Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 58-1730035 LOVE WORTH FINDING MINISTRIES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions, due date for filing your PO BOX 38300 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38183 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 **Application** Return Return Application Is For Code Is For Code Form 990 or Form 990-EZ 01 08 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 SUSAN CRANFORD The books are in the care of ► P.O. BOX 38300 - MEMPHIS, TN 38183 Telephone No. ► 901-382-7900 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box List it is for part of the group, check this box List and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

estimated tax payments made. Include any prior year overpayment allowed as a credit.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

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Watkins Uiberall, PLLC 1661 Aaron Brenner Dr., Suite 300 Memphis, Tennessee 38120 Tel: (901) 761-2720 - Fax: (901) 683-1120

Ms. Susan Cranford Love Worth Finding Ministries, Inc. PO Box 38300 Memphis, TN 38183

Dear Susan:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Zachary L. Willis CPA

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2015

Record of Authorization to **Electronically File FBARs**

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

T.OVEWOB 20230001

The form 114a may be digitally signed LOVEWORZ0230001												
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)												
Owner last name or entity's legal name LOVE WORTH FINDING MINISTRIES,		2. Owne	er first name				3. Owner M.I.					
4. Spouse last name (if jointly filing FBAR - see instructions be	elow)	5. Spou	se first name				6. Spouse M.I.					
I/we declare that I/we have provided information concerning												
7. Owner signature (Authorized representative if entity) Susan Cranford	1/15/2004		9. Owner or entity TIN 581730035	type			☑ EIN ☑ SSN/ITIN ☑ Foreign					
11. Spouse signature	12. Date MM DD YY	13. Spouse TIN	14. TIN a type b			EIN SSN/ITIN Foreign						
Part II Individual or Entity Authorized to File FBAR on the	ehalf of Persons	s who h	ave an obligation to	file.			*					
15. Preparer last name WILLIS	16. Preparer firs	t name		17. Pre	parer M L		Preparer PTIN					
19. Address	20. City			21. Sta		CALL PRODUC	postal code					
1661 AARON BRENNER DR., STE 300	MEMPHIS			TN		38120	o					
23. Country code US WATKINS UIBERALL, PL			25. Employer EIN 26. Preparer's signatur		signature	3						
Instructions for completing the FBAR Signature Authorization Record												

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

Rev. 10.7 May 21, 2015

Form 8879-TF

For cale

IRS e-file Signature Authorization for a Tax Exempt Entity

ndar year 2022, or fiscal year beginning	JUL	1	, 2022, and ending	JUN	30	, 20 2

3

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 58-1730035 LOVE WORTH FINDING MINISTRIES, INC. Name and title of officer or person subject to tax SUSAN CRANFORD DIRECTOR-FINANCE & DEVELOPMENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 6 , 760 , 882 . Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here 3a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize WATKINS UIBERALL, PLLC 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforemention on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Susan Cranford/Love Worth Finding Ministries Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 62638038120 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01/12/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

LOVEWOR20230001

Filing Name	LOVE WORTH FI	NDING MINISTR	IES, INC.	
Submission Type	NEW			
		PIN	NOT REQUIRED	
Check here X if this report report. The E-file system will a NOTE: The FBAR must be receils available.	auto complete item 46.			
This report filed late for the folio	wing reason (Check only o	ne):		
b. Did not know t	hat I had to file			
c. Thought accor	unt balance was below repo	orting threshold		
d. Did not know t	hat my account qualified a	s foreign		
e. Account state	ment not received in time			
f. Account state	ment lost (Replacement rec	quested)		
g. Late receiving	missing required account i	nformation		
h. Unable to obta	ain joint spouse signature in	n time		
i. Unable to acce	ess BSA E-filing system			
z. Other (please	provide explanation below)			

Form **8868** (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contracts	ed below with the exception of Form 8870, information F , for which an extension request must be sent to the IR: is form, visit <i>www.irs.gov/e-file-providers/e-file-for-chari</i>	S in paper	format (see instructions). For more									
Automa	automatic 6-Month Extension of Time. Only submit original (no copies needed).											
•	Il corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts use Form 7004 to request an extension of time to file income tax returns.											
Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	identification nu	umber (TIN)						
print	LOVE WORTH FINDING MINISTR	IES,	INC.		58-1730	035						
File by the due date for iling your eturn, See	Number, street, and room or suite no. If a P.O. box, so PO BOX 38300											
nstructions,	City, town or post office, state, and ZIP code. For a fom MEMPHIS, TN 38183	oreign add	ress, see instructions.									
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)		<u></u>	011						
Application	on	Return	•••			Return						
s For		Code	Is For			Code						
	or Form 990-EZ	01	Form 1041-A			08						
	0 (individual)	03	Form 4720 (other than individual)			09						
Form 990		04 05	Form 5227 Form 6069			10						
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	06	Form 8870			12						
	T (corporation)	07										
Teleph	one No. 901-382-7900 rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole grou							
the ▶[▶[the organization named above. The extension is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .											
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.						
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and									
esti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.						
	ance due. Subtract line 3b from line 3a. Include your pa	-	• •			^						
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.						
Caution: nstruction	If you are going to make an electronic funds withdrawalns.	(direct de	bit) with this Form 8868, see Form 8	453-TE an								
HA F	For Privacy Act and Panerwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)											

223841 04-01-22

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or the	2022 calendar year, or tax year beginning	UL I, 2022 and	ل ending	UN 30, 2023	
В	Check if	C Name of organization			D Employer identifi	cation number
	Addres	LOVE WORTH FINDING MIN	ISTRIES, INC.			
\perp	Name change	Doing business as			58-17300	35
	initial _return _Final _return/	Number and street (or P.O. box if mail is not deli PO BOX 38300	vered to street address)	Room/suite	E Telephone number 901-382-	
	termin- ated		ZIP or foreign postal code		G Gross receipts \$	7,047,596.
Г	Ameno		oo.g poota. ooco		H(a) Is this a group r	
	Application		Y VAUGHN		for subordinates	s? Yes X No
_	pendin	SAME AS C ABOVE	_ ,		H(b) Are all subordinates i	ncluded? Yes No
	Toy ove	mpt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Nebsit		(IIISELT 110.) 4347 (a)(1)	01 321	H(c) Group exemption	
			sociation Other	I Voor		M State of legal domicile: TN
		Summary	Sociation Other	L TEAL	or formation. 1707	VI State of legal dofficie, 114
(F)				ממגע	UP COCDET T	UPOIICUOIIM
Governance		Briefly describe the organization's mission or most THE WORLD.	significant activities: 10 5	HAKE I	RE GOSPED I	IROUGHOUT
nan			tinued its appretions or dispe		than OEO/ of its not a	acata .
Ver	ľ		ntinued its operations or dispo			13
Ĝ		Number of voting members of the governing body (3	13
ø		Number of independent voting members of the gov			·····	34
ţį		Total number of individuals employed in calendar y				18
Activities &		Total number of volunteers (estimate if necessary)				0.
Ą		Total unrelated business revenue from Part VIII, col				0.
	<u>D</u>	Net unrelated business taxable income from Form 9	990-1, Part I, line 11		Prior Year	Current Year
				-	7,354,063.	
ne					7,354,003.	0,020,321.
Revenue		Program service revenue (Part VIII, line 2g)			6,315.	
æ		nvestment income (Part VIII, column (A), lines 3, 4,			144,229.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				
		Total revenue - add lines 8 through 11 (must equal			7,504,607.	
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A				
Ses		Salaries, other compensation, employee benefits (F			2,064,659.	
Expenses		Professional fundraising fees (Part IX, column (A), li	ne 11e)	<u> </u>	433,045.	479,229.
X	1	Fotal fundraising expenses (Part IX, column (D), line			4 725 204	4 070 760
-		Other expenses (Part IX, column (A), lines 11a-11d,			4,735,294.	
		Fotal expenses. Add lines 13-17 (must equal Part I)			7,232,998.	
	19	Revenue less expenses. Subtract line 18 from line	12		271,609.	
Net Assets or Fund Balances				Re	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)			3,628,719.	2,962,828.
쭕	21	Total liabilities (Part X, line 26)			446,202.	
챯	22	Net assets or fund balances. Subtract line 21 from	line 20		3,182,517.	2,345,164.
_		Signature Block				
		ties of perjury, I declare that I have examined this return,				iy knowledge and beliet, it is
true,	correc	, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	has any knowledge.	
		Cianabura et efficar			Data	
Sig		Signature of officer		^ -	Date	
Her	e		FINANCE & DEVEL	Obwent	· 	
		Type or print name and title	Preparer's signature		loto I - I	I DYIN
	.		Date Check	PTIN		
Paid		ZACHARY L. WILLIS		[0	1/12/24 self-employ	P01859153
	parer	Firm's name WATKINS UIBERALL,		_	Firm's EIN 6	2-1804252
Use	Only	Firm's address 1661 AARON BRENNEI	R DR., STE 300			01 \ 001 0000
		MEMPHIS, TN 38120			Phone no. (9	01) 761-2720
	. 46 - 15	S discuss this return with the preparer shown about	O O !			X Ves No

Form 990 (2022)

