Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2021 calend	dar year, or tax year beginning	01/01/2021	and ending	12/31/	2021						
В	Check if a	applicable:	C Name of organization RAMESH	RICHARD EVANGEL	ISM AND CHURCH	HEALTH	D Emple	oyer identification number					
	Address	change	Doing business as RREACH				Ī	75-2181879					
$\overline{\Box}$	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to str	reet address)	Room/suite	E Teleph	none number					
$\overline{\Box}$	Initial retu	•	17110 Dallas Parkway Suite 23	30	·			972-528-6100					
$\overline{\Box}$		n/terminated	City or town, state or province, co		postal code								
П	Amended		Dallas, TX 75248	,,,			G Gross	receipts \$ 2,155,491					
П		on pending	F Name and address of principal office	er: Ramesh Richard		H(a) Is this a q	4	or subordinates? Yes Vo					
Ш	принаст	on ponding	17110 Dallas Parkway, Suite 2			1		es included? Yes No					
$\overline{}$	Tax-exem	npt status:	✓ 501(c)(3) 501(c) () 	4947(a)(1) or 527			ee instructions.					
_	•	► www.rr		, · (ee.t.i.e.)	10 11 (4)(1) 01 021		p exemption number ▶						
<u>к</u>		_	Corporation Trust Associat	ion	L Year of for		T .	of legal domicile: TX					
_	art I	Summa		IOII U Other	L Teal Of Ion	1907	IVI State	or legal dornicile.					
ш			-	on or most significa	nt activities: A -l-	hal musalamatia	!!	DDEACH					
a)		,											
ü	1	implements God's calling and gifting on Ramesh Richard to promote the Lord Jesus Christ worldwide. RREACH seeks to strengthen pastoral leaders and to evangelize opinion leaders.											
па					050/ 6								
ove.			box ► ☐ if the organization	•	•		1 1						
Ğ	1		voting members of the gover		·		3						
ο <u>σ</u>	1		independent voting members			•	4	6					
iţie			per of individuals employed in	•			5	8					
Activities & Governance			per of volunteers (estimate if r	• •			6	3					
Ă			ated business revenue from F				7a	0					
	b	Net unrelat	ted business taxable income t	from Form 990-T, Pa	art I, line 11		7b	0					
						Prior Yea	ır	Current Year					
ø			ons and grants (Part VIII, line 1	2,	216,929	2,150,609							
n e	9	Program s	ervice revenue (Part VIII, line 2	2g)			1,292	570					
Revenue	10	Investment	t income (Part VIII, column (A)	, lines 3, 4, and 7d)			53,237	4,312					
Œ	11	Other reve	nue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c,	and 11e)		0	0					
	12	Total reven	ue-add lines 8 through 11 (m	ust equal Part VIII, c	olumn (A), line 12)	2,	271,458	2,155,491					
			d similar amounts paid (Part ו	210,300	78,727								
			aid to or for members (Part IX	0	0								
S	1		her compensation, employee b		634,545	570,096							
Expenses			al fundraising fees (Part IX, co	·			0	0					
per			raising expenses (Part IX, colu		74.908								
Ä	1		enses (Part IX, column (A), line				745,107	707,216					
	1	-	nses. Add lines 13–17 (must e				589,952	1,356,039					
	1	-	ess expenses. Subtract line 18	•			681,506	799,452					
- s		i iovorido io	233 expenses. Cubirdet inte 10	JIIOIII IIII IZ		Beginning of Cur		End of Year					
Net Assets or Fund Balances	20	Total accet	ts (Part X, line 16)				216,778	9,985,350					
Asse Bala	21		ties (Part X, line 26)				141,013						
u det	22		or fund balances. Subtract li					110,133					
_	art II		re Block	le 21 ilolli lille 20		9,	075,765	9,875,217					
			, I declare that I have examined this re	atum including accomp	muina sahadulas and si	tatamanta and to th	- btf	multipacidae and haliaf it is					
			e. Declaration of preparer (other than					my knowledge and belief, it is					
		<u> </u>		·									
Sig	nn	Signatu	ure of officer			Date							
-	- 1					Date	7						
He	ere		esh Richard, President										
		1	or print name and title		1								
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date	Check	_					
	epareı	·		self-employed									
	e Only	L Lives's see	me ►			Firm'	s EIN ▶						
		Firm's add				Phor	e no.						
Ма	y the IR	S discuss t	this return with the preparer s	hown above? See ir	nstructions			. 🗌 Yes 🗌 No					

