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)

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

AF	or the	e 2022 calendar year, or tax year beginning and can be and can be and can be also be and can be also be also be also be and can be also be als	enaing		
	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addre:				
	Name chang	Doing business as		74-19304	00
	Initial return	,	Room/suite	E Telephone numbe	
	Final return/	11926 RADIUM		(210) 34	
	termin ated			G Gross receipts \$	3,079,892.
	Ameno	SAN ANIONIO, IX 78210		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: WATHE WIDEMAN		for subordinates	
	<u> </u>	° 11926 RADIUM, SAN ANTONIO, TX /8216		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c)() (insert no.) $oxed{\Box}$ 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
_	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1977 N	M State of legal domicile: TX
Ра	rt I	Summary			
۵		Briefly describe the organization's mission or most significant activities: ARIEI			
읽		EVANGELIZE JEWISH PEOPLE AND TO DISCIPLE	BOTH J	JEWISH AND G	<u>ENTILE</u>
ř		Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	_
8				3	6
ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			5
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			33
:≣		Total number of volunteers (estimate if necessary)			12
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		2,379,292.	2,444,589.
Revenue		Program service revenue (Part VIII, line 2g)		64,790. 597.	622,216.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		326,009.	5,598. 7,489.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,770,688.	
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		247,452.	3,079,892.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		247,452.	394,744.
		Benefits paid to or for members (Part IX, column (A), line 4)		867,928.	944,134.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		007,920.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.
찞				934,470.	1,878,520.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,049,850.	3,217,398.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		720,838.	-137,506.
<u>~ %</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or od Balances	20	Total assets (Part X, line 16)	50	4,058,853.	4,763,085.
Asse Bali	21	Total liabilities (Part X, line 16)		35,644.	816,063.
藍	22	Net assets or fund balances. Subtract line 21 from line 20		4,023,209.	3,947,022.
Pa	rt II	Signature Block			0,01,701
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
Sigr	1	Signature of officer		Date	
Here		WAYNE WIDEMAN, OFFICE MANAGER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		RANDY L. WALKER, CPA		if self-employ	
rep	arer	Firm's name RANDY WALKER & CO		Firm's EIN 2	0-3992693
Jse	Only	Firm's address 7800 IH 10 WEST, STE. 505			
		SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ARIEL MINISTRIES EXISTS TO BRING THE GOOD NEWS OF THE MESSIAH TO
	JEWISH PEOPLE AND TO DISCIPLE BELIEVERS THROUGH INTENSIVE BIBLE
	TEACHING FROM A MESSIANIC JEWISH PERSPECTIVE AND DISPENSATIONAL
	THEOLOGICAL POSITION. CONTINUED ON SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,218,010 · including grants of \$ 162,453 ·) (Revenue \$ 622,216 ·)
	SUMMER PROGRAM OF INTENSIVE BIBLE TEACHING IN A CONFERENCE-STYLE
	SETTING AT OUR FULLY OWNED AND OPERATED SHOSHANAH CAMPUS IN NEW YORK.
	-
	720 025
4b	(Code:) (Expenses \$ 730,035. including grants of \$) (Revenue \$)
	PRODUCING AND PUBLISHING THEOLOGICALLY SOUND AND MESSIANIC RESOURCES IN
	SUPPORT OF INTENSIVE BIBLE TEACHING. THESE RESOURCES INCLUDE BOOKS AND
	STUDIES IN BOTH PRINT AND DIGITAL FORM, AS WELL AS COURSES IN BIBLE,
	THEOLOGY, AND MESSIANIC JEWISH STUDIES THAT CAN BE TAKEN BY ONLINE
	FORMAT.
	400 650
4c	(Code:) (Expenses \$ 499,652. including grants of \$ 232,292.) (Revenue \$)
	PLACING MISSIONARY PERSONNEL INTERNATIONALLY THAT ENGAGE IN SHARING THE
	GOOD NEWS OF THE MESSIAH WITH JEWISH PEOPLE THROUGH PERSONAL
	INTERACTIONS, SPEAKING AT EVENTS, TRANSLATING AND PUBLISHING OF BIBLE
	STUDY RESOURCES, COMMUNITY PROJECTS, ETC. MANY OF THESE MISSIONARIES
	RECEIVE GRANTS THROUGH ARIEL MINISTRIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses 2,447,697.
	Form 990 (2022)