Pa	rt IV 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)?		res	NO
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	X	
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		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>	X	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
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			х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		x	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	 ^ -	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	 ^
19		19	1	X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	† <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Yes No Pert IX, column (A), line 27 II "Yes", complete Schoolule (, Pert I and III 22 X 22 X 23 24 24 25 25 25 25 25 25	Pa	t IV Checklist of Required Schedules (continued)	-		
22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, counnel for the "Cheenization August 10" of "The", "complete Schedule (). Part I and III. 24 Did the organization answer "Yes" to Part VII, Section A, Ina 3, 4, or 5, about compensation of the organization's current and former officere, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule (). Schedule () and complete Sche				Yes	No
Part IX. column (A), line 2? If "Yes," complete Schedule I, Part I and III 20 Did the organization naver "Yes" to Part IVI, Section A, line 34, or 6, shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 21 Did the organization have a tax exempt bond issue with an oblishanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No." go to line 25s 22 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 23 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds cutstanding at any time during the year to defease any tax-exempt bonds? 25c Section \$301c(38), \$01c(34), and \$501c(2)(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year If "Yes, complete Schedule L, Part I. 25d Did the organization avaire that the engaged in an excess benefit transaction with a disqualified person and that the transaction has not been reported on any of the organizations prior Person \$90 or 950e27 If "Yes," complete Schedule L, Part I. 25d Did the organization reported 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 former officer, director, trustee, line 1 part IV. 25d Was the organization or part or business transact	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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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 Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. "Thou," go to im 25a 5 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 5 bid the organization neither an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 5 bid the organization exemption and excrow account other than a refunding escrow at any time during the year? 24d 5 bid bid the organization aware that the angued in an excess benefit transaction with a disqualified person during the year? 17 viso, "complete Schedule I., Part I is the organization and that the transaction has not been reported on any of the organization's prior Forms 99 or 990 EZP If "Yes," complete Schedule I., Part I is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II is 10b bid to 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 themot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV instructions for applicabile filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator of founder, or substantial contributor? If "Yes," complete Schedule II., Part IV instructions for explicabile filing thresholds, conditions, and exceptions; a A current or former officer,	23			_	
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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 IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization included the schedule M. Part IV. 30 Did the organization included the schedule M. 31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77013? If "Yes," complete Schedule R, Part I. 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, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organization. Teletation with a controlled entity within the meaning of section 512(b)(13)? 37 Did the organization complete Schedule R, Part V, Iine 2 38 Section 501(c)(3) organization. Part V, Iine 2 39 Did the organization have a controlled entity within the meaning of sectio			26		X
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"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable b Enter the number of Forms wi-2G included on line 1a. Enter-0- if not applicable c Did the organization			28b		
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If "Yes," complete Schedule R, Part V, line 2 36	26	• • • • • • • • • • • • • • • • • • • •		 	
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(Summing) to prize the control of th	C				
		(gambling) winnings to prize winners?			(0000

Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 34	ما شاه		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	!
b	If "Yes," enter the name of the foreign countryCANADA		*** ** .	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	· · · · · · · · · · · · · · · · · · ·	ujen a	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	wave met toy deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	- ZZ 1	基合	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		X
d	7.4	7		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- E		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3.71		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		3 4 . 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	172		k
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	A check is	
11	Section 501(c)(12) organizations. Enter:	Ţ		
а	Gross income from members or shareholders	22 2		, 2 ² ; 0
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			get Vir
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а		13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.	, , , , , , , , , , , , , , , , , , ,		l
b	Enter the amount of reserves the organization is required to maintain by the states in which the		179	
	organization is licensed to issue qualified health plans		المحددة والإنتال	
C	Enter the amount of reserves on hand	<u> </u>		X
14a		14a	 	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year?	15	27,	 ^
	If "Yes," see the instructions and file Form 4720, Schedule N.	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_	-	
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		l
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	 -	!	
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1 1 N	- 1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	25		
b	Enter the number of voting members included on line 1a, above, who are independent	leng!		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		أندحا	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			47
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
	persons other than the governing body?	7b	729	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	1	X
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Jec	tion B. Folicies (This Section B requests information about policies not required by the Internal Revenue Code.)	-	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	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	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		To a second	7.5
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	فتت		
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 with a			X
_	taxable entity during the year?	16a	,	Α
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	3		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		
800	exempt status with respect to such arrangements?tion C. Disclosure	16b		-
	List the states with which a copy of this Form 990 is required to be filed AK, HI, MD, MN, MS, ND, TN, VA, WA	.WT	.wv	
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
.0	for public inspection. Indicate how you made these available. Check all that apply.	,,y	,	
	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	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			
	SUSAN CRANFORD - 901-382-7900			
	P.O. BOX 38300, MEMPHIS, TN 38183			

232006 12-13-22

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(do	not c	(C Posi	C) ition	l than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic	, unle	ss pe dad	rson Irecto	is bot or/trus	h an tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Fоrmer	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) REV. CARY E. VAUGHN	line) 40.00	<u> </u>	Ins	X	- Ke	五色	Œ	148,681.	0.	27,985.
	40.00	┢	_	1	<u> </u>	┢		140,001.		21,505.
(2) BOBBY LEWIS EXEC. VP OPERATIONS	40.00	ł		x				119,528.	0.	21,056.
(3) SUSAN CRANFORD	40.00	1					Г			
DIRECTOR OF FINANCE & DEVE		1		x				86,766.	0.	18,048.
(4) REV. BOB SORRELL	1.00									
DIRECTOR		X				L.		0.	0.	0.
(5) GREG ADDISON	1.00							_	_	
CHAIRMAN		X		X				0.	0.	0.
(6) WILLIAM M. AMICK, JR.	1.00	ļ				l			_	
DIRECTOR		X			<u> </u>	<u>_</u>		0.	0.	0.
(7) JUDGE LYNN COBB	1.00	 				1		0.	0.	0.
DIRECTOR	1.00	X	_	_		⊢	┝	0.	0.	
(8) JOHN E. CROCKETT DIRECTOR	1.00	X				l		0.	0.	0.
(9) CHARLES ENNIS	1.00	A	_	┢	┝	┢	H			
DIRECTOR	1.00	x						0.	0.	0.
(10) REV. ROLAND MADDOX	1.00	T		-	<u> </u>		Г			
DIRECTOR		X					١	0.	0.	0.
(11) CHARLES R. MCDANIEL	1.00	Г	Π							
DIRECTOR		X	L					0.	0.	0.
(12) DAVID BRITTON PEEL	1.00	l					1			
DIRECTOR		X	L	_	<u> </u>	Ļ	L	0.	0.	0.
(13) JOYCE ROGERS	1.00	١.,]					0.	0.	0.
DIRECTOR	1.00	X	├-		<u> </u>	-	_	0.	<u> </u>	- •
(14) CATHY ALLEN DIRECTOR	1.00	x					l	0.	0.	0.
(15) SUSAN DUPREEE	1.00	╬	┢	\vdash		┢	H	- 0.		
DIRECTOR	1.00	$ \mathbf{x} $						0.	٥.	0.
(16) JEFF PEARSON	1.00	ᢡ	\vdash	H		t	Н			
DIRECTOR		\mathbf{x}						0.	0.	0.
					Г	Г	Г		-	

Form **990** (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	,	Es	(F) timate	ed :
	hours per	box	, unle	ss pe	rson i	is boti	h an		compensation			nount (of
	week (list any		J				,	from the	from related organization			other pensa	tion
	hours for	direct				ا يوا		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee		l	ensate		(W-2/1099-MISC/	1099-NEC)		orga	anizati	ion
	organizations below	al trus	onal tr		loyee	00 a		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	enizatio	ons
		트	트	۴	<u>×</u>	Ξ ä	<u> </u>						
		-		Н		Н				\neg			-
			_	H		H		-, -		$\neg \uparrow$			
						Ш			<u> </u>				
					-					一			
· · · · · · · · · · · · · · · · · · ·			_			Ш							
			\vdash	\vdash									
					_			254 055				7 0	00
1b Subtotal								354,975. 0.		0.		7,0	0.
c Total from continuation sheets to Part Vi								354,975.		0.1	-6	7,0	
d Total (add lines 1b and 1c)									0.000 of reportab		<u>_</u>	.,,	
compensation from the organization	ot imited to ti	1030	11300		5011	., .							2
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key e	emp	loye	e, or	hiç	ghest compensated emp	oloyee on	ļ	2-1		
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su												X	
and related organizations greater than \$15											4	Δ.	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								ted organization or indiv	idual for services	' [5		X
Section B. Independent Contractors	piete Scriedai	601	0/ 3/	ucii,	pers	SOII .			······································	<u> 1</u>			
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of con	npens	ation f	from	
the organization. Report compensation for											_		
(A) Name and business	address							(B) Description of s	services	С)) eamo	C) nsatio	n
EAGLECOM			-										
											,08	0,1	56.
MASTERWORKS											~ ^		
19462 POWER HILL PL, NE,						370	_	FUNDRAISING			49	9,9	<u> 29.</u>
GUIDESTONE-BCBS, 5005 LB	J FREEWA	AY	, :	2.T.F	<u> </u>			RETIREMENT S	FRVICES		26	3,6	97.
2200, DALLAS, TX 75244 PAULSON PRINTING							-	VETTYEMENT 9	TVATCED			5,0	
4753 S. MENDENHALL RD, MI	EMPHIS.	T	N :	382	14:	1		PRINTING SER	VICES		15	0,4	07.
INNOVO PRINTING													
159 COLLEGE ST., COLLIER	VILLE, '	ΓN	38	801	17			PUBLISHING S	ERVICES		13	1,4	18.

5

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

						TH F	INDING MI	NISTRIES,	INC.	58-1730	035 Page 9
Pa	rt \	/[[Statement of Re	vei	nue						
			Check if Schedule O	cont	ains a	response	or note to any li	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1	а	Federated campaigns			1a					
اة يَر		b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts		c	Fundraising events			1c	<u> </u>				
멸		d	Related organizations			1d		A per president			
ini,		е	Government grants (conti	ribut	ions)	1e		n da sa	la production of the		
er Sign		f	All other contributions, gifts,	gran	ts, and						
혈취			similar amounts not included		•••	-	620,921.				सर्वात्र होत
15 g		-	Noncash contributions included in			1g \$					
<u>3 ≅</u>		h	Total. Add lines 1a-1f					6,620,921.			
							Business Code		a tanan da a sakar	W. January C.	
Program Service Revenue	2	а									
le Š		b							 	ļ	
E a		C									
Pa Be		a						_	 		
윤		e	All other program service	rove	20110				<u> </u>		
											297 227 221
一	3	_	Investment income (inclu					· <u> </u>			
	Ŭ							5,523.	,		5,523.
	other similar amounts) 4 Income from investment of tax-exempt bond proc										
	5		Royalties								
			•	Г		i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		C	Rental income or (loss)	6с			<u> </u>		a service variables		
			d Net rental income or (loss) a Gross amount from sales of (i) Securities				<u> </u>	<u> </u>			
	7	а			(ii) Other			Japan ja ja kant			
			assets other than inventory	7a	1		ļ				
		b	Less: cost or other basis	1							
evenue			and sales expenses	7b					Y.		
			Gain or (loss)	7c			<u> </u>			22	
Other R	_		Net gain or (loss) Gross income from fundraisi				T			 	
美	8	а	including \$	ing e	veiirə (i	. 1		The state of the		The state of the state of	
١			contributions reported or	line	10\ 5	of l			1		
			Part IV, line 18								
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamir								
			Part IV, line 19			92	<u> </u>				
		b	Less: direct expenses			9t	<u> </u>				
			Net income or (loss) from	-	_		······				
	10	а	Gross sales of inventory,				240 001	A CONTRACTOR OF MANY CONTRACTOR		A STATE OF THE STA	1
			and allowances				340,021.		the state of the s	a a sa farans	
			Less: cost of goods sold			· · · · · · · · · · · · · · · · · · ·	ь <mark>286,714.</mark>	53,307	53,307		·
_		С	Net income or (loss) from	sale	es of ir	iventory	Business Code	33,307	33,307		
sno	4.	_	MISCELLANEOUS	3			713990	81,131	81,131		
Miscellaneous Revenue	' '	a b	TT D CHILIMITOO!				1 - 3 - 3 - 3	,		 	
ella >vei		C									
lisc Re		-	All other revenue	-	_						
2			Total. Add lines 11a-11d					81,131			
	12		Total revenue. See instructi					6,760,882	134,438	. 0.	5,523.

