support to</u>	
	missionaries throughout the world.		
4 c	d Other program services (Describe on Schedule O.) See Schedule O		
	(Expenses \$ 629,543. including grants of \$ ) (Revenue \$	619,763.)	
4 e	e Total program service expenses ► 5,995,685.		

Form 990 (2019) Far Reaching Ministries

Par	t IV	Checklist of Required Schedules			
1	ls the	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
•	Sched	dule A.	1	Х	
2	Is the	organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the for put	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates blic office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section in effe	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the asses	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	to pro	e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right vide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
7	Did the enviro	e organization receive or hold a conservation easement, including easements to preserve open space, the pomment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part IL</i>	7		Х
8	Did th <i>comp</i>	e organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Iete Schedule D, Part III.	8		Х
9	for am	e organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ses? If 'Yes,' complete Schedule D, Part IV	9		Х
0	Did th or in (	e organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
1	If the or X a	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
а		e organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule rt VI	11 a	Х	
Ł		e organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	: Did the assets	e organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the	e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did th	e organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f		e organization's separate or consolidated financial statements for the tax year include a footnote that addresses ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
2 a		e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII	12a		Х
b	Was th <i>if the</i>	he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the	organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
4 a	Did th	e organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	busine	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ass, investment, and program service activities outside the United States, or aggregate foreign investments valued 20,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
5		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			

	Schedule D, Parts XI and XII			
I	<b>b</b> Was the organization included in consolidated, independent audited financial statements if the organization answered 'No' to line 12a, then completing Schedule D, Parts X	for the tax ye I and XII is o	ear? If " optiona	Yes I
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete	e Schedule I	Ξ	
14	<b>a</b> Did the organization maintain an office, employees, or agents outside of the United	d States?		

	<b>b</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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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? If 'Yes,' complete Schedule F, Parts II and IV	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	
01	Did the exception report more than \$5,000 of grants or other excitance to any demostic exception or		

domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

21

Х

Part IV	<b>Checklist of Required</b>

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 Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 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 in 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 0 **b** Enter the number of Forms W-2G included in 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 (gambling) winnings to prize winners? 1 c BAA

Form 990 (2019) Far Reaching Ministries

33-0776828

Page 4

	n 990 (2019) Far Reaching Ministries 33-077682	8	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
~	Enter the number of environments to a Ferry W. 2. Treasurithely (Ware and Terr Otate			
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return       2a       18			
ł	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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)			
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3b		
		55		
4 8	<b>a</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)?	4a	Х	
	<b>b</b> If 'Yes,' enter the name of the foreign country <b>Kenya</b> , Uganda	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 -	<b>a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
				Л
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a 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?	-		37
		6 a		Х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
0	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	-		v
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		v
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	-		
	as required?	7 g		
ł	<b>h</b> 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	711		
•	organization have excess business holdings at any time during the year?	8		
٩	Sponsoring organizations maintaining donor advised funds.	Ŭ		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9a 9b		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ł	b Gross income from other sources (Do not net amounts due or paid to other sources			
10	against amounts due or received from them.)	10 -		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
ć	a 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.			
ł	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ł	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
		_		

<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> 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>1 a 4</b>							
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>							
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
officer, director, trustee, or key employee?	2	Х					
of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4 Did the organization make any significant changes to its governing documents			v				
<ul><li>since the prior Form 990 was filed?</li><li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li></ul>	4		X X				
<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> </ul>	5		X				
<ul> <li>7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> </ul>							
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X				
stockholders, or persons other than the governing body?	7 b		Х				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
<b>a</b> The governing body?	8 a	Х					
<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	X					
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0						
organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х				
Section B. Policies (This Section B requests information about policies not required by the Internal Re	veni	ie Co	ode.)				
		Yes	No				
10 a Did the organization have local chapters, branches, or affiliates?	10 a		Х				
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b						
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х				
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O							
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSeeSchedule.0	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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a The organization's CEO, Executive Director, or top management officialSee.ScheduleO	15a	Х					
b Other officers or key employees of the organizationSee .Schedule.0	15b	Х					
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
taxable entity during the year?	16 a	_	X				
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b						
Section C. Disclosure							
17 List the states with which a copy of this Form 990 is required to be filed ► None							
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	)1(c)(3	B)s on	ly)				
Own website X Another's website X Upon request Other (explain on Schedule O)							
<ul> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availal the public during the tax year.</li> <li>See Schedule O</li> </ul>	ole to						
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►							
Victoria Bentley 38615 Calistoga Dr. Murrieta CA 92573-4883 (951) 677-4474							
BAA         TEEA0106L 07/31/19	Form	oon (	2019)				
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### Form 990 (2019) Far Reaching Ministries

