## Form **990-EZ**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	12/31/20	23		
<b>B</b> c	B Check if applicable: C Name of organization D En				dentification number		
	Address c	hange	27-3952565				
Щ	Name cha	elephone r	number				
=	nitial retur		2468 Cavalry Rd	6	16-965-1906		
=	-ınaı retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption		
=		n pending	Garland, KS 66741	Number			
G A	ccount	ting Method:	✓ Cash Accrual Other (specify):	ck 🗌 if th	e organization is <b>not</b>		
I W	/ebsite	: www.read			tach Schedule B		
J Ta	ax-exen	npt status (che		n 990).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass				
(Par	t II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ		117,528		
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	ruction	s for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I .				
	1	Contributio	ons, gifts, grants, and similar amounts received	. 1	109,241		
	2	Program se	ervice revenue including government fees and contracts	. 2	0		
	3	Membersh	ip dues and assessments	. 3	0		
	4	Investment	:income	. 4	18		
	5a	Gross amo	ount from sale of assets other than inventory 5a	0			
	b	Less: cost	or other basis and sales expenses	0			
	С 6						
•	а	Gross inc	ome from gaming (attach Schedule G if greater than				
Revenue		\$15,000) .		0			
ě	b		me from fundraising events (not including \$ 0 of contributions				
Be			aising events reported on line 1) (attach Schedule G if the				
			th gross income and contributions exceeds \$15,000) 6b	0			
	С		t expenses from gaming and fundraising events <u>6c </u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	0			
	d		et				
		,		· 6d	0		
	7a			269			
	b			41 _			
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		4,828		
	8	Other reve	nue (describe in Schedule O)	. 8	0		
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		114,087		
	10		I similar amounts paid (list in Schedule O)		0		
	11		aid to or for members		363		
Expenses	12		ther compensation, and employee benefits		50,059		
e	13		al fees and other payments to independent contractors		958		
꼾	14		y, rent, utilities, and maintenance		8,184		
ш	15		ublications, postage, and shipping		77		
	16 17		enses (describe in Schedule O) .See Schedule O, Statement 1		74,976		
	18	Evocas ar	enses. Add lines 10 through 16	. 17	134,617		
əts	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		-20,530		
SS	13		r figure reported on prior year's return)		75.040		
Net Assets	20		angule reported on prior year stretum,		75,069		
Ne	21				-7		
	-1	ושכו מססכוס	or fund balances at end of year. Combine lines 18 through 20	.   41	54,532		

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Pai	<b>t II</b> Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			73,242	22	51,871
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 2.		3,279	24	2,933
25	Total assets			76,521	-	54,804
26	Total liabilities (describe in Schedule O) See So	hedule O, Statement.	3	1,452		272
27	Net assets or fund balances (line 27 of column			75,069	-	54,532
Par	Statement of Program Service Accom	plishments (see th	e instructions for			•
	Check if the organization used Schedule	O to respond to ar	ny question in this	s Part IÍÍ □		Expenses
What	is the organization's primary exempt purpose?	Christ-centered evar			,	quired for section
	ribe the organization's program service accompli					(c)(3) and 501(c)(4) anizations; optional fo
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			_	ers.)
28	Missionary Program funds full-time missionaries on	the ground in Guater	mala.Missionaries p	rovide		
	leadership & assistance to Guatemalan ministries, k					
	programs in Guatemala & other countries. (Approx.					
		includes foreign gra	nts. check here .		28a	113,333
29	Discipleship is a core part of Reach World Mission.					110,000
	with adults, youth, and children; mentoring; develop					
	group events; and teaching Bible courses. (Approx.			s, speaking at		
		includes foreign gra			298	16,716
30	Reach World Mission supports a variety of Compass				236	10,710
00	scholarships, school supplies, and other assistance					
	light systems, etc.). (Approx. 20 people benefited)	Tor the poor, (wedica	ii assisiance, noou s	supplies, solai		
		includes foreign gra	nte check here		30a	1,469
21	Other program services (describe in Schedule O)				302	1,409
31					31a	
32	Total program service expenses (add lines 28a	includes foreign gra			32	
Par						/
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ctions for Part IV)
	Check if the organization used Schedule	To to respond to an	ı .	Tailiv	<del></del>	· · · · <u></u>
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC) (if not paid, enter -0-	deferred compensation	``	Estimated amount of other compensation
Mich	ael Shead	40.00	36,03	8 7,5	10	0
Pres			00,00	7,0	.	Š
	stina Shead	25.00		0	0	0
	president					·
	Shead	2.50		0	0	0
Trea		2.50			Ĭ	·
	Shead	1.00		0	0	0
Secr		- 1.00			Ĭ	·
	Bailes	0.00		0	0	0
Direc		0.00			Ŭ	·
		0.00		0	0	0
Greg Fess 0.00 0 0						·
	e Fess	0.00		0	0	0
Direc		0.00			١	
		0.00		0	0	0
	h Shead	0.00		١	الا	U
Direc		0.00		0		
	y Reynolds	0.00		0	0	0
Direc	CIOF				+	
		-				
					+	
		-				
		1				