Form 990 (2022) ARIEL MINISTRIES 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Li	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	140	- 21	
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	45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	:		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	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			
	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%			
	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% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	I		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			T
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			125
34		24		X
25.0	Part V, line 1	I .		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	- 1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x
O-7	If "Yes," complete Schedule R, Part V, line 2	36		├^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

1 01111 330		111111111111111111111111111111111111111	, -	
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 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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).			
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		Х
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?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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.	40		
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 That the amount of receives an head			
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a		14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D		
15		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	• •			

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records WAYNE WIDEMAN - (210) 344-7707

Form **990** (2022)

11926 RADIUM, SAN ANTONIO,

14031023 130509 ARIEL MINISTRIE

78216

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga T	ıııza			nper	ısate			(F)	
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and title	Average		(do not check more than one					Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)					n an tee)	compensation from	compensation from related	amount of other	
	(list any	tor	JO.					the	organizations	compensation	
	hours for	direc				P		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization	
	organizations	trust	lal tru		oyee	om pe		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	je je	Key employee	Highest compensated employee	Jer .			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) DR. ARNOLD G FRUCHTENBAUM	40.00										
CEO		Х		X				79,679.	0.	95,094.	
(2) DR. RICHARD STORM	2.00										
DIRECTOR		Х						0.	0.	0.	
(3) CLIFFORD HOGUE JR.	4.00										
DIRECTOR		Х				_		0.	0.	0.	
(4) REV. GARY DERESHINSKY	1.00	J									
DIRECTOR		Х				_		0.	0.	0.	
(5) TIMOTEO VELASCO	2.00	l									
DIRECTOR		Х				_		0.	0.	0.	
(6) RUSSELL CRUZAN	2.00	ļ									
DIRECTOR		Х				┞		0.	0.	0.	
		1									
						_					
						\vdash					
						┢					
		_									
		_									
						-					
		-									

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(A) Name and title	(B) Average hours per	box,	not cl	Pos heck i ss per	more son i	than c s both	an	(D) Reportable compensation	(E) Reportable compensation	1		(F) timate lount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Deficer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS0 1099-NEC)	- 1	comp fro orga and	other pensa om the anizat I relat nizati	e ion ed
1b Subtotal c Total from continuation sheets to Part VI								79,679. 0.		0.			94.
d Total (add lines 1b and 1c) Total number of individuals (including but n								79,679. eceived more than \$100,		0.	9!	5,0	
compensation from the organization												Yes	No
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual										3		Х
and related organizations greater than \$150. Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4	X	
rendered to the organization? If "Yes," com											5		Х
Complete this table for your five highest co the organization. Report compensation for	•	•								ensati	on fro	m	
(A) Name and business	address	NC	NE	3				(B) Description of s	services	Co	(C omper		n
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
wroo,ooo or compensation from the organiz										F	orm (990 (2022)

