Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending J	JN 30, 2023				
В	Check if applicable	e: C Name of organization		D Employer identifica	ation number			
	Addres	Far East Broadcasting Company, Inc.						
	Name change			95-1461574				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	PO Box 1	562-947-4651					
	termin- ated	G Gross receipts \$	22,715,546.					
	Amenc	La MITAda, CA 90057-0001		H(a) Is this a group ret	urn			
	Application	^{a-} F Name and address of principal officer:Edward Cannon		for subordinates?	Yes X No			
	pendin	same as C above		H(b) Are all subordinates incl	uded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a li	st. See instructions			
	Websit			H(c) Group exemption	number			
_		organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1945 M	State of legal domicile: CA			
P	art I	Summary						
ø		Briefly describe the organization's mission or most significant activities: $\underline{FEBC's}$	mission	is to bring				
anc		Christ to the world through radio and other media.						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass				
Š					10			
~		Number of independent voting members of the governing body (Part VI, line 1b)			10			
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		55				
ičit	6	Total number of volunteers (estimate if necessary)	6	60				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year 14,060,603.			
ne								
Revenue								
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		230,306.	596,759.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······	1,674.	375,816.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,885,505.	17,523,131			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,776,731.	7,768,882.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,168,606.	4,282,485.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		180,000.	172,200.			
Т. В	b	Total fundraising expenses (Part IX, column (D), line 25) 1,640,		2 655 024	3,494,708.			
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,783,271.	15,718,275.			
		Revenue less expenses. Subtract line 18 from line 12		2,102,234.	1,804,856.			
Net Assets or Fund Balances			Re	ginning of Current Year 18,729,557.	End of Year 20,695,141.			
SSe	20							
et A	21	Total liabilities (Part X, line 26)		3,989,318.	3,645,999.			
_		Net assets or fund balances. Subtract line 21 from line 20		14,740,239.	17,049,142.			
	art II	Signature Block		ante and to the best of mul				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Signature of offi								
Sign	Ű		Date						
Here	Scott Hasse								
	Type or print name and title								
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN			
Paid	Ashley Peab	ody			self-employed P01385870				
Preparer	Firm's name	Capin Crouse LLP			Firm's EIN 36-39	90892			
Use Only	Firm's address								
	Ontario, CA 91761 Phone no.505-								
May the IF	RS discuss this	return with the preparer shown abo	ove? See instructions			XY	′es 🏾		No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) Far East Broadcasting Company, Inc.	95-1461574 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Far East Broadcasting Company, Inc. (FEBC) exists to develop Christian	
	radio/internet programming and discipleship ministries for a global	
	audience.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,767,432. including grants of \$ 7,767,432. (Revent	nue\$2,489,953.
	As an international media network established in 1945, FEBC provides	
	grants to its affiliates which broadcast throughout greater Asia.	
4b	(Code:) (Expenses \$ 3,045,196. including grants of \$) (Rever	nue \$
	Christian radio programs are produced in our California studios in	
	Mandarin, Tagalog, Hmong, Korean and Vietnamese languages, which are	
	broadcast in their native countries via shortwave, A.M., F.M.,	
	Satellite and through other media outlets.	
4c	(Code:) (Expenses \$ 1,580,721. including grants of \$) (Rever	nue \$
	The U.S. office provides leadership, consulting services and training	
	to 19 affiliate offices, including studios, office space, communication	
	services and IT support. The U.S. office also administers planned	
	giving programs including Charitable Gift Annuities, Charitable Trusts,	
	Wills and Bequests, etc.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 567, 283. including grants of \$ 1,450.) (Revenue \$)
4e	Total program service expenses 12,960,632.	,

13

232003 12-13-22

	990 (2022) Far East Broadcasting Company, Inc. 95-1461574 1 V Checklist of Required Schedules		Pa	age 3
r ai	The chiecking of hequired schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x

14a	Did the organization maintain an office, employees, or agents outside of the United States?
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
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
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
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

	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
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