Total revenue. See instructions

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).

D-	Check if Schedule O contains a respon	se or note to any line in	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				e při jední se na říde) v při jední se na říde)
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				الله المستوري بين السابق المستور
4	Benefits paid to or for members			ja ta di ja sasima	<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	422,066.	274,343.	88,634.	59,089.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	111,900			
7	Other salaries and wages	1,286,544.	831,475.	263,500.	191,569.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	400 045	050 664	00 806	<u> </u>
9	Other employee benefits	408,245.	259,661.	89,726. 28,438.	58,858.
10	Payroli taxes	129,391.	82,298.	40,430.	18,655.
11 a	Fees for services (nonemployees): Management				
b	Legal				
C	Accounting	59,566.		59,566.	
d		480 000	The grant of good and the grant of the grant of		470 220
е	· F	479,229.			479,229
f	Investment management fees	·			
9	, -	384,916.	331,498.	25,670.	27,748.
40	column (A), amount, list line 11g expenses on Sch 0.)	1,018,661.	974,081.	44,580.	277720
12 13	Advertising and promotion Office expenses	22,564.	14,352.	4,959.	3,253.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	98,186.	58,912.	9,819.	29,455
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			F 161	
20	Interest	5,161.		5,161.	
21	Payments to affiliates	138,920.	83,490.	41,368.	14,062
22	Depreciation, depletion, and amortization	28,560.	18,165.	6,277.	4,118
23 24	Insurance Other expenses, Itemize expenses not covered	20,3000			
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				State of the second
_	amount, list line 24e expenses on Schedule 0.) DIRECT COST OF MEDIA	2,254,456.	2,254,456.		to be a Made a
a b	DEDATE C MATAMERIANCE	331,889.	121,459.	205,677.	4,753
C	DDODITORTON COCEC	264,937.	264,937.		
d	MISCELLANEOUS	112,607.		40,029.	66,194
_	All other expenses	152,337.	33,964.	85,075.	33,298
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	7,598,235.	5,609,475.	998,479.	990,281
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)				Form 990 (2022

aitx	Check if Schedule O contains a response or no	te to anv	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			271,632.		424,015.
2	-		1,453,847.	2	590,948.	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, sub-	stantial co	ontributor, or 35%			
	controlled entity or family member of any of the	se persor	ns		5	
6	Loans and other receivables from other disqua	lified pers				and the second second
	under section 4958(f)(1)), and persons describe	ed in secti	ion 4958(c)(3)(B)		6	
g 7	Notes and loans receivable, net				7	
ASSets 8 8 8 8	Inventories for sale or use			331,943.	8	386,312.
ž 9	5			137,041.	9	139,681.
108	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	4,407,914.			
l t	Less: accumulated depreciation	10b	3,100,148.	1,434,256.	10c	1,307,766.
111	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line 11				
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			0.	15	114,106.
16	Total assets. Add lines 1 through 15 (must equ			3,628,719.	16	2,962,828.
17	Accounts payable and accrued expenses	201,858.	17	389,226.		
18	Grants payable				18	
19	Deferred revenue				19	
20	mm				20	
21	Escrow or custodial account liability. Complete				21	
စ္က 22	Loans and other payables to any current or for			The state of the s	797-197	
	trustee, key employee, creator or founder, sub-				20	
	controlled entity or family member of any of the	se persor	ns		22	
□ ₂₃	Secured mortgages and notes payable to unre	lated third			23	
24	Unsecured notes and loans payable to unrelate			46,177.	24	28,625.
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	s 17-24).	Complete Part X			
	of Schedule D			198,167.	25	199,813.
26	Total liabilities. Add lines 17 through 25			446,202.	26	617,664.
,	Organizations that follow FASB ASC 958, ch	eck here	X		3, 1	
ő	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			3,182,517.	27	2,345,164.
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC	958, chec	k here			
	and complete lines 29 through 33.			e de la companya della companya della companya della companya de la companya della companya dell		The state of the s
29	Capital stock or trust principal, or current funds				29	
5 30 B	Paid-in or capital surplus, or land, building, or e	quipment	fund		30	
27 28 29 20 Long palances 29 20 31 32 32	Retained earnings, endowment, accumulated is				31	
32	Total net assets or fund balances			3,182,517.	32	2,345,164.
33	Total liabilities and net assets/fund balances			3,628,719.	33	2,962,828.

Form 990 (2022)

	990 (2022) LOVE WORTH FINDING MINISTRIES, INC.	58-2	L730035	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,235.
3	Revenue less expenses. Subtract line 2 from line 1	3		,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,182	2,517.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2,345	,164.
Pai	TXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	X
			<u> </u>	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 on Schedu	ıle O.		لييد السلا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a	l- di	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		السا	لت الت
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ	ate basis,	1	
	consolidated basis, or both:			
	Separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on S	chedule O.		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1 1	

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 58-1730035 LOVE WORTH FINDING MINISTRIES. INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 ☐ An organization of the benefit of a college of the latest 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			, , ,			
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			4344			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Pariso X 5	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		Book of		100	and the second	
	column (f)			Y NO TO SEE		1.00	
	Public support, Subtract line 5 from line 4.						
	tion B. Total Support				-		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	7					
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stor						<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2022 (14	%
	Public support percentage from 2021					15	<u> </u>
16a	33 1/3% support test - 2022. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
.	and stop here. The organization qua						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	•	· ·	
	meets the facts-and-circumstances to	·			•		
b	10% -facts-and-circumstances tes	_					U% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ		_				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a		
						ocnedule A (Form 990) 2022

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						<u> </u>
	include any "unusual grants.")	5548791.	5106834.	6722164.	7354063.	6620921.	31352773.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	307,765.	259,669.	279,324.	466,681.	340,021.	1653460.
2	Gross receipts from activities that	30171031	237,0031	27373220	20070020		
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5856556.	5366503.	7001488.	7820744.	6960942.	33006233.
7 8	Amounts included on lines 1, 2, and						400 000
	3 received from disqualified persons				53,100.	50,200.	103,300.
t	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	490,393.			F 2 4 2 2	50.000	490,393.
C	Add lines 7a and 7b	490,393.			53,100.		593,693.
	Public support. (Subtract line 7c from line 6.)					أنان فيروس سيون	32412540.
	ction B. Total Support			,			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	5856556.	5366503.	7001488.	7820744.	6960942.	33006233.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,431.	18,003.	3,770.	6,315.	5,523.	57,042.
Ł	Unrelated business taxable income	•	·				
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	23,431.	18,003.	3,770.	6,315.	5,523.	57,042.
	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.)				13,747.	81,131.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	5879987.	5384506.	7005258.	7840806.	7047596.	33158153.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
Sec	check this box and stop here			••••••		••••••	
	Public support percentage for 2022 (I			column (fl)		15	97.75 %
	Public support percentage from 2021	• • • • • • • • • • • • • • • • • • • •	•	*** ***********************************		16	93.90 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	.17 %
18	Investment income percentage from 2	-				18	.18 %
19a	33 1/3% support tests - 2022. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						X
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	Щ.
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		<u></u>
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Part IV | Supporting Organizations

(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.)

Section A. All Supporting Organizations

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

	Yes	No
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Pa	rt 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		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			أرمد داشد
	detail in Part VI.	11c		<u> </u>
Sec	tion 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	100		1 (b) (c)
	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	TERRIOR.	Tagent, 11
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	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,		A	
<u> </u>	supervised, or controlled the supporting organization.	2		Ь
Sec	tion 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			26
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		radio (A	
	or management of the supporting organization was vested in the same persons that controlled or managed	الاستسا	المتشدا	
800	the supported organization(s). tion D. All Type III Supporting Organizations			Ь
360	tion D. All Type III Supporting Organizations		Yes	- Na
	District and the state of the same and a second attention to the last day of the fifth mounts of the		res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		j	
	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	1		أستكسينا
•	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		110 01 2	3.70.
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			2,3
	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	- 3	37 1	-g/45"
Ū	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	- 1	,	
	supported organizations played in this regard.	3	and-res refereda	100 At 0.00
Sec	tion 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 yeatsee instructions	j.		
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
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		1	
	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	· · · · · · · · · · · · · · · · · · ·	- Maryoni I	A CONTRACTOR OF
	that these activities constituted substantially all of its activities.	2a	ļ	<u> </u>
b] ,		
	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			ļ i
	these activities but for the organization's involvement.	2b	 	<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		A 1	
а	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		-
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.

