efile	e GR	RAPHIC p	orint	Submission Da	te - 2022-06-09				D	LN: 9	3493160013022
	0	90	R	eturn of Or	ganization	Exempt	Fro	m Inc	ome Tax	c	OMB No. 1545-0047
Form	9	90		r section 501(c), 527		-					2021
			Under		r social security numb					,	ZUZI
Dener					rs.gov/Form990 for						Open to Public
Treas	ury	nt of the									Inspection
		e 2021 ca	alendar	year, or tax year b	eginning 01-01-202	1 , and endin	g 12-31	-2021			
B Che	ck if a	applicable:		of organization UCKET MINISTRY					D Employer	identi	fication number
		change							81-36845	24	
_	Name change Doing business as Initial return										
_		n/terminated	Numb	er and street (or P.O. box	if mail is not delivered to	street address)	Room/suit	e	E Telephone	number	-
Ap	olicati	d return ion	PO BO	X 238					(740) 701		
luplend	Lipending City or town, state or province, country, and ZIP or foreign postal code FATE, TX 75132										
	G Gross receipts							eipts \$	1,951,034		
			F Nan	ne and address of prir	ncipal officer:			H(a) Is th	nis a group retu	rn for	
			PO BO	X 238					ordinates?		🗌 Yes 🗹 No
. Te.				FX 75132					all subordinate: uded?	S	□ _{Yes} □ _{No}
l lax	-exer	mpt status:	501		(insert no.) 494	17(a)(1) or 52	?7		lo," attach a list		
JW	ebsi	te: 🕨 WW	/W.THEB	UCKETMINISTRY.ORG				H(c) Gro	up exemption n	umber	•
K -				poration 🗍 Trust 🗍 ,				L Year of for	mation: 2016	V State	of legal domicile: TX
► Forn	1 OT O	rganization:	Cor	poration \bigcirc irust \bigcirc /	Association \bigcirc Other						-
Pa	rt I	Sum	-								
	1	Briefly des	Cribe th	e organization's missi OUR MINISTRY IS SHAR	ION OF MOST SIGNIFICAN	t activities:	GIFT OF	CIFAN SA		/ATER	
JCE											
nai											
Governance	2	2 Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets						ets.			
							3	8			
s S	4						4	7			
Activities &	5					5	9				
CtIV	6			olunteers (estimate if				• •		6	200
A	7a			usiness revenue from siness taxable income					•	7a 7b	0
	b	Net unier	ateu bu:			iti, ine 11 .			· · · · Prior Year	75	Current Year
	8	Contribut	ions and	d grants (Part VIII, line	elh)			· · ·	1,843,25	50	1,949,795
Revenue				revenue (Part VIII, line						-	0
eve	10	Investme	nt incon	ne (Part VIII, column ((A), lines 3, 4, and 7d)			25	i3	1,239
æ	11	Other rev	enue (P	art VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c	, and 11e)					0
	12	Total reve	enue—ad	dd lines 8 through 11	(must equal Part VIII,	column (A), line	12)		1,843,50)3	1,951,034
				ar amounts paid (Part					195,30	06	395,062
				or for members (Part I			•				0
8				mpensation, employe			5–10)		224,03	34	498,123
Exp enses				Iraising fees (Part IX,			•			_	0
<u>B</u>				penses (Part IX, column					220.00	2	702.005
	17			Part IX, column (A), li dd lines 13-17 (must					339,88	-	782,885
				enses. Subtract line 1					1,084,28	-	274,964
es a			. 200 CAP				•	Beginnir	ng of Current Yea	_	End of Year
Net Assets or Fund Balances											
Bal									1,360,11	-	1,630,247
und				- ,,			•		54,55	-	49,722
1				d balances. Subtract I	ine 21 from line 20 .				1,305,56		1,580,525
	rt II [.] pen		ature erjury,	Block declare that I have ex	amined this return. in	ncluding accompa	anyina so	chedules ar	nd statements. a	and to	the best of mv
knowl	edge	e and belie		rue, correct, and comp							
any k	IUWI	euge.									
		Cianati	uro of off	2022-06-09							

Sign	Signature of officer			Date	
Here	CHRISTOPHER BETH President				
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN P00497848
Prepare	Firm's name MIKE OLIVER CI	PA	Firm's EIN 🕨 26-1617004		
Use Onl	Y Firm's address ► 6760 HORIZON HEATH, TX 750			Phone no. (972)) 771-6489
May the IRS d	iscuss this return with the prepare	r shown above? (see instructions)			Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see t	he separate instructions.	Cat	t. No. 11282Y	Form 990 (2021)

