VANDERPLOEG, BERGAKKER & ASSOCIATES 4145 EMBASSY DR SE GRAND RAPIDS, MI 49546

FORGOTTEN MAN MINISTRIES 1480 BUCHANAN SW GRAND RAPIDS, MI 49507

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CLIENT'S COPY

VANDER PLOEG, BERGAKKER & ASSOCIATES 4145 EMBASSY DRIVE SE GRAND RAPIDS, MI 49546 FAX: 616-957-1199 616-957-0691

NOVEMBER 14, 2022

FORGOTTEN MAN MINISTRIES 1480 BUCHANAN SW GRAND RAPIDS, MI 49507

FORGOTTEN MAN MINISTRIES:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

VERY TRULY YOURS,

VANDER PLOEG, BERGAKKER & ASSOCIATES

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	FORGOTTEN MAN MINISTRIES 1480 BUCHANAN SW GRAND RAPIDS, MI 49507
Prepared by	VANDERPLOEG, BERGAKKER & ASSOCIATES 4145 EMBASSY DR SE GRAND RAPIDS, MI 49546
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	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. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	${ t JUL}$	1	, 2021, and ending	JUN	30	, 20 2 2

ending <u>JUN 30</u>, 20 22

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.

2021

OMB No. 1545-0047

Name of	filer	,			EIN or SSN			
	FORGOTTEN MAN	MINISTRIES			**-***3208			
Name an	d title of officer or person subject to tax	NATHAN DEWA	ARD	'				
		EXECUTIVE I	DIRECTOR					
Part I	Type of Return and I	Return Information						
Form 53 or 10a b whichev than one	pelow, and the amount on that line /er is applicable, blank (do not ente e line in Part I.	nts. For all other forms, en for the return being filed er -0-). But, if you entered	Iter whole dollars only. If you with this form was blank, ther on the return, then enter of	check the box on line leave line 1b, 2b, 0- on the applicable	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, e line below. Do not complete more			
1a	Form 990 check here	b Total revenue, if	any (Form 990, Part VIII, colu	ımn (A), line 12)	1b <u>2,654,161.</u>			
	Form 990-EZ check here >				2b			
	Form 1120-POL check here ▶		120-POL, line 22)					
	Form 990-PF check here	_	vestment income (Form 990					
	Form 8868 check here		rm 8868, line 3c)					
	Form 990-T check here		990-T, Part III, line 4)		·			
	Form 4720 check here		720, Part III, line 1)	***				
	Form 5227 check here		t end of tax year (Form 5227	', Item D)	8b			
	Form 5330 check here	b Tax due (Form 53	' '		9b			
	Form 8038-CP check here		t payment requested (Form					
Part I	penalties of perjury, I declare that		n of Officer or Person					
acknow of any re entry to financia later that paymen	diate service provider, transmitter, ledgement of receipt or reason for efund. If applicable, I authorize the the financial institution account in I institution to debit the entry to thi an 2 business days prior to the pay at of taxes to receive confidential in al identification number (PIN) as my	rejection of the transmiss U.S. Treasury and its det dicated in the tax prepara s account. To revoke a pa ment (settlement) date. I formation necessary to a	sion, (b) the reason for any de signated Financial Agent to in tion software for payment of ayment, I must contact the U also authorize the financial in nswer inquiries and resolve is	elay in processing the littate an electronic the federal taxes of the stream of the stream of the stream of the littations involved assues related to the	ne return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the sial Agent at 1-888-353-4537 no in the processing of the electronic payment. I have selected a			
	eck one box only	C DEDCARRED	c. ACCOCTAMEC		enter my PIN 49544			
LA	I authorize VANDERFLOE		m name	to	Enter five numbers, but			
		EKU IIII	ni name		do not enter all zeros			
as my signature on the tax year 2021 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 also authorize the aforementioned ERO to enter my PIN 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 year 2021 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.								
	of officer or person subject to tax	U 1' 1'			Date >			
Part								
	EFIN/PIN. Enter your six-digit elect		20	(14226252	_			
number	(EFIN) followed by your five-digit s	elf-selected PIN.		not enter all zeros				
submitti	that the above numeric entry is my ing this return in accordance with t ss Returns.			F) Information for A	uthorized IRS e-file Providers for			
ERO's sig	gnature >				14/22			