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

20a	Did th	ie orgar	nizatior	n operate (one or	more	e hospi	tal facilities? I	f "Yes	" со	mplete So	chedul	e H	 		
			~~					<i>.</i>							•	

b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Х

Х

х

Х

Х

Х

13

14b

15

16

18

19

20a

20b

21

Х 14a

Х

Х

Х 17

IU				
			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	•••		
	Schedule N, Part II	32		x
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		x
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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Ŧ	l
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
. a	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 109			
b				
c				
	(gambling) winnings to prize winners?	1c	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
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?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	sponsoring organization have excess business holdings at any time during the year?	-		
		9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b		-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4047(a)(1) non-avamet abaritable truste is the exception filing Form 900 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form	990 (2022) Far East Broadcasting Company, Inc.		95-1461574			age 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	-		"No"	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
-	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
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? <i>If "No," go to line 13</i>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			10	v	
10	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14	Δ	
15	Did the process for determining compensation of the following persons include a review and approva	ai by inc	aependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
a h	The organization's CEO, Executive Director, or top management official			15a 15b	X	
u	Other officers or key employees of the organization			130	23	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont wi	th a			
104				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
				16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filedAK, CA, HI, MN, MS, NH, SC	C TN V	A WA WI WV			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			s only	availe	able
.0	for public inspection. Indicate how you made these available. Check all that apply.			S Siny,	availe	2010
	X Own website Another's website X Upon request Other (explain	on Sch	edule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finar	ncial	
	statements available to the public during the tax year.			- ma		
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
	Scott Hassel - 562-947-4651					
	PO Box 1, La Mirada, CA 90637					

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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		
	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organizati	on's tax year

nis table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Edward Cannon	40.00									
President and CEO	10.00			x				259,126.	0.	51,210.
(2) Scott Hassel Chief Admin.Officer Treasurer and CFO	40.00			x				151 200	0.	27 457
(3) Mary K. Park Executive	40.00			^				151,300.	0.	27,457.
Director, Korean Ministries	40.00					x		134,653.	0.	41,654.
(4) David Wollen	40.00									
VP Development						х		119,302.	0.	38,048.
(5) Sandy Wilson	40.00									
Director of Development						Х		108,991.	0.	24,387.
(6) Cheri Carpenter	40.00									
Corporate Secretary			r	X				93,710.	0.	21,015.
(7) Laurie Kattner	2.00									
Chairman		х		x				0.	0.	0.
(8) Wayne Shepherd	2.00								_	_
Vice Chair		X		х				0.	0.	0.
(9) Nam Shiu	2.00	l								
Board Secretary	2.00	X		X				0.	0.	0.
(10) Richard Bott	2.00									0
Director (11) Alynne Douglass	2.00	X						0.	0.	0.
Director	2.00	x						0.	0.	0.
(12) Fred Gladney	2.00							· · ·	••	0.
Director	2.00	x						0.	0.	0.
(13) Bonnie Ho	2.00									
Director		x						0.	0.	0.
(14) Rob Keith	2.00									
Director		x						0.	0.	Ο.
(15) Roger Kemp	2.00									
Director		x						0.	0.	0.
(16) John Wauterlek	2.00									
Director		х						٥.	0.	0.
										- 000 (2000)

	990 (2022) Far East Broa				<i>'</i>					95-1461	.574		P	'age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)	(F)			
	Name and title	Average	(do		Pos) than	ne	Reportable	Reportable		Es	stimat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	ar	nount	of
		week		cer an	id a d	irecto	or/trus	tee)	from	from related			other	
		(list any	director						the	organization			ipensa	
		hours for	or dir	ę.			ated		organization	(W-2/1099-MIS	SC/		om th	
		related organizations	istee	truste			pensi		(W-2/1099-MISC/	1099-NEC)			aniza	
		below	ual tru	onal		oloye	ee com		1099-NEC)				d rela	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ons
			'n	드	đ	Ke	Ξē	ß						
	Subtotal								867,082.		0. 203,771.		-	
	Total from continuation sheets to Part VI								0. 867,082.		0. 0 0. 203,771		0.	
2 2	Total (add lines 1b and 1c) Total number of individuals (including but n) 000 of reportabl			203	, / / 1 •
2	compensation from the organization		030	IISte			0, 101	101			C			5
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	emp	loye	e, o	hic	phest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s											3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a	-				-			-					
<u> </u>	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	son .			<u></u>		5		X
 1	tion B. Independent Contractors Complete this table for your five highest co	mponestod inc		ando	nt c	onti	racto	vrc 1	that received more than	\$100.000 of com		ation	from	
•	the organization. Report compensation for	-									ipens	ation	nom	
	(A)	-							(B))	
	Name and business	address						_	Description of s	services	C	ompe	nsatic	'n
-	las Shaw Park St, Naperville, IL 60563								Fundraising & mark	eting			828	,652.
	d Communications							-	rundrarsing & mark	eeing			020	,052.
	laza Sq, Orange, GA 30306								Design & marketing	r l	246,416.			,416.
	eCity													<u>, </u>
PO E	ox 36, Orange, CA 92856								IT Technology Serv	rices			194	,365.
	& Associates													
-	Lanier, Atlanta, CA 92618							_	Attorney/Prof Fees				137	,391.
	mpass Digital								Vadia Can-i				100	E 0 1
610 2	Chiswick, London, UNITED KINGDOM	ncluding but p	ot liv	mito	d to	the	eo li		Media Services	nore than			126	,581.
	 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5 													