14031023 130509 ARIEL MINISTRIE

Part VIII	Statement	of Revenu
art vIII	Statement	ot Keven

			Check if Schedule O	conta	ains a ı	respons	se or	note to any lin	e in this Part VIII			
								,	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
										function revenue	business revenue	sections 512 - 514
S. O	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues			1b						
G. Jou			Fundraising events			1c			-			
fts, r Ai			Related organizations			1d			-			
, Gi			Government grants (contr			1e			1			
Sin			All other contributions, gifts,			16			-			
utic		'				1f 2) /	44,589.				
ori			similar amounts not included				· , =	4,568.				
ont		_	Noncash contributions included in			1g \$			2 444 500			
C		n	Total. Add lines 1a-1f					Business Code	2,444,589.			
			DDOGDAM HHEG				<u> </u>		600 016	622 216		
ce	2	а	PROGRAM FEES				- -	900099	622,216.	622,216.		
Program Service Revenue		b					- -					
S c		С					_ -					
ran ev		d					_					
ю. Н		е					_ _					
P		f	All other program service	reve	nue							
		g	Total. Add lines 2a-2f						622,216.			
	3		Investment income (include	ding	divider	nds, inte	erest	, and				
			other similar amounts)						5,598.			5,598.
	4		Income from investment of									
	5		Royalties									
			•		(i)	Real		(ii) Personal				
	6	а	Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss)									
			Gross amount from sales of	,		ecurities		(ii) Other				
	′	а	assets other than inventory	70			_	() 5 11.15.				
			•	7a								
ø.		D	Less: cost or other basis	٦.								
nue			and sales expenses				-		-			
her Revenue			Gain or (loss)									
Ä			Net gain or (loss)				·····					
:he	8	а	Gross income from fundraising	ng ev	ents (n	ot						
ō			including \$			of						
			contributions reported on		•							
			Part IV, line 18				8a					
		b	Less: direct expenses			હ	8b					
		С	Net income or (loss) from	fund	Iraising	events	<u></u>					
	9	а	Gross income from gamin	-								
			Part IV, line 19			2	9a					
		b	Less: direct expenses			[9b					
		С	Net income or (loss) from	gam	ing act	ivities_						
	10	а	Gross sales of inventory, I	ess i	returns	;						
			and allowances			1	l0a					
		b	Less: cost of goods sold				l0b					
			Net income or (loss) from			_						
۲۵.								Business Code				
sno	11	а	OTHER INCOME					900099	7,489.			7,489.
Miscellaneous Revenue		b										
elle		С										
lisc		d All other revenue				_						
2			Total. Add lines 11a-11d						7,489.			
	12		Total revenue. See instruction	ns	<u></u>	<u></u>			3,079,892.	622,216.	0.	13,087.
												Form 990 (2022)

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 17,092. 17,092. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 145,360. 145,360. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 232,292. 232,292. Benefits paid to or for members Compensation of current officers, directors, 174,772. 9,871. 112,607. 52,294. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 617,206. 397,310. 185,118. 34,778. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 99,375. 64,630. 28,995. 5,750. Other employee benefits 9 52,781. 29,643. 22,255. 883. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 70,701. 111,533. 38,601. 2,231. column (A), amount, list line 11g expenses on Sch O.) 66,801. 53,427. 133,588. 13,360. Advertising and promotion 12 238,416. 190,419. 45,287. 2,710. Office expenses 13 Information technology 14 15 Royalties 75,328. 51,549. 23,086. 693. 16 Occupancy 155,543. 126,948. 20,661. 7,934. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 15,121. 15,121. 20 Payments to affiliates 21 142,639. 117,642. 22,197. 2,800. Depreciation, depletion, and amortization 22 33,199. 23,624. 9,575. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 409,415. 112,215. 16,530. 538,160. POST-RETIREMENT BENEFIT 302,153. COST OF GOODS SOLD 302,153. 97,150. 84,811. 12,339. REPAIRS AND MAINTENANCE 25,033. 25,033. d BANK AND CREDIT CARD FE

Form 990 (2022)

1,282.

98,822.

4,675.

670,879.

Check here

25

e All other expenses

Total functional expenses. Add lines 1 through 24e

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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10,657.

3,217,398.

4.700.

2,447,697.

Form 990 (2022)