Section A. Governing Body and Management

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. Х

Check if Schedule	) contains a	a response or n	ote to any	v line in this Part VI

33-0776828

No

Yes

Form 990 (2019) Far Reaching Ministries	33-0776828	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	t 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 Compensa	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of	

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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 per							(D) Reportable compensation from the organization	(E) Reportable compensation from	<b>(F)</b> 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)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Wesley Bentley	$-\frac{40}{0}$	х		Х				111,237.	0.	0.
(2) Victoria Bentley CFO	$-\frac{10}{40}$			Х				0.	29,878.	0.
(3) Pastor Ray Bentley Director	<u>4</u> 0	х						0.	0.	0.
(4) Dean Broyles, Esg Director	<u>- 4</u> 0	Х						0.	0.	0.
(5) Pastor Luke Beebe	<u>- 4</u> -	х						0.	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)		-								
(13)										
(14)										
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#### Form 990 (2019) Far Reaching Ministries

Form	990 (2019) Far Reaching Ministries			_						33-077682		
Par	VII Section A. Officers, Directors, Tru		Key	Em	-	-	es, a	anc	d Highest Com	pensated Emp	loyees (continued,	)
	<b>(A)</b> Name and title	(B) Average hours per week	box,	unles	heck ss pe	sition more erson	than c is both pr/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other	
		(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)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)												
(16)												
(17)			•									
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b	Subtotal						· · · · · ·		111,237.	29,878.		•
	Total from continuation sheets to Part VII, Section							► -	0.	0.		
	Total (add lines 1b and 1c) Total number of individuals (including but not limited							rod	<u>111,237.</u>	<u>29,878.</u>		•
2	from the organization $\blacktriangleright$ 1	to those i	Isteu	abov	ve) v	WHO	ecen	veu		o or reportable comp	Densation	
											Yes No	5
	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such	h individu	al								. <b>3</b> X	_
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	)0?	lf 'Y	′es,'	com	plei	te Schedule J for		. <b>4</b> X	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper <i>,' comple</i>	isatio te Sc	n fro ched	om a ule	any <i>J fo</i>	unrel r <i>suc</i> i	late h pe	d organization or	individual	. <b>5</b> X	
	ion B. Independent Contractors									<b>\$100.000</b>		
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated inde sation for	epeno the ca	dent alenc	cor dar y	ntrao year	ctors endir	tha าg พ	t received more the vith or within the or	1an \$100,000 of ganization's tax year		
	(A) Name and business addr	ess							(B) Description of	of services	<b>(C)</b> Compensation	
												_
2	Total number of independent contractors (including b \$100.000 of compensation from the organization		ited to	o tho	se l	istec	l abov	ve) v	who received more	than		

# Form 990 (2019)Far Reaching MinistriesPart VIIIStatement of Revenue

33-0776828

Page 9

	Check if Schedule O contains a resp	oonse or note to an	y line in this Part V	III		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from t under sections 512-514
រ្ម 1	a Federated campaigns 1a					_
and Other Similar Amounts	b Membership dues 1b					
Am	c Fundraising events 1 c					
ar	d Related organizations 1d					
Ē	e Government grants (contributions) 1 e					
か 法	f All other contributions, gifts, grants, and similar amounts not included above 1 f	2,503,839.				
Ĕ	a Noncash contributions included in					
ğ	lines 1a-1f					
ar	h Total. Add lines 1a-1f		2,503,839.			
2		Business Code	1 000 000	1 000 000		
	a Christ for a Continent	900099	1,938,607.	1,938,607.		
	b <u>Bibilical Training &amp; Supp</u>	900099	1,411,503.	1,411,503.		
	C Missionary Support	900099	720,421.	720,421.		
	d <u>Children of War</u>	900099	619,763.	619,763.		
	f All other program service revenue					
2	g Total. Add lines 2a-2f	►	4,690,294.			
3	-		4,090,294.			
3	other similar amounts)		15,238.			15,23
4	Income from investment of tax-exemp	t bond proceeds >	,			
5	Royalties	▶				
	(i) Real	(ii) Personal				
6	a Gross rents 6a 30,000					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c 30,000					
	d Net rental income or (loss)		30,000.	30,000.		
7	a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory <b>7a</b>	985,026.				
	<b>b</b> Less: cost or other basis					
	and sales expenses <b>7b</b> c Gain or (loss) <b>7c</b>	605,173.				
	c Gain or (loss) 7c d Net gain or (loss)	379,853.	270.052	270 052		
		· · · · · · · · · · · · · · · · · · ·	379,853.	379,853.		
8	a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18	a				
	<b>b</b> Less: direct expenses 8					
	c Net income or (loss) from fundraising					
	a Gross income from gaming activities.					
5	See Part IV, line 19	a				
	<b>b</b> Less: direct expenses 9	b				
	c Net income or (loss) from gaming activ	vities ►				
10	a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold					
1	c Net income or (loss) from sales of inve	-				
-		Business Code				
	3					
	۵					
	b					
	b c d All other revenue					
Revenue	b c d All other revenue e Total. Add lines 11a-11d					