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

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

Form **8879-TE** (2021)

Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, and ending JUN 30, 2022

B c	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre	FORGOTTEN MAN MINISTRIES						
	chang Name chang	DEACH MHE HODGOMMEN TATE ME	NISTR	**-***32	0.8			
F	Initial return	<u> </u>	Room/suite	E Telephone numbe				
	Final return	1480 BUCHANAN SW	100m/outo	616-784-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,702,475.			
	Ameno	GRAND RAPIDS, MI 49507		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: NATHAN DEWARD		for subordinates? Yes X No				
	pendir	1480 BUCHANAN SW, GRAND RAPIDS, MI 493	507	H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) o	r 527	If "No," attach a	list. See instructions			
		e: JAILMINISTRY.ORG		H(c) Group exemptio				
	_	organization: X Corporation Trust Association Other	L Year	of formation: 1966 N	State of legal domicile: MI			
Pa	art I	Summary	MINITO	mp v				
e	1	Briefly describe the organization's mission or most significant activities: JAIL	MINIS	TRY				
Activities & Governance				. H OFO/ 1				
Veri	1	Check this box if the organization discontinued its operations or dispos		1 1	ssets.			
Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			8			
م د	1	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			63			
ij		Total number of violunteers (estimate if necessary)			2000			
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		2,483,874.	2,443,323.			
ň		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,574.	210,838.			
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,485,448.	2,654,161.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		1,302,949.	1,651,222.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ä				227 272	E00 210			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		337,272. 1,640,221.	588,218.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		845,227.	414,721.			
-SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
t Assets or nd Balances	20	Total assets (Part X, line 16)	100	1,612,484.	1,686,299.			
Ass Ba	21	Total liabilities (Part X, line 26)		368,496.	102,459.			
<u>"</u> jet		Net assets or fund balances. Subtract line 21 from line 20		1,243,988.	1,583,840.			
Pa		Signature Block			· ·			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
Sig		Signature of officer		Date				
Her	е	NATHAN DEWARD, EXECUTIVE DIRECTOR Type or print name and title						
			11	Date Check	PTIN			
Paid	4	Print/Type preparer's name Preparer's signature TIM CLARK TIM CLARK		Check Carry 114/22 of Check Self-employe				
	u parer	Firm's name VANDERPLOEG, BERGAKKER & ASSOCIA	<u>+</u> Утес		**-***5537			
	Only	Firm's address 4145 EMBASSY DR SE	1110	Firm's EIN	3331			
200	Jy	GRAND RAPIDS, MI 49546		Phone no 61	6-957-0691			
Mav	/ the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110.0 =	X Yes No			
		1 1						

Pa	Check if Schedule O contains a re	sponse or note to any line in this Part III									
1	Briefly describe the organization's missic EVANGELISM AND DISCI	on: PLESHIP AMONG INMATES IN	MICHIGAN COUNTY	JAILS							
	THROUGH THE PLACEMENT OF TRAINED AND DEDICATED CHAPLAINS WITHIN THE JAILS.										
2	Did the organization undertake any signi	ficant program services during the year which w	ere not listed on the								
_				Yes X No							
3		or make significant changes in how it conducts,	any program services?	Yes X No							
4	Describe the organization's program serv	rice accomplishments for each of its three larger ions are required to report the amount of grants									
4a		582,510. including grants of \$) (Revenue \$	210,838.)							
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
				_							
4d	Other program services (Describe on Sci										
4e	(Expenses \$ Total program service expenses ▶	including grants of \$) 1,582,510.	(Revenue \$)							
	- 1 P. 55. S OCI FICE CAPOTIONS	, , , ,		Form 990 (2021)							