Part X | Balance Sheet

Part >	X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1,409,224.	1	1,687,938
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net				4	
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
6	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
<u>န</u> မြ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			45,200.	8	156,707
ž 9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,038,299.			
	b	Less: accumulated depreciation	10b	2,176,246.	2,604,429.	10c	2,862,053
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, lin		12			
13	3	Investments - program-related. See Part IV, lin		13			
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11	0.	15	56,387		
16	6	Total assets. Add lines 1 through 15 (must e			4,058,853.	16	4,763,085
17	7	Accounts payable and accrued expenses $\ \dots$		0.	17	99,270	
18		Grants payable		18			
19		Deferred revenue			19		
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
ဖွ 22	2	Loans and other payables to any current or fo					
≜		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 uni				23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X	25 644		716 702
		of Schedule D			35,644.	25	716,793
26	6	Total liabilities. Add lines 17 through 25		7	35,644.	26	816,063
_ω		Organizations that follow FASB ASC 958, o	heck here	X			
و دو ا	_	and complete lines 27, 28, 32, and 33.			4 022 200		2 025 622
27 <u>aa</u>					4,023,209.	27	3,025,623 921,399
<u>m</u> 28	8		<u> </u>	0.	28	941,399	
<u>š</u>		Organizations that do not follow FASB ASC	3 958, chec	k here			
卢	_	and complete lines 29 through 33.				00	
St 29		Capital stock or trust principal, or current fun				29	
88 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			4 022 200	31	2 047 000
_				4,023,209.	32	3,947,022	
33	3	Total liabilities and net assets/fund balances			4,058,853.	33	4,763,085

Pa	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)	1	3,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,21		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,02		
5	Net unrealized gains (losses) on investments	5	<u> </u>	3,6	39 .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	6	4,9	58.
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	3,94	7,0	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
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:				
	X 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	audit,			1
	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 Scho	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

		L MINISTRI						4-1930400	
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.			
The orga	nization is not a private found								
1	A church, convention of ch					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		:)(b)(1)(A)(ii	ii).			
4	A medical research organiz					•	ii) Enter	the hospital's name	
-	city, and state:	acion operated in col	njanotion with a noophar	GCCCTIDCG	000110	// // O(D)(1)(/-)(1		the ricepital o riame,	
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental unit	describe	ad in	
5 <u> </u>			nege or university owned	or operat	ed by a go	overninental unii	uescribe	5 u III	
<u> </u>	section 170(b)(1)(A)(iv). (C		and a language of the second		70/1-\/4\/A\	()			
6	A federal, state, or local go	-						and the state of the state of the	
7	An organization that norma	•	ntial part of its support fr	om a gove	ernmentai	unit or from the	generai p	oublic described in	
	section 170(b)(1)(A)(vi). (C								
8	A community trust describe								
9	An agricultural research org	-			-		-	-	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	e college	or	
	university:								
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50	9(a)(3). (Check the box on	
	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 1	2g.		
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving	
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees	of the su	upporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b [Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by hav	vina	
	control or management o	· · · · · · · · · · · · · · · · · · ·				-		-	
	organization(s). You mus					g-			
с	☐ Type III functionally inte			in connect	tion with.	and functionally	integrate	ed with	
	its supported organization					•		,	
d [Type III non-functionally		•				d organia	zation(s)	
u _	that is not functionally int					• •	•	* *	
	requirement (see instruct	-		•		-	iii attoritiv	7011033	
е 🗆	Check this box if the orga	,	• ′	•			Type III		
c _	functionally integrated, or					Type i, Type ii,	туретп		
f En			rially integrated supporting	ig organiz	ation.				
	ter the number of supported o		d organization(a)						
g Pro	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of m	nonetary	(vi) Amount of other	
	organization	(.,,	(described on lines 1-10	in your governi	No No	support (see inst	•	support (see instructions)	
	-		above (see instructions))	163	140				
						-			
Total						<u> </u>			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	Т	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-1- / ::	>			40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	
Sec	organization, check this box and stopertion C. Computation of Publi				•••••		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	.,,		15	<u> </u>
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies					iore, ericeit triis se	
h	33 1/3% support test - 2021. If the c		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets the	_	-				
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		
				<u> </u>			(Form 990) 2022

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.)