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Schedule A (Form 990) 2022

All other Type III non-functionably integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optiona) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 3 4 4 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income for for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other synesse (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short axe year or assets held for part of year): a Average monthly value of securities 1 b Average monthly value of securities 1 b Average monthly value of blockage or other factors (explain in detail in part Vi); 2 Acquisition indebtedness applicable to non-exempt-use assets 1 c c of instructions of short axe year of sees the set of the factors (explain in detail in Part Vi); 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 Net value of other part of year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum Asset Amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 9. 5 Income tax imposed in prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year (from Section B, line 8, column A) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reducti	Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations			
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 Portion of operating expenses paid or incurred for production or maintenance of property held for production of income (see instructions) 7 Other expresses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair married value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 b Average monthly value of securities 1 c Fair market value of other non-exempt-use assets 1 c C 1 Total (add lines 1a, 1b, and 1c) 1 tid 0 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 C Cash deemed held for exempt-use, Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A B Minimum asset amount for prior year (from Section A, line 8, column A) 1 Agliusted net income for prior year (from Section B, line 8, column A) 2 Enter of the 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
Section A - Adjusted Net Income (A) Prior Year (cptional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		All other Type III non-functionally integrated supporting organizations mu-	st comple	te Sections A through E.			
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines I through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 A total (add lines 1a, 1b, and 1c) c Fair market value of other non-exempt-use assets 1 b c Fair market value of other non-exempt-use assets 1 b c Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition Indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d, 4 Cash deemed held for exempt use, Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A Siminum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, column A) 1 A Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Other process of prior process of prior prior greater line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary re	Sect	ion A - Adjusted Net Income		(A) Prior Year			
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7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Inter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Current Year Current Year							
8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	_						
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6				<u></u>	. ****		
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6					Current Year		
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	1	Adjusted net income for prior year (from Section A. line 8, column A)	1				
3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	2		2				
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	-			Self and Company of Company			
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							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6							
emergency temporary reduction (see instructions).			\dashv				
	•	•	6				
	7			ated Type III supporting orga	enization (see		
instructions).	•	·	any integre	rea The meabherms orde			

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	\$	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				i i i i i i i i i i i i i i i i i i i
а	From 2017				
b	From 2018				
С	From 2019				The second of th
	From 2020				
	From 2021				V60
f					
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			7	
ī	Carryover from 2017 not applied (see instructions)		The second second		
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				As the
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h		7		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020	والمناف المنافية والمنافية والمنافية والمنافية والمنافية	maganiga i salaman ya diga di a di da	ا بند م	and the second of the second s
	Excess from 2021				
	Excess from 2022		······································		

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

INC.

LOVE WORTH FINDING MINISTRIES,

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

58-1730035

Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address). II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2022
Open to Public Inspection

Name of the organization

LOVE WORTH FINDING MINISTRIES, INC.

Employer identification number 58-1730035

Pa			imilar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised	funde	(b) Funds and other accounts
	TALL 01 04 04 04 05 05	(a) Donor advised	Turius	(b) Fullus 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	Internal to the state of the st		
5	Did the organization inform all donors and donor advisors in	_		
_	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Dá	impermissible private benefit?			
تنضنا	Conservation Easements. Complete if the or	-	on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	ation or education)		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form	of a conservation easement on the last
	day of the tax year.			english to A
	Total number of conservation easements			
	-			
	Number of conservation easements on a certified historic str	• • • • • • • • • • • • • • • • • • • •	••••	2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by th	e organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		=	
	violations, and enforcement of the conservation easements			Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onf	oroina concon	ation assaments during the year
•	Amount of expenses incurred in monitoring, inspecting, harv	uling or violations, and em	ording conserve	ation easements during the year
8	Does each conservation easement reported on line 2(d) abort	ve satisfy the requirement	s of section 170	0(b)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	·		
9	In Part XIII, describe how the organization reports conservat	ion essements in its reven	and expense	
3	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organization's	iii lai loiai Staton	ionio trat describes tre
Pai	tilli Organizations Maintaining Collections o	f Art. Historical Tre	asures. or C	Other Similar Assets.
31335	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			·
а	Revenue included on Form 990, Part VIII, line 1	= = = = = = = = = = = = = = = = = = =		\$
	Assets included in Form 990, Part X			

232051 09-01-22

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

Schedule D (Form 990) 2022

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10,

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		311,215.		311,215.
b Buildings		2,485,848.	1,680,191.	805,657.
c Leasehold improvements			110055	100 004
d Equipment		1,610,851.	1,419,957.	190,894.
e Other	•			
Total. Add lines 1a through 1e. (Column (d) must equa	1,307,766.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LOVE WORTH F Part VIII Investments - Other Securities.			1730035 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See 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 held equity interests			
(3) Other	·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	* -		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)	<u></u> _		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			and the second s
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CUMULATIVE LOSSES OF SUBSI	DIARY		199,813
(3)			
		1	

(4) (5) (6) (7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

199,813.

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

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2. 25 M 2. 5 4 3 3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	: 일부 : 일일 	
Ь	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	TXII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	20 A	
C	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		() () () () () () () () () ()	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
				
				
		 		

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.

Attach to Form 990.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of the organization					Employer identifi	cation number	
LO'	OVE WORTH FINDING MINISTRIES, INC.						58-1730035	
				tside the United States. Comple	ete if the organ			
	Form 990, Part IV			·				
1	-	-		ds to substantiate the amount of its gra				
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes L No	
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the	
Onited States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
<u> </u>	(a) Region		(c) Number of employees,	(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,		(f) Total expenditures for and investments in the region	
				SPREADING THE GOSPEL	SERMONS FRO	G OF RECORDED OM MEDIA		
CAN	ADA	1	1	THROUGHOUT THE WORLD.	OUTLETS ACE	OSS THE U.S.	115,817.	
					i			
						 -		
								
							-	
3 a	Subtotal	0	(115,817.	
b	Total from continuation sheets to Part I	0	(0.	
C	Totals (add lines 3a and 3b)						115,817.	

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	e e e e e e e e e e e e e e e e e e e							
	Combattening to							
	de maria de la companya de la compan							
	Section of the Control of the Contro							
						<u> </u>		
	where the state of							
	Observation of the Control of the Co							
exempt 501(c)(3) orga	anization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a se	ction 501(c)(3) e	quivalency letter	> ,		

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. (d) Amount of cash grant (e) Manner of cash disbursement (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (c) Number of (f) Amount of (b) Region (a) Type of grant or assistance recipients noncash assistance

	MET (FORM 990) 2022 HOVE WORTH TINDING MINIDIRIED, INC.	_ 20-T/20022	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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

LOVE WO	RTH FINDING MINIST	RIE	S,	INC.	58-1730	035
Part I Fundraising Activities required to complete this part	6. Complete if the organization answirt.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written	sed funds through any of the following e Solicitary Solicitary Grant Special Special	tion of tion of fundra	non-g gover ising ding o	overnment grants nment grants events fficers, directors, tru	stees, or	. No
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the		uant to	agree	ements under which	the fundraiser is to t) e
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) fundi have c or cor contrib	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MASTERWORKS - 19462 POWDER		Yes	No			
HILL PLACE, POULSBO, WA	STRATAGIES		х	0.	92,857.	-92,857.
EAGLECOM MARKETING, INC 1125 AARON DRIVE UNIT B,	MARKETING		x	0.	386,372.	-386,372.
Total 3 List all states in which the organization or licensing. AK, AL, AR, CA, CO, CT, DC, OH, OK, OR, PA, RI, SD, TN,	FL,GA,IL,KS,KY,LA	contrib	oution	s or has been notifie	d it is exempt from r	egistration
LHA For Paperwork Reduction Act Not	tice, see the Instructions for Form	990 oi	990-	EZ.	Schedule	e G (Form 990) 2022

232081 10-27-22

2022.05030 LOVE WORTH FINDING MINISTRI 11421__1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>o</u>			(event type)	(event type)	(total number)	- col. (c))
Revenue						
æ	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
ä	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
_		Net income summary. Subtract line 10 from li				
Pe	irt I	Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
Ses	2	Cash prizes			<u> </u>	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	- -		ata gamina astivitias			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			(year?	Yes No
	_					
_	=				Cala	edule G (Form 990) 2022
2222	99 1	0-27-22			ocne	Jule G (FOIII 330) 2022

Schedule G (Form 990) 2022	LOVE WORTH	FINDING	MINISTRIES,	INC. 58-	<u> 1730035</u>	Page 3
11 Does the organization conduc	ct gaming activities with no	nmembers?			☐ Yes	L No
12 Is the organization a grantor,	beneficiary or trustee of a	trust, or a memb	er of a partnership or of	ther entity formed		
to administer charitable gamin					Yes	☐ No
13 Indicate the percentage of ga						
a The organization's facility					13a	%
b An outside facility						 %
14 Enter the name and address						
		•	5 5 .			
Name						
Address						
15a Does the organization have a	contract with a third party	from whom the	organization receives ga	aming revenue?	Yes	☐ No
b if "Yes," enter the amount of	naming revenue received b	ov the organization	on \$	and the amount		
of gaming revenue retained b		,, o. ga				
c If "Yes," enter name and add						
on roo, once hamo and add	occ of the thind party.					
Name						
Address						
16 Gaming manager information:	:					
Name						
Gaming manager compensati	ion \$					
December of continue annual	1_4					
Description of services provide	led					
						
-						
Director/officer	Employee	Inde	pendent contractor			
17 Mandatory distributions:						
a Is the organization required u	nder state law to make cha	aritable distributi	ons from the gaming pr	oceeds to		
retain the state gaming licens	e?			•••••	Yes	∟ No
b Enter the amount of distributi	ons required under state la	w to be distribut	ted to other exempt org	anizations or spent in the		
organization's own exempt ac						01 101
	formation. Provide the	•	•		art III, lines 9,	, y b, 10b,
15b, 15c, 16, and 17i	o, as applicable. Also provi	de any additiona	il information. See instru	uctions.		
SCHEDULE G, PART	T LINE 2B L	ተደጥ ብፑ ጥ	ем итсиест р	ATD FUNDRATSE	RS:	
Benebone G, PART	I, DINE 2D, D	101 01 11	did litelier i	ALD TONDIGITOR	10.	
/T) MAME OF BURE	3.T.CED . 3/3.CEES	HODIC.				
(I) NAME OF FUNDR	AISEK: MASTER	WOKKS				
(I) ADDRESS OF FU	NDRAISER: 194	62 POWDEI	R HILL PLACE	. POULSBO, WA	98370)
,				<u>, </u>		
•						
/T\		016 163 5	TT170			
(I) NAME OF FUNDR	AISER: EAGLEC	OM MARKE'	LING, INC.			
(I) ADDRESS OF FU	NDRAISER: 112	5 AARON I	ORIVE UNITY R	. LYNDEN. WA	98264	
1-/ 1221200 01 10				,		
-						

232083 10-27-22

Schedule G	i (Form 990)	LOVE	WORTH	FINDING	MINISTRIES,	INC.	58-1730035 ı	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					
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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

pen to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

LOVE WORTH FINDING MINISTRIES, INC.