Form 990 (2021) FORGOTTEN MA Part 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)?						
	If "Yes," complete Schedule A	1	Х				
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		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔			
	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			٦,			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х			
7	, , , , , , , , , , , , , , , , , , , ,						
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x			
•	Schedule D, Part III	8		Α.			
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?	_		х			
40	If "Yes," complete Schedule D, Part IV	9		22			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10					
11	as applicable.						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
а	0.44	11a	Х				
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х			
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х			
d	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			Х			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х			
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?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b							
	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	4.0		Х			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х			
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 22			
18	1c and 8a? If "Yes," complete Schedule G, Part II						
19							
19	complete Schedule G, Part III	19		х			
20a	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		<u></u>			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х			

132003 12-09-21

Form 990 (2021) FORGOTTEN MAN MINI
Part IV | Checklist of Required Schedules (continued)

	The state of the s		· ·	T					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X					
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23							
2 -1 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		Х					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(2) 501(c)(4) and 501(c)(20) organizations. Did the organization oncome in an excess bondfit.	24d							
ZSa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		Х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		v						
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	 					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>								
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a 28b		X					
	 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 								
C	"Yes," complete Schedule L, Part IV	28c		х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х					
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32							
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	<u> </u>	Х					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:							
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b							
50	If "Yes," complete Schedule R, Part V, line 2	36		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		٠,						
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X						
га	Check if Schedule O contains a response or note to any line in this Part V								
-	2.122 Solidadio di contanto a respenso or rioto to arry into in ano i arc v		Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77						
	(gambling) winnings to prize winners?	1c	X						

132004 12-09-21

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 63										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	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		X							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
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							
С	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		Х							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).			7,							
а	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									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,							
	to file Form 8282?	7с		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
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 organization have excess business holdings at any time during the year?	8									
9											
a	, , , , , , , , , , , , , , , , , , , ,										
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b									
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	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.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	c Enter the amount of reserves on hand 13c										
14a	a Did the organization receive any payments for indoor tanning services during the tax year?										
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Х							
excess parachute payment(s) during the year?											
If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

Form **990** (2021) FO723__1

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.

Section A. Governing Body and Management Yes No						Λ						
the ten number of voting members of the governing body, of the governing body delegated broad satisful difference in voting pright saming members of the governing body, or life the governing body delegated broad satisful difference in voting pright saming members of the governing body. body delegated broad satisful difference in voting pright saming members of the governing body or life of the governing body of the governing body or life of the governing of the governing of the governing body or life of the organization shade any significant changes to its governing documents since the prior form 990 was filed? 4	Sec	tion A. Governing Body and Management										
There are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an excurive committee or similar committee, explain on Schedule D.			1 1		Yes	No						
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a 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	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9								
b Enter the number of voting members included on line 1a, above, who are independent.		If there are material differences in voting rights among members of the governing body, or if the governing										
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization regularly and key employees required to disclose annually interests that could give rise to conflicts? 12b X	11a											
12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 X 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15a X b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X 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, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records NATHAN DEWARD - 616-784-4620												
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13	Ū			120	x							
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ► NATHAN DEWARD − 616−784−4620												
NATHAN DEWARD - 616-784-4620	20	·	ooks and records									

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

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

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

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

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

(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more box, unless person officer and a directive property)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NATHAN DEWARD	40.00	I						0.1.0	•	•
EXECUTIVE DIRECTOR	1 00	Х		Х				95,919.	0.	0
(2) MATT ANTKOVIAK	1.00	١,,							0	0
DIRECTOR (2) PAUL R	1.00	Х						0.	0.	0
(3) DAVID ELLIS PRESIDENT	1.00	X		х				0.	0.	0
(4) ROBERT ELLIS	1.00	^		Λ		<u> </u>		0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(5) JAY KUIPER	1.00									
DIRECTOR		x						0.	0.	0
(6) HERB LANTINGA	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(7) DAN HELMHOLDT	1.00									
TREASURER		Х		Х				0.	0.	0
(8) KRISTEN AIDIF	1.00								_	
DIRECTOR		Х						0.	0.	0
(9) LARRY STELMA	1.00	١							0	
DIRECTOR		Х						0.	0.	0
		1								
		-								
		_								
		_								
		_								
		-								
		t								