Sed	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1666919.	1648549.	1924600.	2379292.	2444589.	10063949.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	549,405.	466,436.	437,606.	640,150.	629,705.	2723302.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2216324.	2114985.	2362206.	3019442.	3074294.	12787251.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	19,250.	25,000.	20,252.	34,500.	108,489.	207,491.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	19,250.	25,000.	20,252.	34,500.	108,489.	207,491.
	Public support. (Subtract line 7c from line 6.)						12579760.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2216324.	2114985.	2362206.	3019442.	3074294.	12787251.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		377.	1,107.	597.	5,598.	7,679.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		377.	1,107.	597.	5,598.	7,679.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2216324.	2115362.	2363313.	3020039.	3079892.	12794930.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Ω -	check this box and stop here						
	ction C. Computation of Publi				Т	[00 22
	Public support percentage for 2022 (li		•	.,,		15	98.32 % 98.95 %
	Public support percentage from 2021 ction D. Computation of Inves					16	98.95 <u>%</u>
	-			ne 13 column (f)	I	17	.06 %
	Investment income percentage for 20 Investment income percentage from 2			ie 13, column (1))		18	.06 %
	33 1/3% support tests - 2022. If the					•	
.50	more than 33 1/3%, check this box an						v
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, chec						
20	Drivate foundation If the organization	n did not obook a l	nov on line 14 10c	or 10h obook th	ic hay and see inct	ruotiono	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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			
<u> </u>	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Sche	edule A (Form 990) 2022 ARIEL MINISTRIES		1	74-1930400 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

5

6

Schedule A (Form 990) 2022

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

ARIEL MINISTRIES

Employer identification number 74-1930400

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· · · · ·	
Pai		rganization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organizati		arry, mie 7.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a destined motorio di dotare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re-		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		nei oliillai Assets.
			nd halanaa ahaat waxka
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	, ,	
	service, provide in Part XIII the text of the footnote to its final	, ,	'
h	· ·		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	•	
	,	exhibition, education, or research in full	lerance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
_	the following amounts required to be reported under FASB A		gain, provide
a	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

14031023 130509 ARIEL MINISTRIE

Pai	rt III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar Ass	sets (contin	ued)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the t	ollowing that	make sign	ificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	c	ı 🔲 1	Loan or exc	hange progra	am			
b	Scholarly research	e	,	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpose in l	Part XIII.	
5	During the year, did the organization solicit or r	eceive donations	of art, his	storical treas	sures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be main							Yes	No
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered '	'Yes" on Fo	orm 990, Parl	t IV, line 9, or	
	reported an amount on Form 990, Part	K, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for c	contribution	s or other ass	sets not inc	luded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing ta	able:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	?	· L Yes	No
	If "Yes," explain the arrangement in Part XIII. C								
Pai	TY Endowment Funds. Complete if t								
	-	(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years b	oack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current		e (line 1g	i, column (a) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	ion of the organiza	ation that	are held ar	nd administer	ed for the		Г	Yes No
	organization by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization							3b	
4 Pai	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmen		wment to	unas.					
ı uı	Complete if the organization answered) Part IV	line 11a S	66 Form 990	Part X lin	o 10		
								(d) Book	
	Description of property	(a) Cost or of basis (investr			or other (other)	` '	umulated eciation	(a) Book	value
	Land	<u> </u>			6,771.	асрі	Joidtion	716	771.
_	Land				0,708.	Q F	4,001.		5,707.
b	Buildings				3,261.		6,472.		789.
q	Leasehold improvements				3,280.		20,363.		2,917.
d	Equipment Other				4,279.		35,410.		3,869.
	I. Add lines 1a through 1e. (Column (d) must equ		Y colum						2,053.
. ota	, aaoo ta tiiroagii to. [Colulliii lai illust edu	arrunn 330. Fall	\wedge . colult	iii (D). III (E T	UU.1			/ 5 5 2	-,

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ARIEL MINI	STRIES	74	-1930400 Page
Part VII Investments - Other Securities.	II F 000 B + 174 "	44b 0 - 5 000 D 1 V 1 45	
Complete if the organization answered "Yes		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	II F 000 D+ N/ I'	44 - O Farm 000 Part V Fra 40	
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	"	44 0 5 000 5 1 1 1	
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(L) Dealerston
(8	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	<u>ne 15.)</u>		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			. ,
(2) POST-RETIREMENT BENEFIT			ļ
(2) POST-RETIREMENT BENEFIT (3) OBLIGATIONS			657.122
(3) OBLIGATIONS			
(3) OBLIGATIONS (4) FINANCE LEASE PAYABLE			
(3) OBLIGATIONS (4) FINANCE LEASE PAYABLE (5)			
(3) OBLIGATIONS (4) FINANCE LEASE PAYABLE			657,122 59,671

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

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

Schedule D (Form 990) 2022

Pa	t XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XII Reconciliation of Expenses per Audited Financial 8	12.) Statemente With Expans		
Ра		-	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		2	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40		
a				
b	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin			
	rt XIII Supplemental Information.	e 18.)		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b and 2b: Pa	rt V. line 4: Part X. line 2: Part XI.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		,,	
		,		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to ${\it www.irs.gov/Form990}$ for instructions and the latest information.