Form 990 (2019) Far Reaching Mini			33-0776	828 Page 1
Part IX Statement of Functional Ex	•			
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contair				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		645,151.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22		, 10, 101		
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and		242 606		
4 Benefits paid to or for members	012/0501	342,696.		
<b>E</b> Compensation of current officers, director	ſS.			
trustees, and key employees	111,237.	58,956.	46,719.	5,562
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
7 Other salaries and wages	775,928.	413,696.	323,438.	38,794
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	71,608.	39,667.	31,941.	
<b>10</b> Payroll taxes	39,484.	10,412.	29,072.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	3,410.		3,410.	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 12	7			
f Investment management fees				
<ul> <li>g Other. (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Schedule 0.).</li> <li>Advertising and promotion</li></ul>	3,906.	3,906.		
13 Office expenses	287,399.	213,044.	74,355.	
14 Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	199,196.	88,216.	110,980.	
<b>17</b> Travel		757,323.	3,105.	31,562
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	25,572.	19,621.	5,951.	
<b>20</b> Interest	/	1370111	0,0011	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization.	413,719.	329,517.	82,859.	1,343
23 Insurance		42,997.	42,457.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expen on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule O.)	le l			
<sup>a</sup> <u>Training Center</u>	853,264.	853,264.		
b Contract Labor	759,296.	745,583.	13,713.	
<pre>c Community_Development</pre>		501,408.		
d <u>Supplies</u>	0.01 0.05	313,639.	-22,554.	
e All other expenses		616,589.	38,201.	71
25 Total functional expenses. Add lines 1 through 24e.	6,856,664.	5,995,685.	783,647.	77,332
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
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TEEA0110L 07/31/19

# Form 990 (2019) Far Reaching Ministries Part X Balance Sheet

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Pa	irt X	Balance Sneet     Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	1,971,621.	1	2,495,971.
	2	Savings and temporary cash investments.	1,894,838.	2	3,267,271.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,995.	4	5,773.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.	34,537.	7	40,774.
ts	8	Inventories for sale or use	,	8	
Assets	9	Prepaid expenses and deferred charges	18,085.	9	18,079.
Å	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b 2,836,876.	4,644,906.	10 c	4,012,775.
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	951,319.	15	977,905.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,548,301.	16	10,818,548.
	17	Accounts payable and accrued expenses	12,562.	17	11,425.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
I	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	28,525.	25	28,425.
	26	Total liabilities. Add lines 17 through 25	41,087.	26	39,850.
lces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	9,507,214.	27	10,778,698.
ã	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
й S	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	9,507,214.	32	10,778,698.
Ne	33	Total liabilities and net assets/fund balances	9,548,301.	33	10,818,548.

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Form 990 (2019)