	990 (2 t VII	/			sti	ng Company, I	nc.		95-1461574	Paç
ar										г
		Check if Schedule O	conta	ains a respo	onse	or note to any lin	e in this Part VIII	(5)		L
										(D)
							Total revenue	Related or exempt		Revenue exclu from tax und
								function revenue	business revenue	sections 512 -
ω										
Ĕ		Federated campaigns								
0	b	Membership dues		1b						
Ā	с	Fundraising events		1c						
ar		Related organizations								
Ē		Government grants (cont				514,269.				
S.										
and Other Similar Amounts		All other contributions, gifts,	-							
₹		similar amounts not included				13,546,334.				
p	g	Noncash contributions included in	n lines	1a-1f 1g	\$	92,028.				
al	h	Total. Add lines 1a-1f					14,060,603.			
						Business Code				
	2 a	Broadcast Revenue				516100	2,489,953.	2,489,953.		
							_, 100, 000.	_,,	┨─────┦	i
e	b					├			Į	
en	С					ļ ļ			ļ	
ě	d									
Revenue	е									
	f	All other program service	reve	nue						
							2,489,953.			
_		Total. Add lines 2a-2f					2,409,955.			
	3	Investment income (inclu	•					*		
		other similar amounts)					409,296.			409,
	4	Income from investment	of tax	exempt bo	ond p	proceeds				
	5	Royalties		-	-					
	•			(i) Rea		(ii) Personal				
		a		(1) 1104						
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss	s)							
		Gross amount from sales of	,	(i) Securi	ties	(ii) Other				
	<i>i</i> a		_							
		assets other than inventory	7a	5,376,	570.	3,500.				
	b	Less: cost or other basis								
		and sales expenses	7b	5,191,	129.	1,286.				
	с	Gain or (loss)	7c	185,	249.	2,214.				
		Net gain or (loss)					187,463.			187,
		Gross income from fundraisi			· · · · · · ·					
	8 a			-						
		including \$								
		contributions reported or	ı line	1c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from				•				
				-						
	9 а	Gross income from gamir								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s .					
.		Gross sales of inventory,								
	u				10-	j l				
	-	and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of invento	ory					
						Business Code				
	11 a	Forfeited deposit				900099	375,000.			375,
	a									, <u>, , , , , , , , , , , , , , , , , , </u>
Ine	L.					1 1				
venue	b									
Revenue	с									
Kevenue	с	All other revenue				900099	816.			
Revenue	c d	All other revenue Total. Add lines 11a-11d					816. 375,816.			8

95-1461574

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,768,882.	7,768,882.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	605,820.	277,681.	268,395.	59,744
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,706,125.	2,181,601.	204,368.	320,156
8	Pension plan accruals and contributions (include				
c.	section 401(k) and 403(b) employer contributions)	151,573.	118,408.	13,828.	19,337
9	Other employee benefits	589,609.	499,236.	40,940.	49,433
10	Payroll taxes	229,358.	170,582.	31,932.	26,844
11	Fees for services (nonemployees):				
	Management	20 574	10.250		F _ F 4 R
		30,574.	19,352.	5,705.	5,517
	Accounting	67,380.		67,380.	
		172 200			170.000
	Professional fundraising services. See Part IV, line 17	172,200.		69 172	172,200
	Investment management fees	68,172.		68,172.	
g	Other. (If line 11g amount exceeds 10% of line 25,	788,408.	502 222	105 572	190 604
	column (A), amount, list line 11g expenses on Sch 0.)	11,244.	502,232.	105,572.	180,604 7,689
12	Advertising and promotion	233,706.	2,431. 168,382.	1,124. 38,666.	26,658
13	Office expenses	374,136.	245,989.	43,809.	84,338
14 45	Information technology	574,130.	243,909.	45,005.	04,550
15	Royalties	215,760.	186,877.	14,335.	14,548
16 17		352,391.	290,935.	24,605.	36,851
17		552,551.	230,333.	24,005.	50,051
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	144,760.	134,381.	5,784.	4,595
19 20	· · · · · · · · · · · · · · · · · · ·	111,700.	134,301.	5,704.	4,555
	Interest				
21 22	Payments to affiliates	69,425.	38,184.	22,910.	8,331
	· · · · · · · · · · · · · · · · · · ·	59,213.	43,751.	10,897.	4,565
23 24	Other expenses. Itemize expenses not covered		10,701.	10,057.	1,000
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Printing & Publications	922,452.	223,416.	97,241.	601,795
b	Meals & Entertainment	22,326.	15,244.	2,168.	4,914
c		,			_ /
d	-				
e	All other expenses	134,761.	73,068.	49,516.	12,177
25	Total functional expenses. Add lines 1 through 24e	15,718,275.	12,960,632.	1,117,347.	1,640,296
<u>25</u> 26	Joint costs . Complete this line only if the organization		,,,	_,	_,,200
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	490,229.	481,895.	1,471.	6,863