Form 990 (2021) Page **2**

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	A global proclamation ministry, RREACH implements God's calling and gifting on Ramesh Richard to promote the Lord Jesus
	Christ worldwide. RREACH primarily seeks to strengthen pastoral leaders through pastors conferences and the Global
	Proclamation Commission and to evangelize opinion leaders, such as government, business, academic, and cultural leaders
	through one-on-one interaction, group contact, or through media outreach.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 437,535 including grants of \$ 77,261) (Revenue \$ 0)
	Global Proclamation Commission (GProCommission). RREACH's GProCommission is an initiative dedicated to connecting, uniting
	and strengthening 100,000 fine, young lead pastors in emerging economies - primarily in Asia, Africa and Latin America. The goal
	is to provide younger lead pastors critical ministry training and peer relationships that allow them to minister more effectively with
	churches and non-believing communities, and to do so in such a way that allows the Gospel a fair and serious hearing. RREACH
	believes that sound proclamation of God's Word is crucial to fulfilling the Great Commission of the Lord Jesus Christ. The
	GProCommission consists of the Dallas Global Proclamation Academy (GPA), National GPAs, Regional and Global Proclamation
	Congresses for Pastoral Trainers, and an intensive follow-up efforts.
	
4b	(Code:) (Expenses \$ 464,054 including grants of \$1,466) (Revenue \$0)
	Proclamation. RREACH uses a variety of strategies to disseminate the Gospel message, including evangelistic events, public
	speaking, media outreach, pastors conferences, audio, video, podcasts, online engagement, and products.
4c	(Code:) (Expenses \$
	Other ministry activities. This includes a variety of ministry activities within the mission of the organization.
/A	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 1,165,756
	1,100,700

19

21

	90 (2021) IV Checklist of Required Schedules		ı	Page
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			110
_	complete Schedule A	2	V	
2 3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule of Contributors?</i> See instructions	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	.
12a		12a	,	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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	,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15	,	
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	,	
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		,
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		_

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

20b

Part	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		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	~
L	, ,	24a		
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	~	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		> >
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		\ \ \ \ \ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		\ \ \
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 990 (2021)

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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. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website Other (explain on Schedule O) ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ David Brugger, (972)528-6100

Part VI

Form 990 (2021) Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	ensa	ted any current	officer, director,	or trustee.
				(C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Key employee		from the organization (W-2/ 1099-MISC/ 1099-NEC)	rrom related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Ramesh Richard	65.00									
President	0.00	~		~	~	~		164,338	0	19,255
Ron Crosby	1.00									
Director	0.00	~						0	0	0
Daniel Boone	1.00									
Director	0.00	~						0	0	0
Burton French	2.00									
Chair	0.00	~		~				0	0	0
Greg Glosser	1.00									
Director	0.00	~						0	0	0
Curtis Hoffman	1.00									
Director	0.00	~						0	0	0
Walt Massey	1.00									
Secretary	0.00	~		~				0	0	0
		-								
		-								
		-								

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continu	ıed)
	(A) Name and title	(B) Average	Position (do not check more than c						(D)	(E) Reportable		(F)	
	Name and the						both will Highest compensated employee		Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensa from rela	ation ted s (W-2/ SC/	Estimated amo of other compensatio from the organization a related organizat	n nd
			_										
1b	Subtotal		· .					>	164,338		0	19	,255
d d	Total (add lines 1b and 1c)							<u> </u>	164,338		0		,255
2	Total number of individuals (including bu reportable compensation from the organ		d to tr	ose	e list	ed	above	e) w	ho received mor 1	e than \$10	0,000	ot	
3	Did the organization list any former employee on line 1a? If "Yes," complete							mpl	loyee, or highes	st compen	sated		No ~
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indi			<u>, </u>
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	dress							(B) Description of serv	vices	(C) Compensation		
None									· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who			