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: KS, MI	100		
42a		620-21	5-2396	6
	Located at: 2/48 Cavalry Pd. Carland, KS 667/11	667		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:  Guatemala	42c	<b>'</b>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	11h		.,
^	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>/</b>
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	776		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ	(2023)						P	age -	
							Yes	No	
	the organization engage, directly or in								
Part VI	candidates for public office? If "Yes," candidates for public office.		, Parli			. 46		<u> </u>	
rait Vi	All section 501(c)(3) organizations		stions 47–49h and	d 52 and d	omnlete th	e tables fo	or line	20	
	50 and 51.	3 mast answer que		a 52, and c	ompicte tii	C tables it	JI 11110	,,	
	Check if the organization used Sch	nedule () to respond	to any question in	this Part V	'n				
	Check if the organization accased	icadic o to respond	to any question in	i tilio i dit v		• • • •	Yes	No	
<b>47</b> Did	the organization engage in lobbying	activities or have a s	section 501(h) elect	ion in effec	t during the	tax	103	110	
	r? If "Yes," complete Schedule C, Part					. 47		~	
-	ne organization a school as described in		i)? If "Yes " complete	e Schedule I	=	. 48		・	
	the organization make any transfers to							・	
	Yes," was the related organization a se								
	mplete this table for the organization's						es. and	d ke	
	ployees) who each received more than								
		(b) Average	(c) Reportable	(d) Hea	lth benefits,				
(	a) Name and title of each employee	(b) Average hours per week	compensation		ns to employee	(e) Estimate			
		devoted to position	(Forms W-2/1099-MISO 1099-NEC)		s, and deferred bensation	other com	pensau	ion	
None									
<b>f</b> Tota	al number of other employees paid over	er \$100,000							
	mplete this table for the organization'			nt contracto	ors who each	n received	more	thar	
\$10	00,000 of compensation from the organ	nization. If there is no	ne, enter "None."						
(	(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	) Compensation	on		
None									
			_						
			-						
			1						
			1						
<b>d</b> Tota	al number of other independent contra	actors each receiving	over \$100 000						
	the organization complete Schedu	_		ranizations	must attack				
	npleted Schedule A					∵ a ·		No.	
	es of perjury, I declare that I have examined this r	return including accompany	ving schedules and state	ments and to t	he hest of my ki				
	and complete. Declaration of preparer (other than					lowledge and	bellel,	11.13	
Sign	Signature of officer				ate				
Here	Michael Shead, President								
	Type or print name and title								
Daid	Print/Type preparer's name	Preparer's signature		Date	Chaole	PTIN			
Paid	7				Check self-emplo	if view			
Prepare		1		F	irm's EIN				
Use Only	Firm's address Phone no.								
May the IR	S discuss this return with the preparer	shown above? See i	nstructions			. Tyes		lo	