Form 990 (2022)	
Part X	Balance	Sheet

		Check if Schedule O contains a response or not	e to any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			980,038.	1	326,216.
	2	Savings and temporary cash investments				2	766,743.
	3	Pledges and grants receivable, net		3,000.	3	3,000.	
	4	Accounts receivable, net			373,973.	4	890,626.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9				38,044.	9	82,769.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,989,656.			
	b	Less: accumulated depreciation		2,510,231.	73,845.	10c	479,425.
	11	Investments - publicly traded securities			12,853,479.	11	13,496,642.
	12	Investments - other securities. See Part IV, line 1	1		3,588,236.	12	4,458,681.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			818,942.	15	191,039.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	18,729,557.	16	20,695,141.
	17	Accounts payable and accrued expenses			806,623.	17	1,545,423.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
.iab		controlled entity or family member of any of thes	e persor	ns		22	
-	23	Secured mortgages and notes payable to unrela	ted thirc	parties		23	
	24	Unsecured notes and loans payable to unrelated	514,269.	24			
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			2,668,426.		2,100,576.
	26	Total liabilities. Add lines 17 through 25			3,989,318.	26	3,645,999.
ŝ		Organizations that follow FASB ASC 958, che	ck here	X			
nce		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			7,315,637.	27	10,407,988.
d B	28	Net assets with donor restrictions			7,424,602.	28	6,641,154.
'n		Organizations that do not follow FASB ASC 9	58, chec	k here			
er T		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			14 740 000	31	17 040 140
ž	32	Total net assets or fund balances			14,740,239.	32	17,049,142.
	33	Total liabilities and net assets/fund balances			18,729,557.	33	20,695,141.

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

Form 990 (2022)

Form	1990 (2022) Far East Broadcasting Company, Inc.	95-146157	4	Pa	ge 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	,523	,131.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,718	,275.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,804	,856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,740	,239.
5	Net unrealized gains (losses) on investments	5		611	,115.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-107	,068.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17	,049	,142.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
			Form	990	(2022)

SCHEDULE A	1
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection Employer identification number

Name of the organization

Tan					a					
Do	rt I		Reason for Public	ast Broadcasting		omploto th	nic part) S	oo inotructio		5-1461574
									15.	
	orga		zation is not a private found							
1		 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 								
2										
3			A hospital or a cooperative					-		
4			A medical research organiz	zation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A	.)(III). Enter	the hospital's name,
	_		city, and state:							
5			An organization operated f		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		-	section 170(b)(1)(A)(iv).	Complete Part II.)						
6		4,	A federal, state, or local go	overnment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		_ ,	An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
	_	_ :	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		<u> </u>	A community trust describ	ed in section 170(b)	1)(A)(vi). (Complete Parl	t II.)				
9		_ ,	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
			or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	f the colleg	e or
	_		university:							
10	X	」,	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		i	activities related to its exer	mpt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		i	income and unrelated bus	iness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		:	See section 509(a)(2). (Co	omplete Part III.)						
11			An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12			An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		1	more publicly supported o	rganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		I	lines 12a through 12d that	describes the type of	f supporting organizatio	n and com	plete line	s 12e, 12f, an	d 12g.	
а			Type I. A supporting org	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
			the supported organizat	ion(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
			organization. You must							
b			Type II. A supporting or	-		tion with it	s support	ed organizati	on(s), by ha	aving
			control or management					-		-
			organization(s). You mus						5 1	Ĩ
с			Type III functionally int			in connec	tion with.	and functiona	allv integrat	ed with.
			its supported organizatio						, .	,
d	Г		Type III non-functional						rted organi	ization(s)
	_		that is not functionally in						-	
			requirement (see instruc			•		-		
е	Г		Check this box if the org	-	-				ell Type III	
-	_		functionally integrated, c						, . , pe	
f	Fr	nter	r the number of supported		nany integrated support	ing organi	Lation			
a			ide the following informatio	•	d organization(s).					·
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