Form 990 (2021) Page 2 **Statement of Program Service Accomplishments** Part III Briefly describe the organization's mission: 1 THE BUCKET MINISTRY IS A PASSIONATE GROUP OF ORDINARY PEOPLE FROM MANY DIFFERENT CHURCHES, COUNTRIES AND WALKS OF LIFE. THE MISSION IS SHARING THE LOVE OF GOD THROUGH THE GIFT OF CLEAN WATER. 2 Did the organization undertake any significant program services during the year which were not listed on 🗌 Yes 🛛 No the prior Form 990 or 990-EZ? . If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 3 🗌 Yes 🔽 No services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 937,282 including grants of \$) (Expenses \$) (Revenue \$ TO WORK ALONGSIDE DOMESTIC AND INTERNATIONAL MISSION GROUPS, CHURCHES, AND OTHER ORGANIZATIONS TO USE CLEAN WATER FILTRATION SYSTEMS AS A TOOL FOR SHARING THE GOSPEL OF JESUS CHRIST. **4b**) (Expenses \$ (Code: including grants of \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$ **4c** including grants of \$) 4d Other program services (Describe in Schedule O.) including grants of \$ (Expenses \$) (Revenue \$

937,282

Total program service expenses

4e

Form 990 (2021)

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
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		No
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	2		
	Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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? <i>If "Yes," complete Schedule D,</i> Part VI.	11a		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part VII</i>	11b		No
	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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	205		No

Form **990** (2021)

Page **3**

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	Yes		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J</i>	23		No	
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		No	
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?	24d			
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		No	
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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No	
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		No	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No	
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
38	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_		
	Check if Schedule O contains a response or note to any line in this Part V				
7 -	Enter the number reported in box 2 of Form 1006 Enter 0 if not applicable		Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0				
D					

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

No

1c

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Form	990 (2021)			Page 5		
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
	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		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
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).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		No		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
5	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 					
h						
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 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
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.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

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Form **990** (2021)

	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			Innes				
Se	ction A. Governing Body and Management							
_			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year1a8If there are material differences in voting rights among members of the governing body,8							
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No				
6	Did the organization have members or stockholders?	6	Yes					
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?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	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 in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13		No				
14	Did the organization have a written document retention and destruction policy?	14		No				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		No				
	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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?	16b						
Se	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Form 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.							
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗍 Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►THE BUCKET MINISTRY PO BOX 238 FATE, TX 75132 (740) 701-7839

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ss pers and a	son	n compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations	
(1) CHRISTOPHER BETH PRESIDENT/DIREC	45.00 0.00	х		х				84,142	0	0	
(2) LISA JOHNSON Treasurer	5.00 0.00	х		х				0	0	0	
(3) WALTER DAVIS Secretary	0.00 10.00	х		Х				0	0	0	
(4) EARL MARTIN BOARD MEMEBER	5.00 0.00	х						0	0	0	
(5) JEFF WATTERS BOARD MEMBER	40.00 0.00	х						0	0	0	
(6) KRISTI BROWN BOARD MEMBER	5.00 0.00	х						0	0	0	
(7) DOMINIC ONOFRE BOARD MEMBER	1.00 0.00	х						0	0	0	
(8) ROY STACY BOARD MEMBER	2.00	x						0	0	0	
	I				1		I			Form 990 (2021)	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (A) **(B)** (D) (E) (F) Average Name and title Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Worganizations (Wany hours for director/trustee) from the related 2/1099-2/1099organization and Officer Highest compensated employee Former q Key employee Individual trustee MISC/1099-NEC) MISC/1099-NEC) organizations related Institutional director below dotted organizations line) Trustee 1b Sub-Total . . ► c Total from continuation sheets to Part VII, Section A . ► 84,142 d Total (add lines 1b and 1c) . ►

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization?If "Yes," complete Schedule J for such person	5		No
	ation D. Independent Contractors	2		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

-		-	
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who re compensation from the organization \triangleright 0	ceived more than \$100,000 of	