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
thours for related organizations below line) 1b Subtotal 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 2 Total ramber of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related to those listed above) who received more than \$100,000 of compensation from the organization is and the organization and related organization is and the organization organization is and the organization is and the organization is and the organization is and the organization organization is and the organization organization is and the organization organization is and elated organization organization is and the organization organi		` '	Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					h an	Reportable compensation from	Reportable compensatio from related	n I	am	timate nount o other	of
to Subtotal			hours for related organizations below	Individual trustee or direct	Institutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MIS	SC/	fro orga and	om the anization d relate	e on ed
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Yes No.									>						0.
compensation from the organization Yes No.									<u> </u>						0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 1 Total number of independent contractors (including but not limited to those listed above) who received more than	2		ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le		Vac	O No.
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X S Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3													res	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				Х
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the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			mponeated in	done	ando		ont	racto	ore t	that received more than	\$100,000 of com	none	ation f	rom	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		the organization. Report compensation for		-						n the organization's tax					
			address	N	INC	Ξ					ervices	С			1
	2		· ·	ot li	mite	d to		_	stec	d above) who received m	nore than				

FORGOTTEN MAN MINISTRIES

Form **990** (2021)

19211114 759240 FO723

Pa	I L V	1111			an in this Dart VIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	_	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant			1 9					
ָה פֿ פֿ								
ifts Ir A								
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d Government grants (contributions) 1e	439,637.				
ons			All other contributions, gifts, grants, and	433,037				
uti		٠		,003,686.				
or G		~	Noncash contributions included in lines 1a-1f	4,416.				
Son		_	Total. Add lines 1a-1f		2,443,323.			
		<u>'''</u>	Total. Add lines 1a-11	Business Code	_,,			
ø	2	a						
Program Service Revenue		b						
Ser		c						
am		d						
ogra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	<u> </u>	Investment income (including dividends, inter					
			other similar amounts)		4,836.	4,836.		
	4		Income from investment of tax-exempt bond					
	5		Royalties	<u>-</u>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	254,316.				
_		b	Less: cost or other basis					
une			and sales expenses	48,314.				
Revenue			Gain or (loss) 7c	206,002.				
			Net gain or (loss)	<u></u>	206,002.	206,002.		
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8t	<u> </u>				
			Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
		.	Part IV, line 19 9a Less: direct expenses 9a	_				
			Less: direct expenses					
			Gross sales of inventory, less returns					
	10	а	and allowances10	2				
		h	Less: cost of goods sold 10	_				
			Net income or (loss) from sales of inventory					
_		<u> </u>		Business Code				
sno	11	а						
Miscellaneous Revenue		b						
sells eve		c						
Alisc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,654,161.	210,838.	0.	0.