	(Complete only if you checke			0	on failed to qualify	under Part III. If th	e organization
<u> </u>	fails to qualify under the tests	s listed below, plea	ase complete Part	111.)			
	ction A. Public Support	() 0010	(1) 0010	() 0000	(1) 0001	() 0000	(0.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")						
Z	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3)	
800	organization, check this box and stor			<u></u>			L
	ction C. Computation of Publ Public support percentage for 2022 (column (fl)		14	07
	Public support percentage for 2022 (Public support percentage from 2021					14	<u>%</u>
	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes	-		• • • •			
	more, and if the organization meets tl						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						ıs

Far East Broadcasting Company, Inc.

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

Schedule A (Form 990) 2022

95-1461574

Page **2**

Schedule A (Form 990) 2022

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 10,613,034, 10,651,360 10,779,904 14,547,943 14,060,603 60,652,844. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 1,142,435 1,131,648 1,586,599 2,105,582 2,489,953 8,456,217. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 11,755,469 11,783,008 12,366,503 16,653,525 16,550,556 69,109,061. 7a Amounts included on lines 1, 2, and 92,995 115,425. 74,975 86,651 59,535 429,581. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 115,425 74,975 92 995 86,651 59,535 429 581 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 68,679,480. Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2019 (d) 2021 (f) Total (a) 2018 (c) 2020 (e) 2022 9 Amounts from line 6 16,653,525 11,755,469 11,783,008 12,366,503 16,550,556 69,109,061. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 185,244. 255,529 66,054 133,406, 409,296 1,049,529. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 185,244 255,529 66,054 133,406 409,296 1,049,529. c 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 425 375,816 376,241. assets (Explain in Part VI.) 16,787,356. 70,534,831. 11,940,713. 12,038,537. 12,432,557. 17,335,668. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage **15** Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 97.37 % 15 97.16 16 % Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 1 4 9 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.15 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Far East Broadcasting Company, Inc.

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

Schedule A (Form 990) 2022 Far East Broadcasting Company, Inc.		95-1461	95-1461574		age 5		
Par	t IV Supporting Organ	nizations _{(cor}	tinued)				
						Yes	No
11	Has the organization accepted	d a gift or contrik	oution from any of the following persons?				
а	A person who directly or indire	ectly controls, ei	her alone or together with persons described on lines 11b and	ł			
	11c below, the governing bod	y of a supported	organization?		11a		
b	A family member of a person of	described on line	a 11a above?		11b		
с	A 35% controlled entity of a p	erson described	on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide			
	detail in Part VI.				11c		

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the henefit of any supported organization other than the supported	

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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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.
- 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 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.

Yes

2

1.4

No

Schedule A	(Form 990)	2022 (Far Ea	st Broadca	asting	Company,	Inc.	
Part V	Type III	Non	-Functionally I	ntegrated	509(a)	(3) Supp	orting	Organizations

Page 6

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ac	Id lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	her expenses (see instructions)	7		
8 Ac	Ijusted 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 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	rerage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(ex	splain in detail in Part VI):			
2 Ac	equisition indebtedness applicable to non-exempt-use assets	2		
3 Su	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 Mi	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ac	ljusted net income for prior year (from Section A, line 8, column A)	1		
2 En	iter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)					
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
с	From 2019								
d	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2018								
b	Excess from 2019								
с	Excess from 2020								
d	Excess from 2021								
е	Excess from 2022								

Far East Broadcasting Company, Inc.