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Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a res	spon	se or note to ar	ny line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ည် ဋ	С	Fundraising events			1c	0				
fts,	d	Related organizatio	ns .		1d	0				
ia ia	е	Government grants		+	1e	0				
ns,	f	All other contribution								
tio er S		and similar amounts n	ot incl	uded above	1f	2,150,609				
p ě	g	Noncash contribution	ons in	cluded in						
d di		lines 1a-1f			1g	\$ 0				
a Co	h						2,150,609			
						Business Code				
မွ	2a									
ان جَ	b									
Se	C									
yram Ser Revenue	d									
gra	e									
Program Service Revenue	f	All other program se	ervice	revenue			570	570	0	0
•	g	Total. Add lines 2a-				•	570	0.70		
	3	Investment income					2.0			
		other similar amounts)				▶	4,312	4,312	0	0
	4	Income from investr	nent o	of tax-exem	pt bo	nd proceeds ▶	0	0	0	0
	5				•		0	0	0	0
				(i) Real		(ii) Personal				_
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			0	0				
	d	Net rental income of		s)		•	0	0	0	0
	7a	Gross amount from	_	(i) Securiti		(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)				🕨	0	0	0	0
Other	8a	Gross income fro	m fu	ndraising						
δ		events (not including		0						
		of contributions re								
		1c). See Part IV, line	e 18	[8a	0				
		Less: direct expens			8b	0				
	С	Net income or (loss			g eve	nts >	0		0	0
	9a	Gross income								
		activities. See Part		+	9a	0				
		Less: direct expens			9b	0				
		Net income or (loss			tivitie	es >	0	0	0	0
	10a	Gross sales of in	nvent							
		returns and allowan		L	10a	0				
		Less: cost of goods		L	10b	0				
	С	Net income or (loss) from	sales of in	vento	-	0	0	0	0
n						Business Code				
ne eo	11a									
scellaneo Revenue	b									
€ če	C	A II . II								
Miscellaneous Revenue	d	All other revenue			-					
		Total. Add lines 11a					0		-	-
	12	Total revenue. See	ınstr	uctions .		<u> 🕨</u>	2,155,491	4,882	0	0

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	·				(D)
	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	78,727	78,727		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	102 502	145 225	0.170	0.170
6	Compensation not included above to disqualified	183,593	165,235	9,179	9,179
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	263,303	256,780	1,675	4,848
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,415	26,734	3,341	3,340
9	Other employee benefits	53,629	42,903	5,363	5,363
10	Payroll taxes	36,156	30,135	4,292	1,729
11	Fees for services (nonemployees):	30,130	55,135	7,272	1,127
а	Management	395,467	388,109	5,076	2,282
b	Legal	0	0	0	0
c	Accounting	32,600	0	32,600	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	Ü	J	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	-			
40	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
12	Advertising and promotion	49,827	49,756	14	57
13	Office expenses	35,256	13,709	16,270	5,277
14 45	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	40,642	32,514	4,064	4,064
17 18	Travel	14,831	12,197	1,054	1,580
10	for any federal, state, or local public officials	_	_		_
40	•	0	0	0 554	0
19	Conferences, conventions, and meetings .	25,254	20,150	3,504	1,600
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	8,247	1,875	5,656	716
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Printing and production	25,256	9,987	4,016	11,253
b	Dues and subscriptions	51,917	29,614	13,065	9,238
C	Postage and shipping	27,919	7,331	6,206	14,382
d	All other eveness	_	_		
e or	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	1,356,039	1,165,756	115,375	74,908
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)	0	0	0	0