Employer identification number

ARIEL MINISTRIES 74-1930400

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	i Oiiii 330, i ait iv	', III IC 14D.						
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance.			
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes N							
	the grantees singisting for the grante of desistance, and the solection of tend deed to award the grante of desistance.							
_	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the							
2		ribe in Part v the	organization's p	procedures for monitoring the use of its	grants and other assistance outsi	de the		
	United States.							
3				n be duplicated if additional space is n	1	-		
	(a) Region	(b) Number of	(c) Number of	l, ,	(e) If activity listed in (d)	(f) Total		
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and		
		in the region	lindependent	gram services, investments, grants to		investments		
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region		
			g					
VT DE	NE TAGE AND							
	DLE EAST AND	_						
NORI	'H AFRICA	0	1	MISSIONARY	RELIGIOUS EDUCATION	165,191.		
ruos	H ASIA	0	1	MISSIONARY	RELIGIOUS EDUCATION	41,269.		
						·		
בוום	PE (INCLUDING							
		0	1	MIGGIONADY	DEL TOTOUG EDUGAETON	11 004		
ICEL	AND & GREENLAND)	0	1	MISSIONARY	RELIGIOUS EDUCATION	11,984.		
3 a	Subtotal	0	3			218,444.		
	Total from continuation							
_	sheets to Part I	0	0			0.		
_	Totals (add lines 3a					<u> </u>		
C	rotais (add lines 3a	ı	i e			1		

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

Schedule F (Form 990) 2022

and 3b)

218,444.

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	WEBSITE DEVELOPMENT AND MAINTENANCE FOR ARIEL MINISTRIES ISRAEL OUTREACH	62 500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BRANCH PROGRAM		WIRE TRANSFER	0.		
			L recognized as charities by the f or counsel has provided a sect			>		2

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance EUROPE (INCLUDING TEACHING PROGRAMS; OUTREACH ICELAND & TO HOLOCAUST SURVIVORS GREENLAND) 8,469. WIRE TRANSFER 0. TRANSLATION AND LITERATURE DISTRIBUTION, TEACHING PROGRAMS SOUTH ASIA 41,269. WIRE TRANSFER 0 TRANSLATION AND LITERATURE DISTRIBUTION; TEACHING PROGRAMS; COUNSELING MIDDLE EAST AND PROGRAMS; SPECIAL NEEDS NORTH AFRICA 102,691. WIRE TRANSFER 0.

Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

name of the organization ARIEL MINI	STRIES						74-1930400
Part I General Information on Grants and	d Assistance						
Does the organization maintain records to criteria used to award the grants or assistate Describe in Part IV the organization's processor. Part II Grants and Other Assistance to D.	ance?edures for monit	oring the use of grant	funds in the United	d States.			Yes X
recipient that received more than \$5					amedion anoword	100 0111 01111 000, 1 411	11, 1110 2 1, 101 4119
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and	d government org	ganizations listed in th	e line 1 table				

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

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS DERIVED FROM DESIGNATED DONATIONS FOR					
INDIVIDUALS TO SPEAK AT BIBLE CONFERENCES, TEACH					
BIBLE GROUPS, WRITE AND TRANSLATE ARIEL					
PUBLICATIONS, COUNSEL, DEVELOP MESSIANIC	6	145,360.	0.		
SCHOLARSHIPS - SCHOOL OF MESSIANIC JEWISH STUDIES	28	17,093.	0.		
SCHOOLARSHIPS - SCHOOL OF MESSIANIC DEWISH STODIES	20	17,093.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	l Iditional information.	
PART III, COLUMN (A):					
(A) TYPE OF GRANT OR ASSISTANCE: GI	RANTS DER	IVED FROM	DESIGNATED		
DONATIONS FOR INDIVIDUALS TO SPEAK	AT BIBLE	CONFERENC	ES, TEACH	BIBLE	
GROUPS, WRITE AND TRANSLATE ARIEL I	PUBLICATI	ONS, COUNS	EL, DEVELO	P	
MESSIANIC CONGREGATIONS AND COMMUNI	ITIES.				