Employer identification number 58-1730035

Schedule J (Form 990) 2022

Tax indemnification and gross-up payments Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked by a related organization to
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal use Payments for business use of personal residence Payments for business use of perso
First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Belath or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's
Travel for companions Travel for companions Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's
Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees 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 payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's
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 payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's
D - All (1841/8)
D - All (1841/8)
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.
Compensation committee Written employment contract
Independent compensation consultant Compensation survey or study
Form 990 of other organizations X Approval by the board or compensation committee
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:
a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
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 accrue any compensation
contingent on the revenues of:
a The organization? 5a X
b Any related organization? 5b X
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 accrue any compensation
contingent on the net earnings of:
a The organization?
Ch Y
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.
7 For pareons listed on Form 990 Part VII Section A line 1s, did the organization provide any positived payments
not described on lines 5 and 6? If "Yes," describe in Part III
8 Were any amounts reported on Form 900. Part VIII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
9 If "Vee" on line 8 did the organization also follow the rebuttable prosumption procedure described in
Regulations section 53.4958-6(c)?

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

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.

	(B) Breakdown of V	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REV. CARY E. VAUGHN (i)	148,681.	0.	0.	17,500.	10,485.		0.
CEO (ii)		0.	0.	0.	0.	0.	0.
(1)							
(ii)							
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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.

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

Employer identification number

LOVE WORTH FINDING MINISTRIES, INC. 58-1/30035
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO THE ENTIRE BOARD FOR AN OPPORUNITY TO
REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MAINTAINS, MONITORS, AND ENFORCES A WRITTEN CONFLICT OF INTEREST
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST.
700V 000 DDD VV GDGTOV G V TVT 10
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.
PART X11, LINE 2C
PROCESS HAD NOT CHANGED FROM PRIOR YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization LOVE WORTH FI	NDING MINISTRIES,	INC.			Em	ployer identific 58-17300	ation nu 35	ımber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year		Direct co en		I
				1				
								·
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	Decause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	Section 5 contr enti	olled
LOVE WORTH FINDING OF CANADA P.O. BOX 152 STN DEL CTR MAPLE RIDGE, BRITISH COLUMBIA, CANADA	MINISTRY	CANADA	501(C) (3)		LOVE WO FINDING MINISTE		X	140
En Denominals Deducation And Medica, and Alexandria						Sahadula D		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(0)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(contr ent	i) ction b)(13) rolled tity?
		country)		J. 1.401,		4000.0		Yes	No
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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled e						X
b Gift, grant, or capital contribution to related organization(s)		•••••	•••••	1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)		•••••		1d		X
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)		••••		1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	-	X
I Performance of services or membership or fundraising solicitations for related	organization(s)	•••••		11		X
m Performance of services or membership or fundraising solicitations by related	organization(s)	••••		1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	nization(s)			1n		X
Sharing of paid employees with related organization(s)				1o		X
					: · · · · · · · · · · · · · · · · · · ·	
p Reimbursement paid to related organization(s) for expenses		••••		<u>1</u> p		X
q Reimbursement paid by related organization(s) for expenses		•••••		1q	X	
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information						
(a) Name of related organization	(b)	(c) Amount involved	(d) Method of determining amour	nt involved		
Ivanie of related organization	type (a-s)	Amount involved	Method of determining amour	it involved		
1) LOVE WORTH FINDING OF CANADA	Q	12,889.	COST			
· · · · · · · · · · · · · · · · · · ·		•				
2)						
3)						
41						
5)						
6)						
32163 09-14-22	74		Sched	dule R (For	m 990)	2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Are all Predominant income paners sec. (related, unrelated, society) excluded from tax under sections 512-514) Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	General or Percentage managing ownership yes No

Schedule R	(Form 990) 2022	LOVE	WORTH	FINDING	MINISTRIES,	INC.	58-1730035	Page 5
Part VII	(Form 990) 2022 Supplemental Infor	mation			·			
	Provide additional informa	ation for res	enonses to d	nuestions on Scl	hedule R. See instruction	ns		
	1 TOVIGE additional informa	MOIT TO TES	porises to t	questions on oci	neddie 11. Oee ii istractic	2113.		
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Form **5471**

(Rev. December 2022)

Department of the Treasury Internal Revenue Service

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JUL 1, 2022, and ending JUN 30, 2023

OMB No. 1545-0123

Attachment Sequence No. 121

Name of person filing this return				A Identifying num	ber				
LOVE WORTH FINDING M	TNTSTR	TES INC.		58-1730	035				
Number, street, and room or suite no. (or P.O. box nur	B Category of filer		ions. Check	applicable l	oox(es).):				
PO BOX 38300		c 2		4 X 5a	7 5b	5c			
City or town, state, and ZIP code		•=		C Enter the total p	ercentage of t			s voting sto	ck
MEMPHIS, TN 38183	you owned at th	-	_	-		.00 %			
Filer's tax year beginning JUL 1		, 2022 , and en	ding	JUN 30	,20	23			
D Check box if this is a final Form 5471 for the	ne foreign cor	poration							
E Check if any excepted specified foreign final									<u> </u>
F Check the box if this Form 5471 has been									<u></u>
G If the box on line F is checked, enter the co			Informa	tion" (see instructions)	••••••		• • • • • • • • • • • • • • • • • • • •		
H Person(s) on whose behalf this information	n return is file	ed:					(4) 05	l!bl	- haw(aa)
(1) Name		(2) Add	fress		(3) Identifyir	ng number	(4) Chec		
(-),					, , , ,		Shareholder	Officer	Director
						_			<u> </u>
					<u> </u>				
Important: Fill in all applicable lines a	and and and of	no. All information		o in English All small	nto munt bo	etated in	I S dollar	•	L
unless otherwise indicate		es. Ali information	must	Je III English. Ali amou	must De	stated III	U.S. GUIIAI	3	
1a Name and address of foreign corporation					h(1) Emp	lover identi	fication num	ber, if any	
ramic and address of foreign corporation	l				" "			,,	
LOVE WORTH FINDING	OF CA	NADA			b(2) Refe	rence ID nu	mber (see i	nstructions	.)
P.O. BOX 152 STN D							01RR0		•
MAPLE RIDGE BRITIS			7G1		c Cou	ntry under v	vhose laws	incorporate	d
CANADA			NADA		·				
d Date of e Principal place of busine	ess	f Principal	g Prir	ncipal business activity		h Functio	nal currency	/ code	
incorporation MAPLE RIDGE		business activity code number	M	INISTRY					
07/29/03CANADA		813000	M	INISTRY			CAD		
2 Provide the following information for the fo	oreign corpor	ation's accounting pe	eriod sta	ated above.					
a Name, address, and identifying number of	branch office	or agent (if any) in th	he Unite	ed States	b If a U.S. ir	come tax r			
					(i) Taxable ir	come or (lo		J.S. income (after all cre	
					(// (-	(aitei aii cit	
				d Name and address the				licable) of	
 Name and address of foreign corporation's in country of incorporation 	s statutory or	resident agent		d Name and address (ir person (or persons) v	vith custody o	f the books	and record	s of the for	eign
				corporation, and the l	ocation of suc	h books an	d records, i	f different	
CATHERINE ROBERTSO	N								
P.O.BOX 152 STN DE									
MAPLE RIDGE BRITIS		MBIA							
CANADA									
Schedule A Stock of the For	eign Cor	poration							
					(b) Nu	mber of sha	res issued	and outstar	iding
(a) Desc	ription of eac	h class of stock			(i) Beginn	ng of annua	al ((ii) End of a	
					accoun	ting period	a a	ccounting	
COMMON				-			_1		1
		· · · · · · · · · · · · · · · · · · ·							
					_				
LUIA Con Denomical, Production Act Matter	ana Inchuse!				<u> </u>	_	Form	5471 (Da	v. 12-2022)
LHA For Paperwork Reduction Act Notice,	oce menucui	Ulio.					101111	~ T: 1 (1)0	

SEE STATEMENT 1

Form 5471 (Rev. 12-2022)

Part I U.S. Shareholders of Foreign Corporation (see instructions) (a) Name, address, and Identifying number of shareholder (b) Description of each class of stock held by shareholder. Note; This description should match the corresponding description entered in Schedulo A, column (a). COMMON 1 1 (a) Number of shares held at beginning of annual accounting period PO BOX 38300 MEMPHIS TN 38183 58-1730035
(a) Name, address, and identifying number of shareholder Note: This description should match the corresponding description entered in Schedule A, column (a). LOVE WORTH FINDING PO BOX 38300 MEMPHIS TN 38183 (b) Description of each class of stock held by shareholder. Shares held at beginning of subpart Fincome (enter as a percentage) Shares held at beginning of subpart Fincome (enter as a percentage) 1 00.00%
PO BOX 38300 MEMPHIS TN 38183
MEMPHIS TN 38183
58-1730035
Part II Direct Shareholders of Foreign Corporation (see instructions)
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable. (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). (c) Number of shares held at beginning of annual accounting period
LOVE WORTH FINDING COMMON 1 1 1
PO BOX 38300
MEMPHIS TN 38183
58-1730035