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			922,635	1	1,030,259
	2	Savings and temporary cash investments			8,028,273		8,838,361
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of these	contributor, or 35%		_		
	6	Loans and other receivables from other disqua	•		0	5	0
		under section 4958(f)(1)), and persons described		,	0	6	0
S	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use		-	0	8	0
As	9	Prepaid expenses and deferred charges			239,688	9	94,088
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		69,899	207/000		71/000
	b	Less: accumulated depreciation	10b	47,257	26,182	10c	22,642
	11	Investments—publicly traded securities			0		0
	12	Investments-other securities. See Part IV, line	11 .	[0	12	0
	13	Investments-program-related. See Part IV, line	[0	13	0	
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11	0	15	0		
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	9,216,778	16	9,985,350
	17	Accounts payable and accrued expenses			7,213	17	16,933
	18	Grants payable		0	18	0	
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities	0	20	0		
	21	Escrow or custodial account liability. Complete I			0	21	0
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
jab		controlled entity or family member of any of thes		L	0		0
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	0		0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	17–2	4). Complete Part X			
					133,800		93,200
	26	Total liabilities. Add lines 17 through 25			141,013	26	110,133
nces		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ск пе	re ▶ ☑			
ala	27	Net assets without donor restrictions			4,960,594	27	5,747,837
B	28				4,115,171	28	4,127,380
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	eck here ► □				
0 0	29	Capital stock or trust principal, or current funds		[29	
ëts	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
et /	32	Total net assets or fund balances			9,075,765	32	9,875,217
ž	33	Total liabilities and net assets/fund balances .		[9,216,778	33	9,985,350

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,15	5,491				
2	Total expenses (must equal Part IX, column (A), line 25)		1,35	6,039				
3	Revenue less expenses. Subtract line 2 from line 1		799,452					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		9,075,765					
5	3							
6	6 Donated services and use of facilities							
7	Investment expenses			0				
8	Prior period adjustments			0				
9	Other changes in net assets or fund balances (explain on Schedule O)			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))		9,87	5,217				
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain o	_						
	Schedule O.) ¹¹						
0-		0-						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a		~				
	reviewed on a separate basis, consolidated basis, or both:	"						
	Separate basis Consolidated basis Both consolidated and separate basis							
b		2b	_					
D	Were the organization's financial statements audited by an independent accountant?							
	separate basis, consolidated basis, or both:	"						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	/					
	If the organization changed either its oversight process or selection process during the tax year, explain o							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e						
	Single Audit Act and OMB Circular A-133?	3a		1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	ie						
	$required\ audit\ or\ audits,\ explain\ why\ on\ Schedule\ O\ and\ describe\ any\ steps\ taken\ to\ undergo\ such\ audits\ .$	3b						

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization RAMESH RICHARD EVANGELISM AND CHURCH HEALTH 75-2181879 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 1,948,835 1,664,580 2,216,929 3,338,458 2,150,608 11,319,410 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 1,948,835 1,664,580 3,338,458 2,216,929 2,150,608 11,319,410 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) 2,613,126 Public support. Subtract line 5 from line 4 8,706,284 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 1,948,835 11,319,410 1,664,580 3,338,458 2,216,929 2,150,608 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 31,206 153,431 53,237 338,301 96,114 4,313 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,678 1,283 921 1,292 570 5,744 **Total support.** Add lines 7 through 10 11 11,663,455 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 74.65 % Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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 falls to quality	under the te	ists listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	 		1				
ı a	received from disqualified persons .						
	· · · · · ·		-				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
01:	line 6.)						
	on B. Total Support	/) 0047	# N 0040	() 0040	/ IN 0000	() 0004	(n =
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2021 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39	
	17 is not more than 33 ¹ / ₃ %, check this box a						
b	331/3% support tests-2020. If the organize	_	_	-		=	
-	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	=	*	-		_

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6			9 10	
	Line 8 amount divided by line 9 amount (ii) Excess Distributions (iii) Underdistribution Pre-2021				(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI

	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.)
Schedule A.	Part II, Line 10 - Book sales

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
RAME	SH RICHARD EVANGELISM AND CHURCH HEALTH		75-2181879
Par		ised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, all only for charitable purposes and not for the beneficonferring impermissible private benefit?	nd donor advisors in writing that grant it of the donor or donor advisor, or fo	t funds can be used r any other purpose
Part	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre	·	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
•	Preservation of open space	والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع	
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ed a qualified conservation contribution	
			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified h Number of conservation easements included in		
3	Number of conservation easements modified, trans		Zu
•	tax year ►	oren ea, rereasea, extinguienea, er tern	miated by the organization daming the
4 5	Number of states where property subject to conser Does the organization have a written policy reguiolations, and enforcement of the conservation eas	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	
7	Amount of expenses incurred in monitoring, inspectin ▶\$	ng, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	conservation easements in its revenue a fithe footnote to the organization's fina	and expense statement and
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	•	
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or resns:	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		

Schedu	e D (Form 990) 2021				Page 2
Part					
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other reco	rds, check any of th	ne following that make	e significant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	ge program	
b	☐ Scholarly research		-		
	☐ Preservation for future generations	· ·			
4	Provide a description of the organizatio XIII.	n's collections and expl	ain how they further	the organization's ex	empt purpose in Par
5	During the year, did the organization so assets to be sold to raise funds rather the				nilar · 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arran	gements.			
	Complete if the organization a 990, Part X, line 21.			·	
1a	Is the organization an agent, trustee, or	ustodian or other interr	nediary for contribu	tions or other assets	not
	included on Form 990, Part X?				· Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table:		
	, , , , , , , , , , , , , , , , , , ,		. .		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
_					
f	Ending balance			1f	:
2a	Did the organization include an amount				·
	If "Yes," explain the arrangement in Part Endowment Funds.	XIII. Check here if the e	xpianation has been	provided on Part XIII	<u> ⊔</u>
Par			000 Dt IV II	- 10	
	Complete if the organization a				
_		(a) Current year (b) Pr	ior year (c) Two yea	ars back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
້	Provide the estimated percentage of the	current year end baland	ce (line 1g. column (a	a)) held as:	I
a	Board designated or quasi-endowment		, , , , , , , , , , , , , , , , , , ,	.,, ue.	
b					
c	Term endowment ▶ %	- 70			
C	The percentages on lines 2a, 2b, and 2c	should squal 100%			
30	Are there endowment funds not in the p	•	ization that are hold	and administered for	tho
3a	organization by:	•			Yes No
	(i) Unrelated organizations				. 3a(i)
	()				\ /
b	If "Yes" on line 3a(ii), are the related orga	•			. 3b
4	Describe in Part XIII the intended uses of		owment funds.		
Part	Land, Buildings, and Equipm Complete if the organization a		rm 990, Part IV, lin	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0			0
c	Leasehold improvements	0			0

69,899

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

d Equipmente Other . .

22,642

0

47,257

. ▶

0

0

Schedule D (Form 990) 2021 Page **3**

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part I	V. line 11b. See F	Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(D)			
(C)			
(D)			
(E)			
(F)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . >		
Part VIII	Investments—Program Related.	V line 11e Coe F	Torres 000 Dort V line 12
	Complete if the organization answered "Yes" on Form 990, Part I		<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4)			
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			+
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.	<u> </u>	
rarex	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See Form 990 Part X
	line 25.	,	. 2001 21111 200, 1 41171,
1.	(a) Description of liability		(b) Book value
(1) Federal ir			0
(2) Office re	ental lease		93,200
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. ▶ 93,200
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial sta	tements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