Forn	1990 (2019) Far Reaching Ministries 33-0	776828		Pa	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,61	.9,2	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,85	66,6	64.
3	Revenue less expenses. Subtract line 2 from line 1	3	76	52,5	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	9,50	)7,2	14.
5	Net unrealized gains (losses) on investments	5	50	)8,9	24.
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	10,77	18,6	98.
Pa	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. П
			,	Yes	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 in Schedule O.				
28	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?		3a		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		
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SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. 2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service     Go to www.irs.gov/Form990 for instructions and the latest information.     Open to Public						Open to Public Inspection			
Name o	f the organization							Employer identific	ation number
Far	Reaching M							33-077682	
Part				rganizations must o				) See instruc	ctions.
The o 1 2 3 4	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's</li> </ul>								
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 <b>s</b>	ection 1	170(b)(1)	)(A)(v).		
7	An organizatio	n that normally	-	part of its support from a				n the general pu	blic described
8	A community	trust described	l in section 170(b)(1)	(A)(vi). (Complete Part I	l.)				
9		r a non-land-gra	nt college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Enter	the nan				
10	X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organizati	on organized a	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)	(4).	
12 a	<ul> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> </ul>								
b	management of	porting organized of the supporting te Part IV, Sect	organization vested ir	controlled in connection the same persons that c	with its ontrol or	suppor manage	ted orgations the sup	anization(s), by oported organiza	having control or tion(s). <b>You</b>
С	Type III function	nally integrated s) (see instruct	. A supporting organiza ions). <b>You must com</b>	tion operated in connectio plete Part IV, Sections	n with, a <b>A, D, an</b>	nd functi d E.	onally ir	tegrated with, its	supported
d	functionally in	ntegrated. The o	organization generall	ganization operated in cor y must satisfy a distribu <b>ns A and D, and Part V.</b>	nnection tion req	with its s uiremen	supporte it and a	ed organization(s n attentiveness	s) that is not requirement (see
e				ten determination from supporting organizatior		that it is	а Тур	e I, Type II, Typ	e III functionally
		-	n about the supporte				( ) A		
(I	) Name of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	ls the tion listed governing ment?		mount of monetary rt (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									

Total

Schedule A (Form 990 or 990-EZ) 2019	Far Reaching Ministries
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	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) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> 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 in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20						%
	Public support percentage from					I	%
16a	<b>33-1/3% support test-2019.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the b blicly supported c	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box ·····►
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop he	re. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization.	VI how the
18	Private foundation. If the organized	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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	or g	amzation	iuno	.0	99
action	Λ	Dublic	Cun	n	2

### Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.')	E 470 E20	C 21E 102	7 420 440	7 052 002	7 104 124	22 170 200
2	Gross receipts from admissions,	5,479,559.	0,313,103.	7,429,440.	7,052,092.	7,194,134.	33,470,388.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	47 627		27.000			
3	Gross receipts from activities	47,637.		37,868.			85,505.
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	5,527,176.	6,315,183.	7,467,308.	7,052,092.	7,194,134.	33,555,893.
/a	Amounts included on lines 1, 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						
	disgualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.	389,340.	0.	0.	724,072.	642,818.	1,756,230.
С	Add lines 7a and 7b	389,340.	0.	0.	724,072.	642,818.	1,756,230.
8	Public support. (Subtract line 7c from line 6.)						21 700 662
Sec	tion B. Total Support						31,799,663.
	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	5,527,176.	6,315,183.	7,467,308.	7,052,092.	7,194,134.	33,555,893.
	Gross income from interest, dividends,	575277170.	0,010,100.	//10//0000	,,002,002.	//101/1011	
	payments received on securities loans, rents, royalties, and income from						
	similar sources	5,819.		5,453.	9,666.	15,238.	36,176.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b	E 010	0	E 4E2	0.666	15,238.	<u>0.</u> 36,176.
-	Net income from unrelated business	5,819.	0.	5,453.	9,666.	15,238.	30,170.
	activities not included in 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						
10	-				30,000.	30,000.	60,000.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).						33,652,069.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(	(3) ►
Sec	tion C. Computation of Pu						<u> </u>
	Public support percentage for 20			ine 13, column (f)	)	15	94.50 %
16	Public support percentage from	2018 Schedule A,	Part III, line 15.			16	94.84 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			<u></u>
17	Investment income percentage f	or <b>2019</b> (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	0.11 %
18	Investment income percentage f						۶ 80.0
19a	<b>33-1/3% support tests—2019.</b> If is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	lid not check the <b>p here.</b> The order	box on line 14, ar nization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, ar	nd line 17
b	33-1/3% support tests-2018. If	the organization d	lid not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more than 33	-1/3%, and
20	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organi	Zation uid not che					

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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		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 in (b) and (c) below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

# 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in

- or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 <b>Part VI</b> 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 <b>Part VI</b> 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 in (2), 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 <b>Part VI</b> 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 government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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.