Schedule C | Income Statement

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			ĺ	Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a	371,951.	280,752.
		Returns and allowances	1b		
	C	Subtract line 1b from line 1a	1c	371,951.	280,752.
		Cost of goods sold	2		
		Gross profit (subtract line 2 from line 1c)	3	371,951.	280,752.
ē	4	Dividends	4		
Income		Interest	5		
Ξ	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	Ь	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement)	9		
	10	Total income (add lines 3 through 9)	10	371,951.	280,752.
	11	Compensation not deducted elsewhere	11		
	12a	Rents	12a		
	b	Royalties and license fees	12b		
Suc		Interest	13		
ğ	14	Depreciation not deducted elsewhere	14		
Deductions		Depletion	15		
۵	16	Taxes (exclude income tax expense (benefit))	16		·
	17	Other deductions (attach statement - exclude income tax expense			
		(benefit)) SEE STATEMENT 2	17	153,439.	115,817.
		Total deductions (add lines 11 through 17)	18	153,439.	115,817.
	19	Net income or (loss) before unusual or infrequently occurring items, and			
Net Income	İ	income tax expense (benefit) (subtract line 18 from line 10)	19	218,512.	164,935.
ည	20	Unusual or infrequently occurring items	20		·
¥		Income tax expense (benefit) - current	21a		
ž	b	Income tax expense (benefit) - deferred	21b		
		Current year net income or (loss) per books (combine lines 19 through 21b)	22	218,512.	164,935.
9	23a	Foreign currency translation adjustments	23a		
Comprehensive Income		Other	23b		
5 5 5	ľ	Income tax expense (benefit) related to other comprehensive income	23c		
S	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
		line 23c)	24		m 5471 (Pay 12-2022)

Form **5471** (Rev. 12-2022)

Schedule F | Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions

	Assets		(a) Beginning of annual accounting period		b) annual ng perio	
1	Cash	1	52,808.		16,0	
2a	Trade notes and accounts receivable	2a				
b	Less allowance for bad debts	2b	(()
3	Derivatives	3				
4	Inventories	4				
5	Other current assets (attach statement)	5				
6	Loans to shareholders and other related persons	6				
7	Investment in subsidiaries (attach statement)	7				
8	Other investments (attach statement)	8				
9a	Buildings and other depreciable assets	9a				
þ	Less accumulated depreciation	9b	((
10a	Depletable assets	10a				
þ	Less accumulated depletion	10b	((
11	Land (net of any amortization)	11				
12	Intangible assets:		A said and a said a said a said a said a said a said a said a said a said a said a said a said a said a said a	مسادية والمساد		الكالات
а	Goodwill	12a				
b	Organization costs	12b				
C	Patents, trademarks, and other intangible assets	12c				
đ	Less accumulated amortization for lines 12a, 12b, and 12c	12d		(
13	Other assets (attach statement) SEE STATEMENT 3	13	145,359.			
14	Total assets	14	198,167.	2	16,0	<u>97.</u>
	Liabilities and Shareholders' Equity	$(c_{i}, c_{i})_{i \in I}$		1000 00 10	15.00	المداعية
15	Accounts payable	15				
16	Other current liabilities (attach statement) SEE STATEMENT 4	16			<u> 16,2</u>	84.
17	Derivatives	17				
18	Loans from shareholders and other related persons	18				
19	Other liabilities (attach statement)	19				
20	Capital stock:		All the same that the same of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Preferred stock	20a				
b	Common stock	20b				
21	Paid-in or capital surplus (attach reconciliation)	21				
22	Retained earnings	22	198,167.	1	99,8	13.
23	Less cost of treasury stock	23	((
24	Total liabilities and shareholders' equity	24	198,167.	2	<u>16,0</u>	97.
Scl	nédule G Other Information					
					Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in	n any f	oreign			L
	partnership?					X
	If "Yes," see the instructions for required statement.				484	
2	During the tax year, did the foreign corporation own an interest in any trust?					X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as					
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation branches (see instructions)?				***********	X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).				
4a					1.	1
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to	a bas	e erosion			
	payment made or accrued to the foreign corporation (see instructions)?					X
	If "Yes," complete lines 4b and 4c.					
b	Enter the total amount of the base erosion payments		\$ <u></u>			
C	Enter the total amount of the base erosion tax benefit		\$			
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the	deduc	tion is not			
	allowed under section 267A?					X
	If "Yes," complete line 5b.					
b	Enter the total amount of the disallowed deductions (see instructions)		\$			
21233	7 C A			Corm 5/71	· 40	

FORM 5471 NAME, ADDRESS, IDENTIF SHARES SUBSCRIBED TO THE STOCK OF THE	O BY EACH SUBSCR	IBER TO	STATEMENT	1
NAME AND ADDRESS		IDENTIFYI NUMBER	NG NUMBER O SHARES	F
LOVE WORTH FINDING MINISTRIES PO BOX 38183	38300 MEMPHIS TN	58-173003	5 1	
FORM 5471 OTHER	DEDUCTIONS		STATEMENT	2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	AR
EXPENSES	153,439.	1.324840	115,81	L7.
TOTAL TO 5471, SCHEDULE C, LINE 17	153,439.	•	115,81	L7.
FORM 5471 OTHE	R ASSETS		STATEMENT	3
DESCRIPTION		OF ANNUAL COUNTING PERIOD	END OF ANNU ACCOUNTING PERIOD	
OTHER ASSETS		145,359.		
TOTAL TO 5471, PAGE 4, SCHEDULE F, LI	 NE 13	145,359.		
	NT LIABILITIES		STATEMENT	4
	NT LIABILITIES BEG.	OF ANNUAL COUNTING PERIOD	STATEMENT END OF ANNU ACCOUNTING PERIOD	JAL
FORM 5471 OTHER CURRE	NT LIABILITIES BEG.	OF ANNUAL	END OF ANNU	JAL

Scl	nedule G Other Information (continued)			
			Yes	No
6a	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any			
	transactions with the foreign corporation?			X
	If "Yes," complete lines 6b, 6c, and 6d. See instructions.			
b	Enter the amount of gross reciepts derived from all sales of general property to the foreign corporation that the			
	filer included in its computation of foreign-derived deduction eligible income (FDDEI)	. \$		
C	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer inc	cluded		
	in its computation of FDDEI	. \$		
d	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in			
	its computation of FDDEI	. \$	الله الله الله الله الله الله الله الله	
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?			Х
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in			
	which the foreign corporation was a participant during the tax year.			
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a			
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations			
	section 1.358-6(b)(2))?			X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		نستسين	لـــا
	transferor is required to report a section 367(d) annual income inclusion for the tax year?			X
	If "Yes," go to line 9b.			
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)			
	(2)(B) for the tax year	·	41.47	
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		a members	
	1.7874-12(a)(9)?			X
	If "Yes," see instructions and attach statement.			
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations			X
	section 1.6011-4?			Λ
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).			
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		الخمسيد	X
	section 901(m)?		14 14	Δ.
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat			X
4.4	foreign taxes that were previously suspended under section 909 as no longer suspended?			X
14	Did you answer "Yes" to any of the questions in the instructions for line 14?			A
4=	If "Yes," enter the corresponding code(s) from the instructions and attach statement			X
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?	<u></u>	7 1 1	<u> </u>
40	If "Yes," enter the amount	· • ———		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		and an end	X
	to the current tax year (see instructions)?			
17-	If "Yes," enter the amount Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year	. Ψ		
1/8			or sold (so early	X
h	(see instructions)? If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated			
U	· · · · · · · · · · · · · · · · · · ·			
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of	***************************************		
10	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of			
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the			
	relevant term)?			X
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section	••••••	100	
	1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning		anga aktada	an water of
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the			
	reporting corporation issue or refinance indebtedness owed to a related party?			X
ь	If the answer to question 19a is "Yes," provide the following.			
_	(1) The amount of such distribution(s) and acquisition(s)	, \$		
	(2) The amount of such related party indebtedness			

Form **5471** (Rev. 12-2022)

Form 5471 (Rev. 12-2022)

	- 4	^		<u> </u>		•			Corporation
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Collegale I		Juiinna 1	, 01	Oi iai Ci	ioluei s			rueiun	CULDULATION

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for: Na

1a Section 954(e)4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) 1b Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) E Section 954(c) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) E Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) 1f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) 1f Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Other subpart F income (enter result from Worksheet A) 1g Difference (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 2	Name o	f U.S. shareholder Identifying number				
b Section 245A(e)(2) Subpart F income from thered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) d Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) 1d Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) 1e 5 Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) 1f Section 954(d) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Nother subpart F income (enter result from Worksheet A) 2 Earnings invested in U.S. property (enter the result from Worksheet B) 3 Reserved for future use 4 Factoring income 4 Factoring income 5a Section 245A eligible dividends (see instructions) 5b Extraordinary disposition amounts (see instructions) 5c Extraordinary reduction amounts (see instructions) 5c Extraordinary reduction amounts (see instructions) 5d 5c Extraordinary reduction amounts (see instructions) 5d Section 245A(e) dividends (see instructions) 5d Exchange gain or (loss) on a distribution of previously taxed earnings and profits 6 To Was any income of the foreign corporation blocked? 5d Did any such income become unblocked during the tax year (see section 964(b))? If the answer to either question is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ and at the end of the tax year \$	1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation	ľ			
b Section 245A(e)(2) Subpart F income from thered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) d Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) 1d Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) 1e 5 Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) 1f Section 954(d) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1g Nother subpart F income (enter result from Worksheet A) 2 Earnings invested in U.S. property (enter the result from Worksheet B) 3 Reserved for future use 4 Factoring income 4 Factoring income 5a Section 245A eligible dividends (see instructions) 5b Extraordinary disposition amounts (see instructions) 5c Extraordinary reduction amounts (see instructions) 5c Extraordinary reduction amounts (see instructions) 5d 5c Extraordinary reduction amounts (see instructions) 5d Section 245A(e) dividends (see instructions) 5d Exchange gain or (loss) on a distribution of previously taxed earnings and profits 6 To Was any income of the foreign corporation blocked? 5d Did any such income become unblocked during the tax year (see section 964(b))? If the answer to either question is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ and at the end of the tax year \$		(see instructions)	1a			
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e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) 1 Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) 1 Desction 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1 Desction 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 1 Desction 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) 2 Earnings invested in U.S. property (enter the result from Worksheet B) 3 Reserved for future use 4 Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return. 5 Section 2454 eligible dividends (see instructions) 5 Extraordinary disposition amounts (see instructions) 6 Extraordinary reduction amounts (see instructions) 6 Extraordinary reduction amounts (see instructions) 6 Dividends not reported on line 5a, 5b, 5c, or 5d 6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits 7 Was any income of the foreign corporation blocked? 7 Was any income of the foreign corporation blocked? 8 Did any such income become unblocked during the tax year (see section 964(b))? 18 If the answer to either question is "Yes," attach an explanation. 8 Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? 2 If the answer to question 8 is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$		under section 954(c)(6)	1d			
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9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)\$			_			
	9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)	<u>.\$</u>	- 4 4 ·		