	90 (2021)						Page 9
Part				line in this Death VIII			
	Check if Schedule O contain	<u>s a resp</u>	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts,	1a Federated campaigns	1a					-
oun	b Membership dues	1b					
s, g	c Fundraising events	1c					
gift Tar	d Related organizations	1d					
ns,	e Government grants (contributions)	1e	79,106				
er s	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,870,689				
e ti	g Noncash contributions included in lines 1a - 1f:\$						
Contributions, gifts, grants, and other similar amounts		1g	285,200				
0.0	h Total. Add lines 1a-1f	• •	🕨 Business Code	1,949,795			
	2a		business code				
e							
vent	b		-				
Program Service Revenue			-				
vice	c		_				
Ser	d						
ram			-				
rog	e		_				_
Ed.	f All other program service reven	ıe.					
	g Total. Add lines 2a-2f	. ►	0				
	3 Investment income (including div		nterest, and other	1,23	9 1,239		
	similar amounts)	· ·	ond proceeds	·	0		_
	5 Royalties		· · · · •		0		
	(i) F	eal	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental			-			
	expenses 6b			_			
	c Rental income or (loss) 6c						
	d Net rental income or (loss) .			1	0		
	(i) Sec	urities	(ii) Other	_			
	7a Gross amount from sales of assets other 7a						
	than inventory			_			
	b Less: cost or other basis and 7b						
	sales expenses			-			
	c Gain or (loss) 7c						
	d Net gain or (loss)		· · · 🕨		0		
ne		of					
/eh	contributions reported on line 1c). See Part IV, line 18						
Rei	b Less: direct expenses	8a 8b		-{			
Other Revenue	c Net income or (loss) from fundra		ents 🕨		o		
₽0							
	9a Gross income from gaming activitie See Part IV, line 19	es. 9a					
	b Less: direct expenses	9b		1			
	c Net income or (loss) from gamin	g activit	ies 🕨		0		
	10a Gross sales of inventory, less						
	returns and allowances	10a					
	b Less: cost of goods sold	10b					
	C Net income or (loss) from sales	of invent			0		
	Miscellaneous Revenue		Business Code	-			
	b		<u> </u>				
	c						-
	d All other revenue						
	e Total. Add lines 11a-11d		>		0		
	12 Total revenue. See instructions		-	1,951,03	4 1,239		

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. A	All other organization	s must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar	ov line in this Part IX			\Box
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	chpended	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	68,280	68,280		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	326,782	326,782		
л	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	84,142	22,898	61,244	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	383,417	120,279	263,138	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	30,564	9,934	20,630	
11	Fees for services (non-employees):				
ā	Management	0			
k	Legal	0			
C	Accounting	7,262		7,262	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0		-	
	Investment management fees	0			
-	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			50.407
	Advertising and promotion	58,407 60,963		60,963	58,407
	Office expenses	00,903		00,905	
	Information technology	0			
	Royalties	45,663		45,663	
	Occupancy	144,947	133,162	11,785	
	Travel	0	133,102	11,703	
19	federal, state, or local public officials . Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	4,560		4,560	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a FILTERS	187,325	187,325		
	b FUNDRAISING+EVENT RELATED	182,024			182,024
	c MISSION EXP	46,303	46,303		
	d DATA COLLECTION	22,319	22,319		
	e All other expenses	23,112		23,112	
25	Total functional expenses. Add lines 1 through 24e	1,676,070	937,282	498,357	240,431
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

ć

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX .			1
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,081,746	1	1,055,790
	2	Savings and temporary cash investments		5,114	2	5,021
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	6,077
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial contributor, or 35% se persons		5	0
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	fied persons (as defined under ction 4958(c)(3)(B)		6	0
	7	Notes and loans receivable, net			7	0
Assets	8	Inventories for sale or use			8	0
SS	9	Prepaid expenses and deferred charges			9	0
A	-				9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	0
	11	Investments—publicly traded securities .			11	0
	12	Investments-other securities. See Part IV, line	11		12	0
	13	Investments—program-related. See Part IV, line	11		13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		273,258	15	563,359
	16	Total assets. Add lines 1 through 15 (must equ	ial line 33)	1,360,118	16	1,630,247
	17	Accounts payable and accrued expenses		54,557	17	49,722
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
es	22				21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled entity		22	
Lia	23	Secured mortgages and notes payable to unrela	tod third partiac		22	
	23 24				23	
		Unsecured notes and loans payable to unrelated	'			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		54,557	26	49,722
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
alai	27	Net assets without donor restrictions		511,021	27	700,225
d B	28	Net assets with donor restrictions		794,540	28	880,300
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
S C	30	Paid-in or capital surplus, or land, building or equ		30	·	
set	31	Retained earnings, endowment, accumulated inc		31		
As	32	Total net assets or fund balances	-	1 305 561	32	1 500 525
let				1,305,561		1,580,525
2	33	Total liabilities and net assets/fund balances .		1,360,118	33	1,630,247
						Form 990 (2021)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		L			L,951,034
2		2			L,676,070
3		3			274,964
4		1			L,305,561
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	5			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	•			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	0			L,580,525
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🗆 Cash 🗹 Accrual 🗍 Other				
	lf the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Separate basis Separate basis Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	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:	S,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit	3b		
				Form 9	90 (2021)