Part IX | Statement of Functional Expenses

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

D-	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(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	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 210	24 500	40 150	24 500
	trustees, and key employees	98,319.	24,580.	49,159.	24,580
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 200 466	1 105 066	124 070	E0 E22
7	Other salaries and wages	1,290,466.	1,105,966.	124,978.	59,522
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	180,055.	142,141.	23,541.	1/ 272
9	Other employee benefits	82,382.	59,030.	16,225.	14,373 7,127
10	Payroll taxes	04,304.	53,030.	10,443.	1,141
11	Fees for services (nonemployees):	98,370.		58,020.	40,350
	Management	90,370.		30,020.	40,330
b	Legal	10,325.		10,325.	
C	Accounting	10,323.		10,323.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
40	· · · · · · · · · · · · · · · · · · ·				
12 13	Advertising and promotion	14,132.	4,496.	7,993.	1,643
	Office expenses	11,152.	1,100	1,555.	1,013
14	Information technology				
15 16	Royalties	11,824.	8,277.	2,364.	1,183
17	Occupancy	11,0210	0 / 2 / / 4	2,3010	1,100
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,936.	2,187.	5,468.	3,281
21	Payments to affiliates		-,,	= , = = = =	5, = 3 = 1
22	Depreciation, depletion, and amortization	22,683.	15,878.	4,537.	2,268
23	Insurance	6,717.	4,702.	1,343.	672
24	Other expenses. Itemize expenses not covered	, = , ,	= , = .	., = = = =	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MAILING EXPENSE	121,860.	42,651.	60,930.	18,279
b	FUNDRAISERS	77,332.	23,200.	,	54,132
c	EQUIPMENT RENTAL & MAIN	50,177.	42,650.	5,019.	2,508
d	PROMOTIONS	47,710.	,	,	47,710
	All other expenses	116,152.	106,752.	7,310.	2,090
25	Total functional expenses. Add lines 1 through 24e	2,239,440.	1,582,510.	377,212.	279,718
26	Joint costs. Complete this line only if the organization			·	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	2. 10.00.01				Earm 990 (202)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			499,586.	1	248,185.
	2	Savings and temporary cash investments			438,766.	2	770,091.
	3	Pledges and grants receivable, net			394,828.	3	403,389.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons	10,035.	5	5,081.
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			25,275.	9	26,221.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		291,357.			
	b	Less: accumulated depreciation		58,025.	195,680.	10c	233,332.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			10 011	14	
	15	Other assets. See Part IV, line 11			48,314.	15	0.
	16	Total assets. Add lines 1 through 15 (must e		1	1,612,484.	16	1,686,299.
	17	Accounts payable and accrued expenses			85,151.	17	102,459.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un			283,345.	23	0.
	24	Unsecured notes and loans payable to unrela			203,343.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X		25	
	06	of Schedule D			368,496.	26	102,459.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6			300,430.	26	102,437.
es		and complete lines 27, 28, 32, and 33.	JIICOK IICI				
anc	27				1,157,979.	27	1,482,515.
Bal	28	Net assets with donor restrictions			86,009.	28	101,325.
pu		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.	o 000, o				
ŏ	29	Capital stock or trust principal, or current fun	ıds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,243,988.	32	1,583,840.
_	33	Total liabilities and net assets/fund balances			1,612,484.	33	1,686,299.
	, 55	. 510asimtos ana not accoto, fana salances			, ,		Form 990 (2021)

Form	1 990 (2021) FORGOTTEN MAN MINISTRIES	**-***3	3208	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,654		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,239),4	40.
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	.,243		
5	Net unrealized gains (losses) on investments	5	-74	1,8	69.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1	.,583	3,8	40.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

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

Name of the organization Employer identification number **-***3208 FORGOTTEN MAN MINISTRIES Part I 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 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. 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 I, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No 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	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(.,,	(-)	(=,====	(-,	(-/ :	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1628557.	1820589.	1780269.	1805701.	2003686.	9038802.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1628557.	1820589.	1780269.	1805701.	2003686.	9038802.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9038802.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1628557.	1820589.	1780269.	1805701.	2003686.	9038802.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,204.	7,745.	945.	6,066.	135,969.	157,929.
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.)						0106021
11	Total support. Add lines 7 through 10						9196731.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
<u></u>	organization, check this box and stor						<u></u>
	ction C. Computation of Publ			. (0)			98.28 %
	Public support percentage for 2021 (14	00 60
15						15	
Iba	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies						
L	33 1/3% support test - 2020. If the c						
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
17 a	and if the organization meets the fact	_					
				=		_	
L	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	-			-	17a and line 15 is	
L	more, and if the organization meets the	_					1070 OI
	organization meets the facts-and-circ				-		
12	Private foundation. If the organization		-				
18	riivate iounuation. Il the organizatio	ni did fiot trietk a	DOX OIT III IE 13, 10	a, 100, 17a, 01 171	, UIICUN IIIIS DUX 8	ina see mstruction	s

Schedule A (Form 990) 2021

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

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

Sec	etion A. Public Support	siow, picase com	piete r art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	` ′	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
7	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))			%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20						%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organizatio						N

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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Par	t 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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 office			
	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 supports organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type III Supporting Organizations		V	NI.
	Did the averagination was ide to each of its averaged averaginations. by the last day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soci	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .	aa inatuustia	ma\	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio		NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 FORGOTTEN MAN MINISTRI	ES	1	**-***3208 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	T		Current Year

	emer	gency temporary reduction (see instructions).	U		
7		Check here if the current year is the organization's first as a non-functionally	ntegr	ated Type III supporting orga	anization (see
		instructions)			

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

1

2

3 4

5

Pai	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	ion D - Distributions		•		Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

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

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.