•

Schedule D (Form 990) 2021 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 1 2,155,491 Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 0 Donated services and use of facilities 0 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e n 3 3 Subtract line **2e** from line **1** 2,155,491 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,155,491 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1,356,039 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 0 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2е 0 3 Subtract line 2e from line 1 3 1,356,039 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,356,039 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 D, Part X, Line 2 - RREACH is under a non-cancelable operating lease for office space that expire in 2024. The accounting standard ASC 2016-02, Leases (Topic 842) requires RREACH (the lessee) to recognize an operating lease on the statement of financial position as lease right-of-use ("ROU") asset and a corresponding lease liability. Periodic operating lease costs are allocated with expenses on the statements of activities and functional expenses. The ROU asset is measured based upon the minimum future payments remaining on the lease, which totaled approximately \$93,200 and \$133,800, respectively, at December 31, 2021 and 2020. The operating lease liability is carried at the same value as the ROU asset, and each subsequent year, the ROU asset and lease liability are reduced equally by the annual lease payments. A discount rate was not used since it was determined not to materially impact these calculations. Fore each of the years ended December 31, 2021 and 2020, operating lease expense was approximately \$40,000, respectively.

SCHEDULE F (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number 75-2181870

RAM	ESH RICHARD EVANGELISM AN	ID CHURCH H	IEALTH		7	5-2181879
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility			selection criteria used to	☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribb	0	3	Program Services	Assisting pastors and chur	9,074
(2)	East Asia and the Pacific	0	0	Program Services	Assisting pastors and chur	6,504
(3)	Europe (including Iceland and C	0	0	Program Services	Assisting pastors and chur	1,526
(4)	Middle East and North Africa	0	0	Program Services	Assisting pastors and chur	666
(5)	South Asia	0	1	Program Services	Assisting pastors and chur	30,021
(6)	Sub-Saharan Africa	0	2	Program Services	Assisting pastors and chur	30,936
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(17) 3a	Subtotal					
b						
~	sheets to Part I					
С	Totals (add lines 3a and 3b)	0	6			78,727

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. (b) IRS code (a) Name of (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) South Asia Provide financial assis 5.075 Bank wire transfer 0 N/A USD (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2021

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
				4.004.00.110.11	40010141.100		appraisal, other)
(1) Financial support to pastors of	Central America and the C	17	9,074	Bank wire transfer	0	N/A	USD
(2) Financial support to pastors of	East Asia and the Pacific	14	6,505	Bank wire transfer	0	N/A	USD
(3) Financial support to pastors of	Europe (including Iceland	4	1,526	Bank wire transfer	0	N/A	USD
(4) Financial support to pastors of	Middle East and North Afr	4	666	Bank wire transfer	0	N/A	USD
(5) Financial support to pastors of	South Asia	18	15,761	Bank wire transfer	0	N/A	USD
(6) Financial support to pastors of	Sub-Saharan Africa	35	28,208	Bank wire transfer	0	N/A	USD
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 Page **4**

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page **5**

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - RREACH monitors the use of funds in several ways. RREACH has an established relationship with all grant
recipients as each person has either attended a RREACH event or is known to us through an attendee. RREACH confirms each grant
recipient is either a viable charitable organization or a ministry worker operating for a church or parachurch organization.

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ 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

Employer identification number

		75-2181879)		
Part	t I Questions Regarding Compensation				
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed or 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ı Form			
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef 	e			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef	')			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding part or reimbursement or provision of all of the expenses described above? If "No," complete Part explain	III to	1b	~	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked 1a?	on line	2	~	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	l by a			
	✓ Compensation committee				
	☐ Independent compensation consultant ☐ Compensation survey or study				
		tee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	J			
а	Receive a severance payment or change-of-control payment?		4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	[4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	[4c		'
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part II	II.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrucompensation contingent on the revenues of:	ie any			
а	The organization?	-	5a		~
b	Any related organization?		5b		~
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrucompensation contingent on the net earnings of:	ue any			
а	The organization?		6a		1
b	Any related organization?		6b		~
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described on lines 5 and 6? If "Yes," describe in Part III		7	~	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was sub to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?	ject			
	in Part III		8		~
•	If "Vac" on line O alid the approximation also follows the surface below the surface of the surf	 			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described Regulations section 53.4958-6(c)?		9		