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efi	le GR	APHIC prin	it Subr	nission Date	- 2022-06-09			DLN: 9	3493160013022
(Fo	rm 9	DULE A 990)			rganization is a sect 4947(a)(1) nonexe	tion 501(c)(3) mpt charitable	organization oi trust.	port a section	OMB No. 1545-0047
Trea			►	Go to <u>www.irs</u>	Attach to Form <u>5.gov/Form990</u> for in			ormation.	Open to Public Inspection
Nam The B	e of th BUCKET	ne organizati MINISTRY	on					Employer identifica	tion number
		-		<u> </u>				81-3684524	
	organiz				us (All organization e it is: (For lines 1 throu			see instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)(A)(i).	
2	\square	A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sche	edule E (Form 99	0).)		
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(i	ii).	
4		A medical r name, city,		inization operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii). Ent	er the hospital's
5				d for the benefing plete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit describ	oed in section
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A)	(v).	
7 8		section 17	0(b)(1)(A)(vi). (Complete	a substantial part of its Part II.) n 170(b)(1)(A)(vi) . (C		-	nit or from the genera	l public described in
9		An agricult	ral research	organization de	escribed in 170(b)(1)(ee instructions. Enter t	A)(ix) operated	in conjunction w		je or university or a
10		An organiza activities re income and	ition that noi lated to its e unrelated b	rmally receives: exempt function	(1) more than 331/3% s—subject to certain e income (less section 5	of its support fro xceptions, and (i	om contributions, 2) no more than	membership fees, an 33 1/3% of its support 1	from gross investment
11		An organiza	tion organiz	ed and operate	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations	d exclusively for the be described in section 5 le type of supporting o	09(a)(1) or sec	tion 509(a)(2).	See section 509(a)(
а		Type I. A s organizatio	upporting org n(s) the pow	ganization oper	ated, supervised, or co appoint or elect a majo	ntrolled by its su	upported organiz	ation(s), typically by g	
b		Type II. A smanageme	supporting or nt of the sup	ganization supe	ervised or controlled in ation vested in the sar				
с		Type III fu	nctionally i	ntegrated. A s	upporting organization must complete Part			d functionally integrat	ed with, its supported
d		Type III no functionally	n-functiona integrated.	ally integrated The organization	I. A supporting organiz n generally must satis t IV, Sections A and	ation operated i fy a distribution	n connection wit requirement and		
е		Check this	box if the org	, anization recei	ved a written determin	ation from the II		e I, Type II, Type III fur	nctionally integrated,
f	Enter				upporting organization				
g		Provide the	following inf	ormation about	the supported organiz	ation(s).			
(i) î	Name c	of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed iing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Yes No									
Tota									
For	Paperv		tion Act No	tice, see the l	l nstructions for	Cat. No. 1128	5F	Schedule	e A (Form 990) 2021
		or 990-EZ.		-					

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 failed to qualify under the tests listed below, please complete Part III.)

5	ection A. Public Support	o quality and cr		cion, picase co	implete i are iii.)		
(or	endar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	174,740	461,288	952,892	1,843,250	2,021,205	5,453,375
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
	The value of services or facilities furnished by a governmental unit to						0
	the organization without charge	174,740	461,288	952,892	1,843,250	2,021,205	5,453,375
	Total. Add lines 1 through 3 The portion of total contributions by	1/4,/40	401,200	952,892	1,845,250	2,021,205	5,455,575
5	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).						0
	Public support. Subtract line 5 from						5,453,375
	line 4.						-,,
	ection B. Total Support	1	1				
	endar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	174,740	461,288	952,892	1,843,250	2,021,205	5,453,375
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			3	253	1,239	1,495
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10						5,454,870
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	x year as a section	501(c)(3) organiz	ation, check
	this box and stop here					► 🗆	
S	ection C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (lir	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	99.970 %
15	Public support percentage for 2020 Sc	hedule A, Part II, li	ne 14			15	
						ore, check this bo	<
b	 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	box and stop here. The organization 10%-facts-and-circumstances test if the organization meets the "facts-an	-2021. If the org	anization did not o test, check this bo	check a box on line ox and stop here .	e 13, 16a, or 16b, . Explain in Part VI	and line 14 is 10% how the organizat	or more, and
b	"facts-and-circumstances" test. The or 10%-facts-and-circumstances tes and if the organization meets the "fac	t—2020. If the org	ganization did not nces" test, check t	check a box on lir his box and stop	ne 13, 16a, 16b, or here. Explain in Pa	⁻ 17a, and line 15 i art VI how the orga	anization meets
18	the "facts-and-circumstances" test. The Private foundation. If the organization	he organization qu on did not check a	alifies as a publicl box on line 13, 16	y supported organ 5a, 16b, 17a, or 1	nization 7b, check this box	and see	
	instructions						. ► 🗌 (Form 990) 2021