Form **5471** (Rev. 12-2022)

SCHEDULE J (Form 5471)

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

➤ Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Identifying number

LOV	E WORTH FINDING MINISTRIES, INC	•					58-	-1730035
	foreign corporation			EIN (if any)	F	leference ID number		
LOV	E WORTH FINDING OF CANADA					877321901	RR00	001
	separate Category (Enter code - see instructions.)						► GEN	N .
	code 901j is entered on line a, enter the country code for the					• • • • • • • • • • • • • • • • • • • •	_	
	I Accumulated E&P of Controlled Foreign Co		, , , , , , , , , , , , , , , , , , ,			•		
	Check the box if person filing return does not have all U.S. sha		to complete an amour	nt in column (e) (see in	structions).			
	tant: Enter amounts in functional currency.	(a)	(b) Post-1986	(c)	(d)	(e) Previous	y Taxed	E&P (see instructions)
		Post-2017 E&P Not	l Undistributed Earnings I	Pre-1987 E&P Not Previously Taxed	Hovering Defic and Deduction			
		Previously Taxed (post-2017 section	(post-1986 and pre-2018 section	(pre-1987 section	for Suspended	(1) 1100100		(ii) Reclassified section 965(b) PTEP
		959(c)(3) balance)	959(c)(3) balance)	959(c)(3) balance)	Taxes	3000001000	271 121	Section 300(b) 1 TEI
1a	Balance at beginning of year (as reported on prior							
	year Schedule J)	198,167.						
b	Beginning balance adjustments (attach statement)	-163,289.						
	Adjusted beginning balance (combine lines 1a and 1b)	34,878.						
2a	Reduction for taxes unsuspended under anti-splitter rules							
ь	Disallowed deduction for taxes suspended under	-						
	anti-splitter rules							
3	Current year E&P (or deficit in E&P) (enter amount							
	from applicable line 5c of Schedule H)	164,935.						
4	E&P attributable to distributions of previously taxed				1			1
	E&P from lower-tier foreign corporation							
_5a	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6_	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines	400 040			1			
	1c through 6)	199,813.						,
8	Amounts reclassified to section 959(c)(2) E&P from		1					
	section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P				ł	ļ.		
	from section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property	Į	ļ					
	and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed post-							
	transaction E&P (see instructions)	199,813.						
14	Balance at beginning of next year (combine lines 7 through 13)	T22,0T3.						1

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Page 2

Schedule J (Form 5471) (Rev. 12-2020) (vii) Section 965(b) PTEP 198,167. -163,289. Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) 34,878 164,935 199,813 (vi) Section 965(a) PTEP (x) Section 951(a)(1)(A) PTEP (e) Previously Taxed E&P (see instructions) (v) Reclassified section 245A(d) PTEP (e) Previously Taxed E&P (see instructions) Accumulated E&P of Controlled Foreign Corporation (continued) (ix) Section 245A(d) PTEP (iv) Reclassified section 951A PTEP (viii) Section 951A PTEP (iii) General section 959(c)(1) PTEP Schedule J (F ٩ ပ q ٥ Φ 2a 3 c 4 g 5a 1a q 2a a က 4 9 2 8 6 7 2 2 2

Schedule J (Form 5471) (Bev. 12-2020)

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ď.	important: Enter amounts in turictional currency.			
-	Balance at beginning of year	A	-	
લ	Additions (amounts subject to future recapture)	A	8	
ო	Subtractions (amounts recaptured in current year)	A	е е	
4	Balance at end of year (combine lines 1 through 3)	A	4	
		Sche	dule J (Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471)

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

➤ Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

LOVE WORTH FINDING MINISTRIES, INC.

S8-1730035

Name of foreign corporation

EIN (if any)

Reference ID number

877321901RR0001

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

(a) Transactions (a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person	(d) Any other foreign corporation or partnership controlled by U.S. person	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S.	(f) 10% or more U.S. shareholder of any corporation controlling the foreign
		filing this return	filing this return	person filing this return)	corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.) 4 Platform contribution transaction payments					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical,					
managerial, engineering, construction,					
or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
0 Dividends received (exclude hybrid	***************************************				
dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
2 Premiums received for insurance or					i
reinsurance					
3 Loan guarantee fees received					
4 Other amounts received (att. statement)					
5 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other					
than stock in trade					
18 Purchases of property rights					
(patents, trademarks, etc.)					
19 Platform contribution transaction					
payments paid					_
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid	·				
3 Rents, royalties, and license fees paid					
4 Hybrid dividends paid (see Instructions) 5 Dividends paid (exclude hybrid dividends paid)					
6 Interest paid			-		
7 Premiums paid for insurance or reinsurance			-		
28 Loan guarantee fees paid					
9 Other amounts paid (attach statement) 30 Add lines 16 through 29					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

212371 04-01-22

Name of person filing Form 5471

Identifying number

LOVE WORTH FINDING MINISTRIES, INC.

58-1730035

HOVE WORLT LINDING IN		T110.			
(a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filling this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filling this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum					
loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum					
loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

SCHEDULE O (Form 5471)

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule $\bar{0}$ (Form 5471) and its instructions is at www.irs.gov/form5471

OMB No. 1545-0704

Attach to Form 5471. Identifying number Name of person filing Form 5471 58-1730035 LOVE WORTH FINDING MINISTRIES, Reference ID number Name of foreign corporation EIN (if any) 877321901RR0001 LOVE WORTH FINDING OF CANADA Important: Complete a separate Schedule O for each foreign corporation for which information must be reported. To Be Completed by U.S. Officers and Directors Part I (c) Identifying number of shareholder (d) Date of original (e) Date of additional Name of shareholder for whom acquisition information is reported Address of shareholder 10% acquisition 10% acquisition To Be Completed by U.S. Shareholders Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A - General Shareholder Information (C) For shareholder's latest U.S. income tax return filed, indicate: Date (if any) shareholder last filed information Name, address, and identifying number (1) Type of return (enter form number) of shareholder(s) filing this schedule (2) Date return filed return under section 6046 for the foreign corporation Internal Revenue Service Center where filed STMT 5 06/30/23 LOVE WORTH FINDING 990 06/30/23E-FILED PO BOX 38300 MEMPHIS, TN 38183 58-1730035 Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation (d) (a) (b) (c) Check appropriate Social security number box(es) Name of U.S. officer or director Address Officer Director Section C - Acquisition of Stock (e) Number of shares acquired Date of Class of stock Method of Name of shareholder(s) filing this schedule acquired acquisition acquisition (3)(1)(2)Directiv Indirectly Constructively COMMON 07/01/2023CREATED LOVE WORTH FINDING

212391 04-01-22

	Pane 2

(۱) Amount paid or value given		Name and add	(9) ress of person from wh	om shares were acc	quired	
	LOVE WORTH		O BOX 383	00		
	MEMPHIS TN	38183		. 		
.	<u> </u>	Section D - Disposition	on of Stock			
(a)	(b)	(c)	(d)	Numb	(e) er of shares di	snosed of
Name of shareholder disposing of stock	Class of stock	Date of disposition	Method of disposition	(1) Directly	(2) Indirectly	(3) Constructive
(f)			(9)			
Amount received		Name and addres	s of person to whom d	isposition of stock w	as made	
				<u> </u>		
			-			
	-	anization or Reorganiza	ation of Foreign Corpor			
Nar	(a) ne and address of trans	feror		(b) Identifying numb	oer (if any)	(c) Date of transfer
	P-1					<u> </u>
	(d)				(0)	
(1)	ransferred to foreign co		(3) d basis (if transferor s U.S. person)		(e) ssets transferro sued by, foreig	ed by, or notes or n corporation
Description of assets	Fair market va	alue wa	s U.S. person)			
				=====		
						
	<u> </u>					
		Section F - Additional				
If the foreign corporation or a predecesson in the foreign corporation or a predecesson in the year for white, and the U.S. income tax paid (after all c	ch a return was filed (a					

Schedule 0 (Form 5471)(Rev. 12-2012)

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see

instructions for an example).

5471 SCHEDULE O GENERAL	SHAREHOLDER	INFORMAT	ION STA	гемент 5
(A)	, ,		R'S LATEST U.S. FILED INDICATE:	(C) DATE SHAREHOLD -ER LAST
NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	FILED IN- FORMATION RTN UNDER SEC. 6046
LOVE WORTH FINDING PO BOX 38300 MEMPHIS, TN 38183 58-1730035	990	06/30/23	E-FILED	06/30/23

SCHEDULE P (Form 5471)

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

➤ Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

	30035 ID number (see instructions) 1901RR0001 GEN (c)
LOVE WORTH FINDING OF CANADA a Separate Category (Enter code - see instructions.) b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) Part I Previously Taxed E&P in Functional Currency (see instructions) (a) (b) Reclassified section	GEN (c) General section
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) Part I Previously Taxed E&P in Functional Currency (see instructions) (a) (b) Reclassified section	(c) General section
Part I Previously Taxed E&P in Functional Currency (see instructions) (a) (b) Reclassified section Reclassified section	General section
(a) (b) Reclassified section Reclassified section	General section
Reclassified section Reclassified section	General section
1a Balance at beginning of year (see instructions)	
b Beginning balance adjustments (attach statement)	
c Adjusted beginning balance (combine lines 1a and 1b)	
2 Reduction for taxes unsuspended under anti-splitter rules	
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	
4 Previously taxed E&P carried over in nonrecognition transaction	
5 Other adjustments (attach statement)	
6 Total previously taxed E&P (combine lines 1c through 5)	
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P	
8 Actual distributions of previously taxed E&P	
9 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P	
10 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)	
11 Other adjustments (attach statement)	
12 Balance at beginning of next year (combine lines 6 through 11)	