OMB No. 1545-0047

2021

Name of the organization

FORGOTTEN MAN MINISTRIES

Employer identification number

-*3208

Organization type (chec	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
	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	on is covered by the General Rule or a Special Rule.					
	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) contributor, du	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) filing 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						
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 filing requirements of Schedule B (Form 990).					

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FORGOTTEN MAN MINISTRIES

*	_**	*32	80
			(4)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. AND MRS. HERBERT LANTINGA 7358 CASCADE RD. GRAND RAPIDS, MI 49546	\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FORGOTTEN MAN MINISTRIES

-*3208

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 11-11		*	Schedule B (Form 990) (2

Schedule B (Form 990) (2021) Page

Name of organization **Employer identification number** **-***3208 FORGOTTEN MAN MINISTRIES Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047

Inspection

Name of the organization

FORGOTTEN MAN MINISTRIES

Employer identification number **-***3208

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Sin	nilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised for	unds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant	funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any o	other purpose confer	ring
_				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" o	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	. —		orically important land area
	Protection of natural habitat	P	reservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution	on in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or ten	minated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements i		onforcing concernati	
6	Staff and volunteer hours devoted to monitoring, inspecting,	mandling of violations, and	ernording conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation ea	esements during the year
′	S	alling of violations, and enior	cing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of	of section 170(h)(4)(F	R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
_	balance sheet, and include, if applicable, the text of the footr		· ·	
	organization's accounting for conservation easements.	3		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treas	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenu	ue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that descri	bes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue s	tatement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtheranc	e of public service,
	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	SC 958 relating to these ite	ems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining C	collections of A	rt, Historical 1	reasures, or (Other:	Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that m	ake sign	ificant use o	of its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they furthe	the organization's	s exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	easures, or other s	imilar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered "Ye	s" on Fo	rm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributi	ons or other asset	s not inc	luded		
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F					?	. └── Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete i					Three weers h	ook La Four	vooro book
		(a) Current year	(b) Prior year	(c) Two years ba	ack (a)	Tillee years L	ack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance		- //: 1	(a)\ b a l d a a .				
2	Provide the estimated percentage of the cur	•	, ,	(a)) neid as:				
a	Board designated or quasi-endowment Permanent endowment	%	_%					
b		% %						
С	Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho	, •						
20	Are there endowment funds not in the posse	•	ation that are hold	and administered	l for the	organization		
Sa	by:	ssion of the organiza	ation that are neid	and administered	i ioi tiie	organization		Yes No
	-						3a(i)	100 110
	(i) Unrelated organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the						<u> OD </u>	
	rt VI Land, Buildings, and Equipm		Willett lands.					
	Complete if the organization answere). Part IV. line 11a	. See Form 990. Pa	art X. lin	e 10.		
	Description of property	(a) Cost or o				mulated	(d) Book	c value
	becomplien of property	basis (investr		s (other)	` '	ciation	(4) 5001	(value
1a	Land	` `	,	` '				
	Buildings							
	Leasehold improvements	000	157.		1	1,971.	19:	1,186.
	Equipment		200.			6,054.		2,146.
	Other					-		
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	: 10c.)		>	233	3,332.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year m	arket value
	(b) Book value	(c) Method of Valuation. Cost of end-or-year fi	iarket value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year m	arket valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
` '			
(9)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of			Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description		ook value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [2] (1)			look value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2)			look value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3)			look value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4)			ook value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)			ook value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4)			Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)			look value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7)			Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8)			Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		Book value
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(9) Interval (20) I	Description	(b) E	Book value
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,579,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-74,869.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-74,869.
3	Subtract line 2e from line 1			3	2,654,161.
4	Amounts included on Form 990, Part VIII, line 12, 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			
С	Add lines 4a and 4b	-		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	2,654,161.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	2,239,440.
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				
С	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,239,440.
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					
	Add lines 4a and 4b	-		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,239,440.
	t XIII Supplemental Information.				· · ·
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			+, Fait	л, ше 2, ган лі,