Schedule A (Form 990) 2022

95-1461574

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Schedule A (Form 990) 2022 Far East Broadcasting Company, Inc.	95-1461574	
Schedule A (Form 990) 2022 Far East Broadcasting Company, Inc. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P. Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	7a or 17b; Part III, line 12; les 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	
Schedule A, Part III, Line 12, Explanation for Other Income:		
Other income		
2021 Amount: \$ 425.		
2022 Amount: \$ 375,816.		
Schedule A, Part III:		
The organization is a public charity under section 509(a)(2) and		
completes Schedule A (Form 990), Part III. The organization has		
analyzed Schedule A (Form 990), Part II and established that it meets		
the 33 1/3% public support requirements under sections 509(a)(1) and		
170(b)(1)(A)(vi), thus it qualifies to use the first listed special		
rule for Schedule B (Form 990) reporting.		

Payments from Disqualified Persons Included on Part III, Line 7a

95-1461574

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
Alynne Douglass	0.	0.	1,000.	1,000.	1,000
Fred Gladney	5,000.	1,500.	0.	5,000.	7,000
Laurie Kattner	30,000.	30,000.	30,000.	30,000.	30,000
Edward Cannon	7,100.	7,500.	9,000.	7,100.	10,100
Wayne Shepherd	5,500.	2,000.	4,000.	2,000.	2,000
John Wauterlek	50,000.	25,000.	25,000.	25,000.	0
Rob Keith	2,000.	3,000.	3,000.	8,000.	2,000
Mike Klausman	10,000.	0.	15,000.	0.	0
Scott Hassel	1,025.	1,000.	2,030.	3,051.	3,010
Cheri Carpenter	1,200.	2,400.	2,240.	2,700.	2,500
Bonnie Ho	500.	500.	0.	1,000.	0
Roger Kemp	1,700.	1,700.	1,200.	1,200.	1,700
Nam Shiu	1,400.	375.	525.	600.	225
		*			
Total to Schedule A, Part III, Line 7a	115,425.	74,975.	92,995.	86,651.	59,535

223172 04-01-22

Schedule B (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization	Employer identification number							
	Far East Broadcasting Company, Inc.	95-1461574						
Organization type (che	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule. See instructions.						
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributi any one contributor. Complete Parts I and II. See instructions for determining a							
Special Rules								
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am D-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from any one						
contributor, du literary, or edu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, d year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year								
-	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sc , line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo							

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Page 2

Far East Broadcasting Company, Inc.

Employer identification number

95-1461574

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	Estate of Marian R. Anenson 415 Mitchell Ave Turlock, CA 95380-4041	\$1,669,108. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Dunham Trust Company PO Box 910309 San Diego, CA 92191-0309	\$ 661,134. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	FEBCanada 3200 - 8888 Odlin Crescent Richmond, CANADA V6X 328	\$626,614. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Clarence E. Brown 15633 Van Tuyle Rd Manchester, MI 48158-9626	\$541,711. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	U.S. Small Business Administration (PPP Loan) 409 3rd St, SW Washington, DC 20416	\$514,269. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Harvey Joe Hahn 1007 Emil Meyer Rd Yorktown, TX 78164-3440	* 390,000. * 390,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of or	ganization	Employer identification number		
Far East	Broadcasting Company, Inc.		95-1461574	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	d.	
(a) No. from Part I	(b) (c) Description of noncash property given (See instructions.)			
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		

223453 11-15-22

Schedule B (Form 990) (2022)

Page 3

lame of or	rganization		Employer identification number				
'ar East	Broadcasting Company, Inc.		95-1461574				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		n section 501(c)(7), (8), or (10) that total more than \$1,000 for the y				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	or less for the year. (Enter this info. once.) \$				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of g	jirt				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
Ī	· · · · · · · · · · · · · · · · · · ·		· ·				