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ARIEL MINISTRIES

Employer identification number 74-1930400

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant [X] Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. ARNOLD G FRUCHTENBAUM	(i)	79,679.	0.	0.	11,400.	83,694.	174,773.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							L

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE ADMINISTRATION PERFORMS A COMPENSATION SURVEY AND SUBMITS IT TO THE
INDEPENDENT BOARD ALONG WITH COMPENSATION INFORMATION FROM THE FORM 990S OF
SIMILAR ORGANIZATIONS. THE BOARD REVIEWS THE INFORMATION AND APPROVES THE
COMPENSATION FOR THE CEO.

SCHEDULE O (Form 990)

Department of the Treasury

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.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

ARIEL MINISTRIES

Employer identification number 74-1930400

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BELIEVERS THROUGH INTENSIVE BIBLE TEACHING FROM JEWISH PERSPECTIVE.
FORM 990, PART III, LINE 1 - MISSION STATEMENT CONT.
TO ACHIEVE THIS MISSION, ARIEL MINISTRIES PRODUCES PUBLICATIONS
CONTAINING SOUND BIBLICAL INSTRUCTION TO BE USED AS RESOURCES FOR BIBLE
TEACHING AND EVANGELISM, PRODUCES ONLINE COURSES FOR MESSIANIC JEWISH
BIBLICAL INSTRUCTION, PROVIDES A SUMMER PROGRAM OF INTENSIVE BIBLE
TEACHING, PROVIDES SPEAKERS AND TEACHERS FOR CONFERENCES AND OTHER
EVENTS, AND PLACES MISSIONARIES INTERNATIONALLY FOR THE SAME PURPOSE OF
REACHING OUT TO JEWISH PEOPLE AND DISCIPLING BELIEVERS BY INTENSIVE
BIBLE TEACHING.
FORM 990, PART VI, SECTION B, LINE 11B:
PROCESS FOR REVIEW OF FORM 990. THE FINANCIAL MANAGER SENDS THE FORM 990
TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THEN THE FORM
990 IS DISCUSSED IN A REGULAR BOARD MEETING AND A VOTE OF APPROVAL IS
CALLED FOR.
FORM 990, PART VI, SECTION B, LINE 12:
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY THROUGH REQUIRED ANNUAL DISCLOSURE.

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

COMPENSATION REVIEW FOR CEO. MANAGEMENT COLLECTS AND ANALYZES COMPARATIVE

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

Schedule 0 (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization ARIEL MINISTRIES	Employer identification number 74-1930400
DATA FROM AT LEAST TWO DIFFERENT SOURCES ON COMPENSATION L	EVELS OF CEO'S
FOR OTHER NON-PROFIT ORGANIZATIONS. THE DATA AND ANALYSIS	ARE GIVEN TO THE
BOARD OF DIRECTORS TO USE IN THEIR REVIEW AND DELIBERATION	S OF THE CEO
COMPENSATION PACKAGE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL REVIEW, FORM 990, CONFLICT OF	INTEREST POLICY,
DATA PRIVACY POLICY, AND OTHER POLICIES ARE ALL AVAILABLE	ON DEMAND THROUGH
THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C	
MANAGEMENT ISSUES REQUEST TO THE BOARD OF DIRECTORS FOR AN	Y CHANGES IN
CPA. THE BOARD OF DIRECTORS MUST APPROVE CHANGES. MANAGEME	NT THEN
REPORTS TO THE BOARD OF DIRECTORS FOR VETTING AND APPROVAL	OF A NEW
FIRM.	



7800 IH 10 West, Suite 505 San Antonio, TX 78230

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.