## **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number **REACH WORLD MISSION INC** 27-3952565

11111	OIT WORLD IMPOSION INC					2, 0,	02000	
Par		<u> </u>					ons.	
The c	organization is not a private foundat		,		-	•		
1	A church, convention of church					0(b)(1)(A)(i).		
2	A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	☐ A hospital or a cooperative hos	pital service org	anization described in	n <b>sectio</b> r	170(b)(1	I)(A)(iii).		
4	A medical research organization						(iii). Ente	r the
-	hospital's name, city, and state	•	,			( // // /	•	
5	☐ An organization operated for the		college or university	owned o	r operate	ed by a government	al unit d	escribed in
_	section 170(b)(1)(A)(iv). (Comp		comogo or armoremy		. 000.011	, a go ( a	a. a a	
6		•	mantal unit dagarihad	in acati	470/h\	(4\/A\/ <sub>4</sub> \		
6	<ul><li>☐ A federal, state, or local govern</li><li>✓ An organization that normally r</li></ul>							
7				port iron	i a gover	ninental unit or from	i the ger	ierai public
_	described in section 170(b)(1)(							
8	A community trust described in			•				
9	☐ An agricultural research organiz							
	or university or a non-land-gran	nt college of agri	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the colle	ege or
	university:							
10	An organization that normally re receipts from activities related to	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, an	d gross
	support from gross investment	income and un	nctions, subject to ce related husiness taxal	rtain exc ble incom	eptions; a ne (less s	and (2) no more than ection 511 tax) from	husiness	oi iis Ses
	acquired by the organization af	ter June 30, 197	75. See <b>section 509(a</b>	a)(2). (Coi	nplete Pa	art III.)	Duomiood	,,,,
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b>	ion 509(a)(4).		
12	☐ An organization organized and o	•	•	-			out the r	ourposes of
	one or more publicly supported							
	the box on lines 12a through 12a							
а			• • • • • • • •			•		•
u	the supported organization(							
	supporting organization. <b>Yo</b>					ine directors or trust	CC3 OI III	0
L-	_ ,, , ,	-	•				(-)	la accidente
b	_ ,,							
	control or management of the organization(s). You must on				persons	that control or man	age the s	upported
	• ,,	-	•				. 11	
С	<ul> <li>Type III functionally integr its supported organization(s</li> </ul>						ally integi	rated with,
_								
d								
	that is not functionally integ						d an atte	entiveness
	requirement (see instruction	•	•		-			
е							II, Type	Ш
	functionally integrated, or T	• •			-			
f		•						
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		mount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		upport (see uctions)
			above (see instructions))	4004	mone.	instructions)	IIISII	uctions)
				Yes	No			
/A\								
(A)								
<b>(D)</b>								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990) 2023 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 71,095 79,996 106,419 91,218 109,241 457,969 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 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 **Total.** Add lines 1 through 3 4 71,095 79,996 106,419 91,218 109,241 457,969 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) . . . . 87,055 **Public support.** Subtract line 5 from line 4 370,914 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 71,095 91,218 109,241 79,996 106,419 457,969 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 9 11 18 56 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 **Total support.** Add lines 7 through 10 11 458,025 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 8,269 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 80.98 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. 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 - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	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						
12	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	•	organization'	 s first_second	third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch						%
Secti	on D. Computation of Investment In	come Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2023 (	line 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$ , check this box	and <b>stop here</b> .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this l	box and <b>stop h</b>	ere. The organ	ization qualifies	s as a publicly s	upported orgar	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . $\square$

Schedule A (Form 990) 2023 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of 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.)

## Se

secti	on A. All Supporting Organizations		<b>V</b>	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 500(a)(1) or (2)2 If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes.  Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	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 <b>Part VI</b> , 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			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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? <i>If "Yes," provide detail in Part VI</i> .	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 <b>Part VI</b> .	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.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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 Section 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 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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.

3b

Schedule A (Form 990) 2023 Page 6

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . **e** From 2022 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number					
REACH WORLD MISSION INC	27-3952565					
Form 990-EZ, Part I, Line 20 - Encountered an unknown accounting error of -\$6.86 this adjustment brings net assets into balance and is						
communicated with board of directors.						

Schedule O, Statement 1 REACH WORLD MISSION INC

Form: **Form 990-EZ (2023)** EIN: **27-3952565** 

Page: 1 Part I, Line 16

### Other Expenses Structured Explanation

Description	Amount
Construction	45,609
Short term Teams	11,491
Travel	6,617
Technology	5,154
Evangelism	2,597
Education	1,301
Legal paperwork	1,094
Marketing	493
Depreciations	346
Office and Furnishings	274

Schedule O, Statement 2 REACH WORLD MISSION INC

Form: **Form 990-EZ (2023)** EIN: **27-3952565** 

Page: 2 Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
2008 L300 Mitsubishi Vehicle	2,933

Total: 2,933

Form: Form 990-EZ (2023)

Page: 2

Other Liabilities Structured Explanation

EIN: 27-3952565

Part II, Line 26

**REACH WORLD MISSION INC** 

Other Liabilities Structured Explanation		
Description	EOY Amount	
Outstanding reimbursement still to be made for expenses from 2023	272	
Total·	272	

Schedule O, Statement 3