SCHEDULE D)
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 Open to Public

Name	of the	organ	izatio
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	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest in	formation.		Open to Inspect	
-	e of the organizat				Employe	er identificatio	
	· · · · J-···	Far East Broadcasting Compa	ny, Inc.			95-1461574	
Par	t I Organiz	ations Maintaining Donor Advise		unds or A	counts	Complete if t	ne
		on answered "Yes" on Form 990, Part IV, lir				·	
			(a) Donor advised funds	(b) Funds a	nd other accou	unts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		on inform all donors and donor advisors in		advised func	s		
	are the organization	on's property, subject to the organization's	exclusive legal control?			🗌 Yes	🗌 No
6	Did the organizati	on inform all grantees, donors, and donor a	advisors in writing that grant funds ca	an be used o	nly		
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or for any other pu	rpose conferr	ing		
	impermissible priv					🔛 Yes	No No
Par	t II Conserv	vation Easements. Complete if the or	ganization answered "Yes" on Form	990, Part IV,	ine 7.		
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).				
	Preservation	n of land for public use (for example, recrea	ation or education) Preservati	ion of a histor	ically impo	ortant land are	а
		of natural habitat		ion of a certifi	ed historio	c structure	
_		n of open space					
2		a through 2d if the organization held a quali	fied conservation contribution in the	form of a cor		easement on d at the End of t	
	day of the tax yea			-			ie lax teal
		onservation easements			2a		
	-				2b		
		rvation easements on a certified historic str			2c		
a		rvation easements included in (c) acquired			04		
3		listed in the National Register			2d	ing the tax	
3		rvation easements modified, transferred, re	leased, extinguished, or terminated	by the organi	zation dur	ing the tax	
4	year	where property subject to conservation ea	sement is located				
5		ation have a written policy regarding the pe		na of			
U		forcement of the conservation easements				Yes	No
6		er hours devoted to monitoring, inspecting,					
-				geeneertane			<i>J</i> • • •
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing con	servation eas	ements d	luring the year	
8	Does each conse	rvation easement reported on line 2(d) abo	ve satisfy the requirements of sectio	n 170(h)(4)(B)	(i)		
	and section 170(h	n)(4)(B)(ii)?				🗌 Yes	🗌 No
9		be how the organization reports conservat					
	balance sheet, an	d include, if applicable, the text of the foot	note to the organization's financial s	tatements tha	at describe	es the	
		counting for conservation easements.					
Par		ations Maintaining Collections o		or Other S	Similar A	Assets.	
		if the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 98	· ·				
		easures, or other similar assets held for pu			ce of pub	lic	
		Part XIII the text of the footnote to its fina					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	c exhibition, education, or research i	n furtherance	ot public	service,	
		ring amounts relating to these items:			*		
		uded on Form 990, Part VIII, line 1			\$		
~	.,		and the similar aposts for fir		\$		
2		n received or held works of art, historical tre		ianciai gain, p	ovide		
	and ronowing ano	unts required to be reported under FASB A	NOU BOU I FIALINY LU LI HESE ILENIS.				

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2022

\$

\$

Sche		roadcasting Comp	1			95-146		Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, or	r Other	Similar Ass	ets(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of t	he following that	make sigr	nificant use of it	s	
	collection items (check all that apply):							
а	Public exhibition	d	I 🛄 Loan or e	xchange program	n			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they furthe	r the organizatio	n's exemp	ot purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical ti	easures, or other	r similar as	ssets	_	
	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "Y	es" on Fo	orm 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribut	ions or other ass	ets not ind	cluded	_	
	on Form 990, Part X?					L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			r		
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F					?L	Yes	No No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete						() [au	
		(a) Current year	(b) Prior year	(c) Two years	раск (а)	Three years bac	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur		ce (line 1g, columi	n (a)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с		%						
•	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	d and administere	ed for the		Г	Yes No
	organization by:							
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			R?			3b	
	Describe in Part XIII the intended uses of the tVI Land. Buildings, and Equip		owment funds.					
Fai	, 3, 11		Dout IV line 11		Dart V lin	o 10		
	Complete if the organization answere	1	· · · · ·				() = .	
	Description of property	(a) Cost or o	• •	ost or other		umulated	(d) Bool	k value
		basis (investr	nent) bas	sis (other)	aepre	ciation		200 210
	Land			300,310.		0.4.5 0.00		300,310.
	Buildings			1,136,674.	1	.,046,939.		89,735.
	Leasehold improvements			1 500 300		462.000		FR 007
	Equipment			1,520,329.]	.,463,292.		57,037.
	Other			32,343.				32,343.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	x, column (B), lin	e 10c.)				479,425.

Schedule D (Form 990) 2022

Far East Broadcasting Company, Inc. Schedule D (Form 990) 2022 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	cription of security or category (including name of security) (b) Book value		
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Bonds	3,923,959.	End-of-Year Market Value	
(B) Indexed annuities	373,162.	End-of-Year Market Value	
(C) Limited partnership	60,144.	End-of-Year Market Value	
(D) Alternative managed futures	101,416.	End-of-Year Market Value	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,458,681.		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal F	Form 990, Part X, col. (B) line 15.)	
Part X 🛛 Other Liabiliti	85	