2b

3a

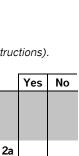
3h

Yes

1

2

No



#### Schedule A (Form 990 or 990-EZ) 2019 Far Reaching Ministries

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Page	6
r aue	σ

1	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20. 1970 (explain ir	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued)	
Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatior	is,	
3 Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

#### Part III, Line 12 - Other Income

Nature and Source	2		2019	·	2018	 2017	 2016	 2015
Rental income	Total	\$ \$	<u>30,000.</u> 30,000.	\$ \$	<u>30,000.</u> 30,000.	\$ 0.	\$ 0.	\$ 0.

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	_	OMB No. 1545-0047			
SCHEDULE D (Form 990)	► Comple	plemental Financial Statements te if the organization answered 'Yes' on Form 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o		2019	
Department of the Treasury		<ul> <li>Attach to Form 990.</li> <li>.gov/Form990 for instructions and the latest in</li> </ul>	Open to Pub		
Internal Revenue Service Name of the organization	Employer ic	Inspection Inspection			
······					
Far Reac	hing Ministries			33-077	6828
Part I Organiza	tions Maintaining Dong	or Advised Funds or Other Similar Fu	nds or Aco		0020
Complete	if the organization ans	wered 'Yes' on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	<b>(b)</b> F	unds and o	other accounts
1 Total number at	end of year				
00 0	ntributions to (during year)				
	ants from (during year)				
4 Aggregate value	at end of year				
		nor advisors in writing that the assets held in d organization's exclusive legal control?			Yes No
for charitable pur	poses and not for the benefi	ors, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe	r purpose coi	nferring 👝	]Yes □No
	ation Easements.				
		wered 'Yes' on Form 990, Part IV, line	e 7.		
		y the organization (check all that apply).			
Preservation of	of land for public use (for exam	ple, recreation or education)	tion of a histo	orically imp	ortant land area
Protection of	natural habitat	Preservat	ion of a certi	fied historie	c structure
	of open space				
2 Complete lines 2a last day of the ta		held a qualified conservation contribution in the for	m of a conser	vation ease	ment on the
last day of the ta				Held at the	End of the Tax Year
a Total number of	conservation easements		2a		
<b>b</b> Total acreage res	stricted by conservation ease	ments.	2b		
c Number of conse	rvation easements on a certi	fied historic structure included in (a)	2c		
<b>d</b> Number of conse structure listed ir	rvation easements included in the National Register.	n (c) acquired after 7/25/06, and not on a histo	oric 2 d		
	-	nsferred, released, extinguished, or terminated by		on during th	e
	where property subject to conse	ervation easement is located >			
5 Does the organiz	ation have a written policy re	garding the periodic monitoring, inspection, ha	ndling of viol	lations,	
		nts it holds?			
<ul><li>Amount of expens</li></ul>	es incurred in monitoring, insp	ecting, handling of violations, and enforcing conse	rvation easem	ents during	the year
►\$					
and section 170(	h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se		· · · · · · · ·	Yes No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its revenue ar to the organization's financial statements that	id expense st describes the	tatement ar organizati	nd balance sheet, and on's accounting for
Part III Organiza	tions Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	r Other Sin	nilar Ass	ets.
historical treasur	es, or other similar assets he	r FASB ASC 958, not to report in its revenue s Id for public exhibition, education, or research	tatement and in furtheranc	l balance s e of public	heet works of art, service, provide in
<b>b</b> If the organizatio	n elected, as permitted unde	al statements that describes these items. r FASB ASC 958, to report in its revenue state or public exhibition, education, or research in furth	ment and bal	lance shee	t works of art,
following amount	s relating to these items:				
2 If the organization	received or held works of art, I	nistorical treasures, or other similar assets for fina ASC 958 relating to these items:		-	lowing
	•	1		►\$	
<b>b</b> Assets included i	n Form 990, Part X			►\$	

BAA	For Paperwork F	Reduction A	Act Notice,	see the	Instructions	for Form	99 <b>0</b> .