Part III

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

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

Se	ction A. Public Support								
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
	iscal year beginning in) 🕨	(4) 2017	(10) 2010	(0) 2010	(4) 2020	(0) 2021		(1) 10001	
1	Gifts, grants, contributions, and membership fees received. (Do not	1							
	include any "unusual grants.").	1							
2	Gross receipts from admissions,								_
	merchandise sold or services	1							
	performed, or facilities furnished in	1							
	any activity that is related to the	1							
3	organization's tax-exempt purpose Gross receipts from activities that are								_
5	not an unrelated trade or business	1							
	under section 513								
4	Tax revenues levied for the	1							
	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								_
7a	Amounts included on lines 1, 2, and 3								
b	received from disqualified persons Amounts included on lines 2 and 3								_
D	received from other than disqualified	1							
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b Public support. (Subtract line 7c								
0	from line 6.)								
Se	ction B. Total Support								
Cale	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	_
(or f	iscal year beginning in) 🕨	(a) 2017	(6) 2010	(C) 2013	(u) 2020	(e) 2021			
9	Amounts from line 6.								_
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.								_
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for th	o organization's f	irst socond third	fourth or fifth to	y voar as a soction	501(c)(3)) organi:	zation chock th	ic
14	-	-			-		-		13
50	box and stop here.	Support Perc							
15	Public support percentage for 2021 (lin			column (f))		15			
16	Public support percentage from 2020 S					16			-
-	ction D. Computation of Invest					10			
17	Investment income percentage for 202			ine 13 column (f))	17			
	Investment income percentage from 2		-						
18	33 1/3% support tests-2021. If the o					18	d line 1	lic not more	
19a		-							
	than 33 1/3%, check this box and stop 33 1/3% support tests—2020. If the	here. The organiz	zation qualifies as	a publicly support	ted organization .		🕨 L		^ +
b		-						_	π.
20	more than 33 $_{\mbox{\scriptsize 1/3}}$ %, check this box and	-							
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see in				_
						Sched	lule A (Form 990) 202	21

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	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).	10a 10b		
				L

Part IV Supporting Organizations (continued)								
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а								
	governing body of a supported organization?							
b	A family member of a person described on 11a above?	11b						
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c						

Section B. Type I Supporting Organizations

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

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	

Section D. All Type III Supporting Organizations

			Yes	No
1	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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).			
	maintainea a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			

Section 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):
 - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

 - c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

Activities Test. Answer lines 2a and 2b below.

- Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a
 - the supported organizations? If "Yes" or "No", provide details in **Part VI.**
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b

Yes

Yes No

2

No

				Page 0
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza			
	Section 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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting orga	anization (see instructions)
-				

Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions Cu						
1 Amounts paid to supported organizations to accomplish	exempt purposes		1			
2 Amounts paid to perform activity that directly furthers e excess of income from activity	2					
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval required	l - provide details in Part VI)		5			
6 Other distributions (describe in Part VI). See instruction	IS		6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2021 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021		
1 Distributable amount for 2021 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2021:						
a From 2016						
b From 2017						
c From 2018						
d From 2019						
e From 2020						
g Applied to underdistributions of prior years						
h Applied to 2021 distributable amount						
i Carryover from 2016 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 2021 from Section D, line 7:						
 a Applied to underdistributions of prior years 						
b Applied to 2021 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.						
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 						
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.						
7 Excess distributions carryover to 2022. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2017						
b Excess from 2018						
c Excess from 2019						
d Excess from 2020						
e Excess from 2021						

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Schedule A (Form 990) (2021)