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(i)–(iii)	101 040	(B) Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Ramesh Richard, President	(i)	164,338	0	0	0	19,255	183,593	0	
1	(ii)	0	0	0	0	0	0	0	
	(i)								
_ 2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
12	(i)								
40	(ii)								
13	(i)								
44	(ii)								
14	(i)								
45	(ii)								
15	(i)								
40	(ii)								
16	(")								

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Tovide the information, explanation, or descriptions required for 1 art 1, lines 1a, 1b, 0, 4a, 4b, 4b, 5a, 5a, 5a, 5a, 6a, 7, and 6, and for 1 art 11. Also complete this par
or any additional information.
Schedule J, Part I, Line 1a - The family of the President may accompany him on Board approved ministry trips with the ministry paying the airfare costs up to a maximum of \$11,000 a year
in total for all such trips. All such payments for travel are added to the President's annual W-2 wages as additional income.
Schedule J, Part I, Line 3 - Dr. Richard's compensation is comprised of salary, honorarium payments, life insurance premiums, dental/vision coverage, retirement contributions, and
miscellaneous items.
Schedule J, Part I, Line 7 - Honorarium contributions received by the organization for speaking activities by the President are provided to Dr. Richard as additional compensation and all
amounts are reported annually on his Form W-2.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(10)

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

RAMESH RICHARD EVANGELISM AND CHURCH HEALTH 75-2181879 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4) (5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes No Yes No (1) (2) (3) (4)(5)(6)(7)(8)(9)(10)Total \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7) (8) (9)

Par	Business Transactions Involving Complete if the organization and	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
					Yes	No
(1)	Worldwide Media, Rajiv Richard	brother of President	56,000	To plan and oversee international	С	~
(2)	-					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Par	TV Supplemental Information. Provide additional information formation	or responses to questions	s on Schedule L (see	instructions).		
Sche	edule L, Part IV - The RREACH Board of Di	irectors annually reviews a	nd approves all busin	ess transactions with related partie	s with	the
inter	ested person absent from the discussion	and vote on the matter. All	such approvals are n	oted in the Board minutes and are o	disclo	sed ir
the r	notes to the organization's audited financi	al statements.				

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number					
RAMESH RICHARD EVANGELISM AND CHURCH HEALTH	75-2181879					
Form 990, Part III, Line 4d - RREACH conducts other ministry programs such as, Pastors' Family Care Fun	d, proclamation activities,					
ministry-related products, evangelistic events, development of proclamation associates, media outreach, economic helps, study						
scholarships for international doctorate of theology students, and other occasional ministry opportunities	·					
Form 990, Part VI, Section B, Line 11b - Each year the completed IRS Form 990 and all attachments are pre	sented to the full Board of					
Directors for their review and consideration prior to being filed with the IRS.						
Form 990, Part VI, Section B, Line 12c - All members of the Board of Directors annually disclose any relate the Board Chair and are maintained with the meeting minutes. In addition, the VP of Operations monitors a possible conflicts of interest throughout the year. In cases of possible conflict, the VP of Operations obtain the performed and the bids are reported to the Audit Committee for its review, determination of what is in the organization, and recommendation to the Board of Directors. Related party transactions are disclosed in the audited financial statements.	all business relationships for ns independent bids for the work to he best interest of the					
Form 990, Part VI, Section B, Line 15 - Each year compensation, benefits and other remuneration to the Pro-	esident are presented to the					
Board of Directors for its review, consideration, and approval. Salary survey documentation and market st	andards are also presented					
periodically for context. The Board of Directors annually approves the overall amount of compensation for	the President prior to the start of					
the calendar year.						
Form 990, Part VI, Section C, Line 19 - The organization makes its Form 1023, Form 990 (3 most recent yea statements available to the general public upon request. Requests for other governing documents are con received and such requests are normally fulfilled.						
	·					