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Schedule D (Form 990) 2019 Far I Part III Organizations Mainta			rical Treasures, or	33-077 Other Similar Ass		Page 2
3 Using the organization's acquisition	-	-			•	
items (check all that apply):					soncetion	
a Public exhibition			r exchange program			
<b>b</b> Scholarly research <b>c</b> Preservation for future gener	ations	e Other				
<b>4</b> Provide a description of the organiz		d explain how they	further the organization's	exempt purpose in		
Part XIII. 5 During the year, did the organiza	tion colicit or receiv	a donations of art	historical tracuras or	othor cimilar accote		
to be sold to raise funds rather the					Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if th 990. Part X. I	ne organization ans ine 21.	wered 'Yes' on Fo	rm 990, Par	t IV,
<b>1 a</b> Is the organization an agent, trus	stee. custodian or ot	her intermediary f	or contributions or othe	r assets not included		
on Form 990, Part X?				· · · · · · · · · · · · · · · · · · ·	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and con	nplete the followin	g table:		Amount	
<b>c</b> Beginning balance					Amount	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
<b>2 a</b> Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement						-
Part V Endowment Funds. C						
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
<b>1 a</b> Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentag	,	end balance (line	e 1g, column (a)) held a	as:		
<b>a</b> Board designated or quasi-endowm	ent 🕨	0				
b Permanent endowment ►	×					
c Term endowment ►	َمَّة <u>َ</u>	00/				
The percentages on lines 2a, 2b, a						
<b>3a</b> Are there endowment funds not in to organization by:	the possession of the	organization that ar	e held and administered	for the	Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					3a(ii)	<u> </u>
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b	<u> </u>
4 Describe in Part XIII the intended					II	1
Part VI Land, Buildings, and	Equipment.					
Complete if the organ	ization answered	l 'Yes' on Form	n 990, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.
Description of property	(a) Cos (i	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book va	alue
<b>1 a</b> Land	· · · ·	/	821,253.		821	,253.
<b>b</b> Buildings			2,998,535.	1,411,067.	1,587	
c Leasehold improvements			1,129,196.	531,383.		,813.
<b>d</b> Equipment			1,402,210.	659,860.		,350.
<b>e</b> Other			498,457.	234,566.		,891.
Total. Add lines 1a through 1e. (Colum BAA	nn (d) must equal Fo	rm 990, Part X, c	olumn (B), line 10c.)		4,012 ule D (Form 990	<u> </u>
-				Concu	. =	,

Schedule D (Fo	orm 990) 2019	Far Reaching Minis	stries	33-077	76828 Page	3
Part VII Inv	/estments -	- Other Securities.		N/A		_
				), Part IV, line 11b. See Form 9		2
	-	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value	
• •		sts.				
(3) Other	a equity interes	olo				
(A)						
<u>(B)</u>						
(C)						
<u>(D)</u>						
(E)						
(F)						
<u>(G)</u>						
(H)						
<u>( )</u>						_
		90, Part X, column (B) line 12.) ►		27.72		
Part VIII Inv	mplete if the	e organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 9	90, Part X, line 1	3.
(a)	Description of	investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
	must equal Form 9	90, Part X, column (B) line 13.) 🕨				
Part IX Ot	her Assets.	a argonization anoward	Weel on Form 000	Dert IV/ line 11d See Form O	00 Dort V line 1	F
0			scription	), Part IV, line 11d. See Form 9	(b) Book value	5.
(1) Coins		(4) 500			703,823	-
(2) Deposi	t for Gue				10,000	
	ical Arti	facts			264,082	•
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
			3) line 15.)	•••••••••••••••••••••••••••••••••••••••	977,905	•
Part X Ot	her Liabilitie	es. nanization answered 'Yes' on F	orm 990 Part IV line 11	le or 11f. See Form 990, Part X, line 25.		
1.		(a) Descri	ption of liability		(b) Book value	
(1) Federal in		•••	•			_
	Current L	iability			28,425	
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						

 Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).
 28, 425.

 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) 2019 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		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	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		
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	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.

SCHEDULE F (Form 990) ► Department of the Treasury Internal Revenue Service ► Name of the organization Far Reaching Ministries Part

United States.

2

3

on Form 990, Part IV, line 14b.

### 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.

ions and the latest information.

9 20 Open to Public Inspection Employer identification number 33-0776828 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

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

Go to	www.irs	.gov/For	7 <b>m990</b> f	or insti	ucti

(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	6,537.
				Missionary	
(2) The Netherlands			Program support	support	163,389.
				Missionary	
(3) Russia			Program support	Services	122,685.
<b>(4)</b> Mexico			Program support	Church Support	54.
<b>(5)</b> Uganda			Program Support	Ministry Support	26,286.
(6) South Sudan			Program Support	Ministry Support	23,745.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Subtotal					342,696.
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	0	0			342,696.
BAA For Papanwork Poduction	Act Notico, coo t	ha Instructions fo	Form 990	Scho	Jula E (Earm 990) 2019