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

Facts And Circumstances Test					
Return Reference	Explanation				

епі	e GRAPHIC pr	int Submission Date - 2022-06-09		DLN: 93493160013022
	HEDULE D rm 990)	Supplemental Financial Statement	ts	OMB No. 1545-0047
		Complete if the organization answered "Yes," on Form 990		2021
Depa	artment of the	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.	12b.	Open to Public
Treas	sury	Go to <u>www.irs.gov/Form990</u> for instructions and the latest inform	mation	
Servi	nal Revenue ice			
Na	me of the organiz BUCKET MINISTRY	zation	Empl	oyer identification number
111	BUCKET MINISTRI		81-36	684524
Pa	ort I Organi Comple	zations Maintaining Donor Advised Funds or Other Similar Funds o te if the organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1		end of year		
2	00 0	of contributions to (during year)		
3	00 0	of grants from (during year)		
4		at end of year		
5	organization's p	ation inform all donors and donor advisors in writing that the assets held in donor adv roperty, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donor advisors in writing that grant funds can b oses and not for the benefit of the donor or donor advisor, or for any other purpose co		g impermissible
Pa	·	vation Easements.		🗌 Yes 🗌 No
Га		te if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of co	nservation easements held by the organization (check all that apply).		
	Preservation	on of land for public use (e.g., recreation or education) 🛛 🗍 Preservation of an l	historic	ally important land area
	Protection	of natural habitat	ertified	historic structure
	Preservatio	on of open space		
2		2a through 2d if the organization held a gualified conservation contribution in the form	nofao	conservation
2	easement on the	e last day of the tax year.		Held at the End of the Year
а	Total number of	conservation easements	2a	
b	Total acreage res	stricted by conservation easements	2b	
с	Number of conse	ervation easements on a certified historic structure included in (a) . \ldots .	2c	
d		ervation easements included in (c) acquired after 7/25/06, and not on a historic n the National Register	2d	
3	Number of const tax year b	ervation easements modified, transferred, released, extinguished, or terminated by th 	he orga	anization during the
4	Number of state	es where property subject to conservation easement is located \blacktriangleright		
5		zation have a written policy regarding the periodic monitoring, inspection, handling o	f violat	ions, and
	enforcement of	the conservation easements it holds?		🗌 Yes 🗌 No
6	Staff and volunt	eer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservat	ion easements during the year
7	Amount of expe	nses incurred in monitoring, inspecting, handling of violations, and enforcing conserve	ation e	asements during the year
8	Does each conse and section 170	ervation easement reported on line 2(d) above satisfy the requirements of section 17 (h)(4)(B)(ii)?	0(h)(4)	(B)(i)
9	balance sheet, a	ribe how the organization reports conservation easements in its revenue and expense and include, if applicable, the text of the footnote to the organization's financial state n's accounting for conservation easements.		
Pai	rt III Organi	zations Maintaining Collections of Art, Historical Treasures, or Oth	er Sir	nilar Assets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.		
1 a	historical treasu	on elected, as permitted under FASB ASC 958, not to report in its revenue statement a res, or other similar assets held for public exhibition, education, or research in further t of the footnote to its financial statements that describes these items.		
b	historical treasu	on elected, as permitted under FASB ASC 958, to report in its revenue statement and res, or other similar assets held for public exhibition, education, or research in further nts relating to these items:		
(-	led on Form 990, Part VIII, line 1	. ►	\$
		in Form 990, Part X		
2	If the organizati	on received or held works of art, historical treasures, or other similar assets for financ hts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue include	ed on Form 990, Part VIII, line 1	🕨	\$
b	Assets included	in Form 990, Part X		\$
For F		Iction Act Notice, see the Instructions for Form 990. Cat. No. 5		

ίΞ.

Pai	rt III Organizations Maintaining Co	ollections of Art,	Histo	rical T	reasures, o	or Othe	r Similar A	ssets (continued)		
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records	, check a	any of t	he following t	hat are a	significant us	se of its collection		
а	Public exhibition		d		Loan or excha	ange prog	rams			
b	Scholarly research		е		Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII.	llections and explain	how the	ey furth	er the organiz	ation's ex	empt purpos	se in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	owing ta	able:			Ar	nount		
c	Beginning balance		-			1c				
-						1d				
d										
е						1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow o	or custodial ac	count lial	oility?	🗌 Yes 🗌 No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanatior	n has be	een provided	in Part XII	🗆)		
Pa	art V Endowment Funds.									
	Complete if the organization answ	Î. Î								
1 -		(a) Current year	(b) P	rior year	(c) Iwo y	ears back	(d) Three year	rs back (e) Four years bac	K	
	Beginning of year balance								_	
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses								_	
	End of year balance								_	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, colum	nn (a)) held as	5:		•		
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment									
C	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.								
3a			tion that	are he	ld and admini	stered for	the	Yes No	-	
	(i) Unrelated organizations							3a(i)	-	
	(ii) Related organizations							3a(ii)	-	
b	If "Yes" on 3a(ii), are the related organization	s listed as required o	n Sched	ule R?				3b	-	
4	Describe in Part XIII the intended uses of the	organization's endov	vment fu	inds.				<u> </u>	-	
Ра	rt VI Land, Buildings, and Equipme									
	Complete if the organization answ									
	Description of property (a) Cost or oth (investme		t or other	basis (ot	:her) (c) Acc	umulated d	epreciation	(d) Book value		
1 a	Land									
b	Buildings								_	
	Leasehold improvements								—	
									—	
	Equipment									
	Other		Verl	(D) ((ma 10(-))					
iota	al. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part .	៱, colum	ın (B), İ.	ne 10(C).) .	. Þ				