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization
FORGOTTEN MAN MINISTRIES

Employer identification number
-3208

Part I	Excess Bene	fit Transa	actic	ns (section 50	1(c)(3	3), sect	ion 501(c)(4), and s	ectio	n 501(c)(29) orga	anizati	ons o	nly).			
	Complete if the o						art IV, line 25a or 25	b, or	Form 990-EZ, P	art V,	line 40	Jb.	1		
1 (a) Name	e of disqualified p	erson	(b) Re	elationship betv person and or			lified	(c) De	escription of tran	sactio	n		` ,		cted?
				person and or	garnz	411011							+ *	es	No
													+		
													+		
													Ш		
		ncurred by t	he or	ganization man	agers	or disc	qualified persons di	uring	the year under						
section											> \$				
3 Enter th	e amount of tax,	if any, on line	e 2, a	bove, reimburs	ed by	the or	ganization				> \$				
Part II	Loans to and	d/or From	Inte	erested Pers	sons	 }_									
							, Part V, line 38a or	Forn	n 990. Part IV. lin	e 26:	or if th	ne ora:	anizati	on	
	reported an amo						, ,		,	,		9-			
	Name of	(b) Relations		(c) Purpose		oan to or	(e) Original	(f	Balance due		In	(h) Ap	proved ard or	1 (1) *	/ritten
interes	sted person	with organiza	ation	of loan		ization?	principal amount			defa	ult?	comm		agree	ment?
	DEIII 1 D D					From	15 000	_	F 001	Yes	No	Yes	No	Yes	No
NATHAN	DEWAARD	EXECUT	. T A I	OOWNPAYM		X	15,000	<u>·</u>	5,081.		Х	X		X	
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-									5,081.						
Total	Grants or As	sistance	Ren	efiting Inter	este	d Pe	> \$		3,001.						
	Complete if the o			•											
	ne of interested p) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose o	f
()	·			interested pers	on an		assistance		assistan			•	assist		
				the organiza	tion										
			1						1		- 1				

interested person and the organization assistance assistance assistance assistance

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		1 / > =:	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	
		porcon and the organization	transaction.	i andadion	Yes	nues?
Part	V Supplemental Information.					
- urc	Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCHI	EDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSO	NS:		
(A)	NAME OF PERSON: NATHAN	DEWAARD				
(B)	RELATIONSHIP WITH ORGA	NIZATION: EXECUTIVE	DIRECTOR			
(C)	PURPOSE OF LOAN: DOWNP	AYMENT ON TRUCK TO	BE USED FOR	R DELIVERIES	в ву	
EXE	CUTIVE DIRECTOR					

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

FORGOTTEN MAN MINISTRIES

Employer identification number **-***3208

OMB No. 1545-0047

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS DAVID ELLIS AND ROBERT ELLIS HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS MONITORS POLICY FOR COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS AND APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES COPIES OF DOCUMENTS TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

MATT ANTKOVIAK - 414 TROWBRIDGE, ALLEGAN, MI 49010

DAVID ELLIS - 4625 MICHIGAN NE, ADA, MI 49301

ROBERT ELLIS - 3570 ELDERWOOD, HOLLAND, MI 49424

JAY KUIPER - 2032 S CROSSCREEK DR SE, GRAND RAPIDS, MI 49508

HERB LANTINGA - 7358 CASCADE ROAD SE, GRAND RAPIDS, MI 49546

DAN HELMHOLDT - 3468 CHARLEVOIX DR. SE, GRAND RAPIDS, MI 49546

KRISTEN AIDIF - 5468 SAND DUNE, GRANDVILLE, MI 49418

LARRY STELMA - 14601 CEDAR SPRINGS, CEDAR SPRINGS, MI 49319

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Schedule O (Form 990) 2021