OMB No. 1545-0047

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book FMV, appraisal other)
				Ministry					
			Africa	Support	6,537.	Check			
				Ministry					
			Mexico	Support	54.	Check			
				Ministry					
			Netherlands	Support	163,389.	Check			
				Ministry					
			Russia	Support		Chairs	3,000.		
				Ministry				Guitar &	
			Russia	Support		Purchase	2,235.	Access	FMV
				Ministry			·		
			Russia	Support	117,450.	Check			
				Ministry	,			Chair/IT/Tuit	
			South Sudan	Support		Purchase	23,745.		FMV
				Ministry			,		
			Uganda	Support	26,286.	Check			
	Enter total number of recipient organiza he grantee or counsel has provided								
3 E	Enter total number of other organiza	ations or entities						▶	

90, .... (0.4

Schedule F (Form 990) 2019	Far Reaching Ministries	33-0776828
Part III Grants and Othe	er 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	<b>(d)</b> 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) 2019

Page 3

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ັ	J	υ		1	U	υ	~	O.	

76828	Page 4

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

TEEA3505L 06/28/19

Schedule F (Form 990) 2019

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

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.									
Name of the organization							Employer identifica	ation number	
Far Reaching Mi	nistries						33-077682	8	
Part I General Info	ormation on Gra	ants and Assist	ance						
	n maintain records to a used to award the			r assistance, the grantees	0,00			X Yes No	
2 Describe in Part IV t	ne organization's prod	cedures for monitorin	g the use of grant fu	unds in the United States.					
Part II Grants and Form 990, F				and Domestic Gov more than \$5,000. I					
<b>1 (a)</b> Name and addres or govern		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Far Reaching Min	istries Aviat					· · · ·			

(1) Far Reaching Ministries Aviat					
38615_Calistoga_Dr.,_#100					Ministry
Murrieta, CA 92563	20-2028633	295,724.	0.C	Cash	Support
(2) Grace Wave Ministries					
30602_Willow_Village_Dr					Ministry
Menifee, CA 92584	45-5153391	6,000.	0.C	Cash	Support
(3) Horizonte Ministries					
591 Telegraph Canyon Rd. 408					Ministry
Chula Vista, CA 91910	33-0894413	71,899.	0.C	Cash	Support
(4) Saving Grace World Missions					
17451_Bastanchury_Rd. #203					Ministry
Yorba Linda, CA 92886	33-0646817	12,000.	0.C	Cash	Support
(5) The National Center for Law &					
539 W. Grand Ave					Ministry
Escondido, CA 92025	20-8925383	100,680.	0.C	Cash	Support
(6) University of the Nations, Ko					
75-5851_Kuakini_Hwy_#256					Ministry
Kilua Kona, HI 96740	99-0240539	6,000.	0.C	Cash	Support
(7) Casa Horizonte					
591 Telegraph Canyon Rd., Ste					Ministry
Chula Vista, CA 91910	33-0894413	11,000.	0.C	Cash	Support
(8) Calvary Way Ministries					
6 Drakes Bay Dr.					Ministry
Corona del Mar, CA 92625	81-0594375	24,000.	0.C		Support
2 Enter total number of section 501(c)(					····· <u>8</u>
3 Enter total number of other organizat	ions listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·		<u> </u>	····· <u>2</u>
BAA For Paperwork Reduction Act Notice	, see the Instructions for Form 990	).	TEEA3901L C	07/10/19	Schedule I (Form 990) (2019)

33-0776828

Page 2

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. Pr	ovide the informatio	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

# 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 an	nd Other Assistan	ce to Domestic	c Organizations an	d Domestic Gover	mments. (Schedu	le I (Form 990), I	Part II.)
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Advocates for the Persecuted,</u> <u>1093 E Main St #216</u> El Cajon, CA 92021	56-2641811		23,000.		Cash		Ministry Support
<u>Uncharted Ministries, Inc.</u> <u>PO Box 77160</u> Corona, CA 92877	82-3329457		72,000.		Cash		Ministry Support