	(Form 990) 2021					Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 11b.See Form	n 990, Part	: X, line 12.	
	 (a) Description of security or category (including name of security) 	(b) Bo valu			l of valuation: year market v	
	l derivatives					
(3)Other	held equity interests					
(A)						
(B)		-				
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	Þ				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11c. See Forr	n 990, Par	t X, line 13.	
	(a) Description of investment		(b) Book value		Method of va end-of-year i	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
-	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ne 11d. See Form	n 990, Part		
(1)DEPOSIT	(a) Description				(b) Bo	ok value 5,100
(2)FILTERS (3)LAPTOPS						552,100 6,158
(4)Rounding						1
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						562.250
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.					563,359
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liabili		ne 11e or 11f.See	e Form 990), Part X, lin	e 25. (b) Book value
	income taxes					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			Þ	I	
	or uncertain tax positions. In Part XIII, provide the text of the footnoto n's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

Sche	dule D (Form 990) 2021		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	irn.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information		
Pro	vide the descriptions required for Part II lines 3, 5, and 9: Part III lines 1a and 4: Part IV lines 1b and 2b: Part V l	ine 4·	Part X line 2: Part XI lines

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference

Explanation

efile GRAPHIC print	Submission Date - 2022-06-09	DLI	N: 93493160013022			
SCHEDULE F (Form 990) Department of the Treasury	Statement of Activities Outside the United OMB No Complete if the organization answe States orm 990, Part IV, line 14b, 15, or 16. Attach to Form 990. OMB No Go to www.irs.gov/Form990 for instructions and the latest information. OMB No					
N站유진원회·변유본영사용nization 위원·영영CKET MINISTRY	formation on Activities Outside the United States Cor	81-3684524	entification number			
	formation on Activities Outside the United States. Con 0, Part IV, line 14b.	nplete if the organiza	ation answered "res"			
other assistance, the	Does the organization maintain records to substantiate the amount e grantees' eligibility for the grants or assistance, and the selection or assistance?	criteria used	🗌 Yes 🗌 No			
2 For grantmakers	Describe in Part V the organization's procedures for monitoring the	use of its grants and ot	her assistance outside			

- For grantmakers the United States. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside
- Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(
<u>10)</u> (
<u>11)</u> (
12)					
13)					
14)					
15)					
(16)					
(17)					
 Sub-total . Total from continuation sheets to Part I . 					
c Totals (add lines 3a and 3b)		(- - - - - - - - - -		No 50082W Schodul	o E (Eorm 000) 2021

For Paperwork Reduction Act Notic	e, see the Instructions for Form 990.
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Cat. No. 50082W

Schedule F (Form 990								Page 2
Part II Grants IV, line	and Other Ass 15, for any rec	istance to Organi	zations or Entities more than \$5,000.	Part II can be duplic	ed States. Complet ated if additional sp	e if the organizatior bace is needed.	answered "Yes" on	Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nun tax-exempt by	the IRS, or for	t organizations liste which the grantee o	d above that are re or counsel has prov	cognized as charitie ided a section 501(c	s by the foreign co)(3) equivalency let	untry, recognized as ter	5	·
3 Enter total nun	nber of other or	ganizations or entit	ies				•	

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.									
	duplicated if addition	I	1		T				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1) MISSIONARY SUPPORT	AFRICA	117	289,156	WIRE TRANSFER					
(2) MISSIONARY SUPPORT	BRAZIL	4	24,704	WIRE TRANSFER					
(3) MISSIONARY SUPPORT	GHANA	1	1,522	WIRE TRANSFER					
(4) MISSIONARY SUPPORT	GUATEMALA	1	9,700	WIRE TRANSFER					
(5) MISSIONARY SUPPORT	HAITI	1	400	WIRE TRANSFER					
(6) MISSIONARY SUPPORT	INDIA	1	1,300	WIRE TRANSFER					
(7)		+				[
(8)		1							
(9)		+				1			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)			<u> </u>						
(18)									

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Schedule F (Form 990) 2021

Page **3**

Schedule F (Form 990) 2021 Page 4 Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 🗌 Yes V No Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 2 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 No No O Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the 3 organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Yes No. . . . Was the organization a direct or indirect shareholder of a passive foreign investment company or a gualified 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 🗌 Yes V No 8621). 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 O Yes No. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). No No O Yes