Part	I Previously Ta	xed E&P in Functi	onal Currency (see	instructions) (contin	nued)			
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(I) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5	-							
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

Par	II Previously Taxed E&P in U.S. Dollars			
		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
_1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)		· · · · · · · · · · · · · · · · · · ·	
_2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4_	Previously taxed E&P carried over in nonrecognition transaction			· · · · · · · · · · · · · · · · · · ·
5_	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_ 7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	II Previously Ta	xed E&P in U.S. De	ollars (continued)					
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b_					• •			
_ с								
_2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

Worksheet A

Summary of U.S. Shareholder's Pro Rata Share of Sub later.) Enter the amounts on lines 1a through 62, 64, 66, a			instructions,
1 Gross foreign personal holding company income:	1 1		
a Dividends, interest, royalties, rents, and annuities (section 954(c)(1)(A)			
4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1a		
(excluding amounts described in sections 954(c)(2), (3), and (6)) b Excess of gains over losses from certain property transactions (section 954(c)(1)(B))	1b		
c Excess of gains over losses from commodity transactions (section 954(c)(1)(C))	10		
d Excess of foreign currency gains over foreign currency losses (section 954(c)(1)(D))	1d		
e Income equivalent to interest (section 954(c)(1)(E))			
f Net income from a notional principal contract (section 954(c)(1)(F))			
g Payments in lieu of dividends (section 954(c)(1)(G))	1g	 	
h Certain amounts received for services under personal service			
contracts (see section 954(c)(1)(H))	1h		
i Certain amounts from sales of partnership interests to which the]		
look-through rule of section 954(c)(4) applies			
2 Gross foreign personal holding company income. Add lines 1a through 1i			
3 Gross foreign base company sales income (see section 954(d))			
4 Gross foreign base company services income (see section 954(e))			
5 Gross foreign base company income. Add lines 2 through 4			
6 Gross insurance income (see sections 953 and 954(b)(3)(C) and the instructions for lines 1			
7 Gross foreign base company income and gross insurance income. Add lines 5 and 6			10 026
8 Enter 5% of total gross income (as computed for income tax purposes)			10,926.
9 Enter 70% of total gross income (as computed for income tax purposes)			152,958.
10 If line 7 is less than line 8 and less than \$1 million, enter -0- on this line and skip lines 11 th			0.
11 If line 7 is more than line 9, enter total gross income (as computed for income tax purposes		11	
12 Total adjusted gross foreign base company income and insurance income (enter the greate			
line 7 or line 11)		12	
13 Adjusted net foreign personal holding company income:			
a Enter amount from line 2	13a		
b Expenses directly related to amount on line 2	13b	a_	
c Subtract line 13b from line 13a	13c		
d Related person interest expense (see section 954(b)(5))	13d		
e Other expenses allocated and apportioned to the amount on line 2			
under section 954(b)(5)	13e		
f Net foreign personal holding company income. Subtract the sum of			
lines 13d and 13e from line 13c	13f		
g Net foreign personal holding company income excluded under			
high-tax exception	13g		
h Subtract line 13g from line 13f	_	13h	
14 Adjusted net foreign base company sales income:			
a Enter amount from line 3	14a	** ***********************************	
b Expenses allocated and apportioned to the amount on line 3 under			
section 954(b)(5)	14b		
c Net foreign base company sales income. Subtract line 14b from line 14a	14c		
d Net foreign base company sales income excluded under high-tax exception	14d		
e Subtract line 14d from line 14c		· 14e	
15 Adjusted net foreign base company services income:			<u> </u>
a Enter amount from line 4	15a	graph of the	
b Expenses allocated and apportioned to line 4 under section 954(b)(5)	15b		
c Net foreign base company services income. Subtract line 15b from line 15a	15c		
d Net foreign base company services income excluded under high-tax exception	15d		
e Subtract line 15d from line 15c		15e	
16 Adjusted net full inclusion foreign base company income:			
a Enter the excess, if any, of line 11 over line 7	16a	.	
b Expenses allocated and apportioned under section 954(b)(5)			
c Net full inclusion foreign base company income. Subtract line 16b from line 16a	16c		
d Net full inclusion foreign base company income excluded under high-tax exception	16d		
e Subtract line 16d from line 16c		16e	

Wo	rksheet A (continued) (See instructions)	<u> </u>		
	Adjusted net foreign base company income. Add lines 13h, 14e, 15e, and 16e			
	Adjusted net insurance income (other than related person insurance income):			
а	Enter amount from line 6 (other than related person insurance income)	18a		
	Expenses allocated and apportioned to the amount on line 18a under		X 3.	
	section 953	18b		
C	Net insurance income. Subtract line 18b from line 18a	18c		
	Net insurance income excluded under high-tax exception			
е	Subtract line 18d from line 18c		18e	
19	Adjusted net related person insurance income:			
а	Enter amount from line 6 that is related person insurance income	19a		
b	Expenses allocated and apportioned to the amount on line 19a under			
	section 953	19b		
C	Net related person insurance income. Subtract line 19b from line 19a	19c		
	Net related person insurance income excluded under high-tax exception			
е	Subtract line 19d from line 19c		19e	
20	International boycott income (section 952(a)(3))			
21	Illegal bribes, kickbacks, and other payments (section 952(a)(4))		21	
22	Income described in section 952(a)(5) (see instructions)		22	
23	Subpart F income before application of sections 952(b) and (c) and section 959(b). Ad	d lines 17,		
	18e, 19e, and 20 through 22		23	
24	Enter the portion of line 13h that is U.S. source income effectively			
	connected with a U.S. trade or business (section 952(b))	24		
	Exclusions under section 959(b) that apply to line 13h amount		de Company	
26	Section 954(c) subpart F Foreign Personal Holding Company Income. Subtract the s			
	lines 24 and 25 from line 13h		26	
27	Enter the portion of line 14e that is U.S. source income effectively			
	connected with a U.S. trade or business (section 952(b))			
28	Exclusions under section 959(b) that apply to line 14e amount	28	(1. <u>A</u> .)	
29	Section 954(d) subpart F Foreign Base Company Sales Income. Subtract the sum of	lines 27		
	and 28 from line 14e		29	
30	Enter the portion of line 15e that is U.S. source income effectively		[**]	
	connected with a U.S. trade or business (section 952(b))			
31	Exclusions under section 959(b) that apply to line 15e amount	31		
32	Section 954(e) subpart F Foreign Base Company Services Income. Subtract the sum	n of lines	1 1	
	30 and 31 from line 15e		32	
33	Enter the sum of the portion of lines 16e, 18e, 19e, 20, 21, and 22 that is			
	U.S. source income effectively connected with a U.S. trade or business			
	(section 952(b))	33		
34	Exclusions under section 959(b) that apply to line 16e, 18e, 19e, 20, 21,		1 1	
	and 22 amounts	34	1.25.5	
35	Other subpart F income. Subtract the sum of lines 33 and 34 from the sum of lines 16	1 1		
	19e, 20, 21, and 22			
	Total subpart F income. Add lines 26, 29, 32, and 35		36	
	Current E&P limitation computation:	1 1	1 1	
	Current E&P			
	Tested loss (enter as a positive number - see instructions)			
	Total of line 37a and line 37b	37c		
38	Enter the smaller of line 36 or line 37c		l 38 l	

212351 03-15-23

58-1730035 LOVE WORTH FINDING MINISTRIES, INC. Worksheet A (continued) (See instructions) 39 If the amount on line 37c is less than the amount on line 36, allocate the subpart F income remaining (after having been limited) to lines 40, 41, 42, and 43 below in the manner prescribed by Regulations section 1.952-1(e). If the amount on line 37c is greater than or equal to the amount on line 36, enter the amount from line 26 onto line 40, enter the amount from line 29 onto line 41, enter the amount from line 32 onto line 42, and enter the amount from line 35 onto line 43. 40 Section 954(c) subpart F Foreign Personal Holding Company Income subtotal 41 Section 954(d) subpart F Foreign Base Company Sales Income subtotal 42 Section 954(e) subpart F Foreign Base Company Services Income subtotal 42 43 43 Other subpart F income subtotal 44 Shareholder's pro rata share of line 40 ______ 44 45 Shareholder's pro rata share of export trade income that applies to line 45 44 amount (see section 970(a)) 46 Section 954(c) subpart F Foreign Personal Holding Company Income subtotal. Subtract line 45 46 from line 44 47 Shareholder's pro rata share of line 41 48 Shareholder's pro rata share of export trade income that applies to line 47 amount (see section 970(a)) 49 Section 954(d) subpart F Foreign Base Company Sales Income subtotal. Subtract line 48 from line 47 ______ 49 Shareholder's pro rata share of line 42 51 Shareholder's pro rata share of export trade income that applies to line 50 amount (see section 970(a)) 52 Section 954(e) subpart F Foreign Base Company Services Income subtotal. Subtract line 51 from line 50 ______ 52 Shareholder's pro rata share of line 43 54 Shareholder's pro rata share of export trade income that applies to line 53 amount (see section 970(a)) 54 55 Other subpart F income subtotal. Subtract line 54 from line 53 55 56 Add lines 46, 49, 52, and 55 57 Divide the number of days in the tax year that the corporation was a CFC by the number of days in the tax year and multiply the result by 57 line 56 58 Dividends paid to any other person with respect to your stock during 58 59 Divide the number of days in the tax year you did not own such stock by the number of days in the tax year and multiply the result by line 56 60 Enter the smaller of line 58 or line 59 61 Shareholder's pro rata share of subpart F income. Subtract line 60 from line 57 62 Amount of line 61 that applies to section 954(c) subpart F Foreign Personal Holding Company 62 63 Translate the amount on line 62 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1e 64 64 Amount of line 61 that applies to section 954(d) subpart F Foreign Base Company Sales Income 65 Translate the amount on line 64 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1f 65

66 Amount of line 61 that applies to section 954(e) subpart F Foreign Base Company Services Income

rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1g 68 Amount of line 61 that applies to other subpart F income

67 Translate the amount on line 66 from functional currency to U.S. dollars at the average exchange

Translate the amount on line 68 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1h

67

68

69