TEEA4001L 07/10/19

2019

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

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 entity		<b>(b)</b> Primary activity		<b>(c)</b> Legal domicile (state or foreign country)		<b>(d)</b> Total income		<b>(e)</b> End-of-year assets		(f) Direct controlling entity		lling
( <u>1)</u>												
(2)												
<u>(3)</u>												
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized	r <b>ganizatio</b> anization	ons. Complete s during the ta	if the org ax year.	ganization	answere	d 'Yes	on Form 99	0, Part	IV, line 34,	becaus	se it	
(a) Name, address, and EIN of related organization	Prim	<b>(b)</b> ary activity	( Legal dom or foreigr	<b>c)</b> licile (state li country)	<b>(d)</b> Exempt sectio		(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	(g) Sec 512( controlled Yes	<b>)</b> (b)(13) I entity? <b>No</b>
(1) Far Reaching Ministries Aviation 38615 Calistoga Dr., Suite 100 Murrieta, CA 92563-4883 20-2022833 (2)	Religious Charity		(	CA 5010		<u>c3 509(a)</u>		2) N/A				X
(3) 												
(4) 												

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#### Schedule R (Form 990) 2019 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	excluded from under secti	lated, inco n tax ons	of total	(g Shai end-o ass	re of	Dispi tior alloca	h) ropor- nate itions?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	e partn	al or F ging (	<b>(k)</b> Percentage Dwnership
(1)		country)		512-514)	)				Yes	No	1065)	Yes	No	
<u>(1)</u>														
(2)														
(3)														
Part IV Identification of	of Related Orga	nizations	Taxable as	s a Corporatio	on or Trust. C	omplete	if the o	rganiza	tion a	nswe	red 'Yes' on	Form 99	0, Par	t IV.
line 34, becaus	se it had one or	more rela	ted organiz	zations treated	d as a corpor	ation or	trust du	iring the	tax y	ear.				
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) Legal domicile	(d) Direct	(е Туре о	<b>e)</b> of entity	(f) Share			(g) are of end-of-	(h) Percentage	Sec 5	<b>(i)</b> 12(b)(13)
				(state or foreign country)	controlling entity	(C corp, or tr	, S corp, rust)	total in	come	1	year assets	ownership	control	led entity?
(1)													Yes	No
··														

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i Sec 512 controlled	<b>)</b> (b)(13) d entity?
		country)	entity	of trust)				Yes	No
(1)									
(2)									
	t								
	t								
	t								
(3)									
	t								
	t								
	t								
ВАА	1	TEEA	5002L 06/27/19		1		Schedule <b>R</b> (I	Form 990	) 2019

(6) BAA

### 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					
<ol> <li>During the tax year, did the organization engage in any of the following transactions with one or more related organizations list</li> </ol>	sted in Parts II-IV/2			165	NU					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
				Х	Х					
Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s).					<u>X</u>					
			Te		Х					
f Dividends from related organization(s)			1f		v					
<b>q</b> Sale of assets to related organization(s).					X X					
h Purchase of assets from related organization(s).			-		X					
i Exchange of assets with related organization(s).					X					
j Lease of facilities, equipment, or other assets to related organization(s)										
			<u>1j</u>		X					
k Lance of facilities, equipment, or other excepts from related exception(c)			11.		37					
k Lease of facilities, equipment, or other assets from related organization(s).					X X					
Performance of services or membership or fundraising solicitations for related organization(s).										
m Performance of services or membership or fundraising solicitations by related organization(s).										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).										
o Sharing of paid employees with related organization(s)			10		Х					
<b>p</b> Reimbursement paid to related organization(s) for expenses					Х					
<b>q</b> Reimbursement paid by related organization(s) for expenses.			<b>1q</b>		Х					
r Other transfer of cash or property to related organization(s).					Х					
s Other transfer of cash or property from related organization(s)			1s		Х					
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ed relationships and trans									
(a) Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	( Method of	<b>d)</b> determ	ninina					
Hame of related organization	type (a-s)	Amount involved	amount	involv	ed					
(1) Far Reaching Ministries Aviation	b	295,724.	Cash							
	~		04011							
(2)										
(2)										
(3)										
(4)										
(5)										

#### **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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	r (h) Dispropor- tionate allocations?		te amount in box ons? 20 of Schedule K-1		(j) General or managing partner?	
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	1
(1)													
	1												
	1												
	1												
(2)	]												
	-												
(3)	-												
	-												
	-												
(4)													
	1												
	1												
	1												
(5)													
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	]												
<u>(6)</u>													
	-												
	-												
(7)				+									
(7)	4												
	1												
	1												
(8)													
	1												
	1												
	1												
DAA				E 4 5 0 0 4 1						Sabadi			<u> </u>

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Provide additional information for responses to questions on Schedule R. See instructions.