Page 5

Part V Supplemental Information

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

Explanation
l

efile GRAPHIC prin	t Submission Da	te - 2022-06-09					DLN: 93493160013022
	e full content of this	s document, please s	select landscape mod	le (11" x 8.5") who	en printing.		
Schedule I (Form 990)			ther Assistan nd Individual				OMB No. 1545-0047
Department of the Treasury		. 5	zation answered "Yes," Attach to Form ww.irs.gov/Form990 for	990.	-		Open to Public Inspection
Internal Revenue Service Name of the organization						Employor idon	tification number
THE BUCKET MINISTRY						81-3684524	theaton number
Part I General	Information on Gran	ts and Assistance					
			f the grants or assistance, t			e, and	🗌 Yes 🛛 N
		-	se of grant funds in the Un				
		omestic Organizations Il can be duplicated if add	and Domestic Governm ditional space is needed.	ents. Complete if the o	organization answered "Yes	s" on Form 990, Part IV, I	ine 21, for any recipient
(a) Name and addre organization or government	ss of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash gran	t (e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)		_					
(6)							
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(8)		_					
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(11)							
(12)							
		5	s listed in the line 1 table .			· · · · · ▶ _	0
	Act Notice, see the Instruc			Cat. No. 50055			Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance		(b) Number o recipients	f	(c) Amoun cash grai		(d) Amount noncash assis		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
(1) MISSIONARY SUPPORT				68,280						
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental Info	rmatio	n. Provide the in	formatio	n required in F	Part I, lin	e 2; Part III, co	lumn (b); and any other add	ditional i	nformation.
Return Reference Exp	Return Reference Explanation									

efil	e GRAPHIC pr	int Submissio	n Date -	2022-06-09		DLN	: 934931	60013	3022
	IEDULE M		No	ncash Contri	hutions		OMB No. 1	545-00)47
(Fo	rm 990)	►Complete if the o ► Attach to Form S	organizatio	ons answered "Yes" on Fo	or 30.	20	2	1	
Treas	nal Revenue	▶Go to <u>www.irs.go</u>	v/Form99	<u>0</u> for the latest information	on.		Open to Inspe		
	e of the organiza	tion			E	Employer identif	ication nun	nber	
	UCKET MINISTRY					31-3684524			
Pa	rt I Types	of Property				51 5004524			
		(d) d of determi ontribution a		ts					
2 3 4	Art—Works of art Art—Historical tro Art—Fractional in Books and public Clothing and hou	easures . iterests iations isehold			Form 990, Part VIII, line 1g				
7	goods Cars and other ve Boats and planes Intellectual prope	5							
10	Securities—Public Securities—Close Securities—Partn	ely held stock . nership, LLC,							
	Qualified conservation								
	structures . Qualified conserv contribution—O	vation ther							
16 17	Real estate—Res Real estate—Cor Real estate—Oth	nmercial .							
19 20	Collectibles . Food inventory Drugs and medic Taxidermy .	al supplies							
22 23	Historical artifact Scientific specim Archeological art	ts iens							
25 26 27	Other \blacktriangleright (FILTERS Other \triangleright (Other \triangleright (5))	X	1	285,200	COST			
		s 8283 received by th		ion during the tax year for c Part IV, Donee Acknowledg		29			
30a	hold for at least	three years from the	date of the	contribution any property re initial contribution, and whi	ich isn't required to be used	ugh 28, that it m for exempt purp	oses 30a	Yes	No
b 31		e the arrangement in		licy that requires the review	of any nonstandard contrib	utions?	31		No
	Does the organi	zation hire or use thir	d parties o	r related organizations to so	licit. process. or sell noncast		32a		No
	If "Yes," describe If the organizati describe in Part	on didn't report an ar	nount in co	lumn (c) for a type of proper	ty for which column (a) is ch	necked,			
For P	aperwork Reduction	on Act Notice, see the	Instruction	s for Form 990.	Cat. No. 51227J	Sche	dule M (For	m 990)	(2021)

Schedule M (Form 990) (2021)							
	Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization						
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also						
	complete this part for any additional information.						
	Return Reference	Explanation					

Schedule M (Form 990) (2021)

efile GRAPHIC	DLN	: 93493160013022							
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue		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 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047					
Name of the orga THE BUCKET MINISTR	Employer identifi 81-3684524	cation number							
Return Explanation Reference									
Form 990, Part VI, Line 11b: Form 990 Review Process	A COPY OF THE FINAL DRAFT IS PROVIDED TO THE FINANCIAL COMMITTEE AND ANY BOARD MEMBERS UPON REQUEST PRIOR TO FILING.								
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No doc	uments available to the public.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K 990-EZ.