Other Liabilities. art X |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes 1,909,210. Fiduciary Obligations (2) Capital Lease Obligations 191,366. (3) (4) (5) (6) (7) (8) (9) 2,100,576. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2022 Far East Broadcasting Company, Inc.			95-1461574	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturn.	
	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	18,037,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	611,115.		
b	Donated services and use of facilities	2b	78,600.		
с	Recoveries of prior year grants				
d			-107,068.		
е	Add lines 2a through 2d			2e	582,647.
3	Subtract line 2e from line 1			3	17,454,959.
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	68,172.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	68,172.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,523,131.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	15,728,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	78,600.		
b	Prior year adjustments	2b			
с	Other losses	2c	,		
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	78,600.
3	Subtract line 2e from line 1			3	15,650,103.
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	68,172.		
b		4b			
с	Add lines 4a and 4b			4c	68,172.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,718,275.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b a	and 2b; Part V, line	4; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addir	tional inform	nation.		

Part XI, Line 2d - Other Adjustments	Part 1	XI,	Line	2đ	_	Other	Adjustments
--------------------------------------	--------	-----	------	----	---	-------	-------------

Change in value of Fiduciary Obligations

-107,068.

Far East Broadcasting (Company, Inc.	•			95-1461574	
Part I General Infor	rmation on A	Activities Out	tside the United States. Comple	ete if the orgar	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
-	-		ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? x	Yes 🔄 No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.						
			an be duplicated if additional space is			
(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the region		vity listed in (d) gram service,	(f) Total expenditures
	in the region	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region			() 0	
Dest Jais and the						
East Asia and the		0	Grants to recipients			E 67E 690
Pacific	0	0	Grants to recipients			5,675,682
North America	0	0	Grants to recipients			1,800
		<u> </u>				1,000
South Asia	0	0	Grants to recipients			205,625.
						,
Europe	0	0	Grants to recipients			26,076
Russia & Neighboring						
states	0	0	Grants to recipients			1,730,844.
	_	_				
Sub-Saharan Africa	0	0	Grants to recipients			128,855.
East Asia and the Pacific	0	_		Radio Media Communicati		E (7) 9)
Pacific	0	5	Program services	Communicati		567,283
3 a Subtotal	0	5				8,336,165,
b Total from continuation						
sheets to Part I	o	c				0.
c Totals (add lines 3a						
and 3b)	0	5				8 336 165

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the						
		Pacific	Media/Radio Broadcast	390,664.	Bank Wire	Ο.		
		Russia & Neighboring States	Media/Radio Broadcast	460 178	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	741,791.	Bank Wire	0.		
		South Asia	Media/Radio Broadcast	124,643.	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	219,795.	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	82,420.	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	719,889.	Bank Wire	0.		
		East Asia and the Pacific	Media/Radio Broadcast	270 850	Bank Wire	0.		
2 Enter total number of			recognized as charities by the					
			or counsel has provided a sec					21
3 Enter total number of	other organizations	or entities				►		0

Schedule F (Form 990) 2022

95-1461574 Far East Broadcasting Company, Inc. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) East Asia and the Pacific Media/Radio Broadcast 61,046.Bank Wire 0. 74,983.Bank Wire South Asia Media/Radio Broadcast 0. East Asia and the Pacific Media/Radio Broadcast 321,731.Bank Wire 0. Russia & Neighboring States Media/Radio Broadcast 540,517.Bank Wire 0 Russia & Neighboring States Media/Radio Broadcast 730,149.Bank Wire 0. East Asia and the Pacific Media/Radio Broadcast 545,531.Bank Wire 0. East Asia and the Pacific Media/Radio Broadcast 2,067,000.Bank Wire 0. East Asia and the 104,670.Bank Wire Pacific Media/Radio Broadcast 0. Media/Radio Broadcast 14,076.Bank Wire Europe 0.

Schedule	F (Form 990)	Far East	t Broadcasting Com	pany, Inc.		95-14615	574		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	Media/Radio Broadcast	12,000.	Bank Wire	0.		
			South Asia	Media/Radio Broadcast	6,000.	Bank Wire	0.		
			Sub-Saharan Africa	Media/Radio Broadcast	128,855.	Bank Wire	0.		
			East Asia and the	Media/Radio Broadcast		Bank Wire	0.		

Far East Broadcasting Company, Inc.

95-1461574

Page 3

Part III	Grants and Other Assistance	e to Individuals Outsid	e the United Sta	ates. Complete i	if the organization answered '	'Yes" on	n Form 990, Part	: IV, line 16.
	Part III can be duplicated if a	dditional space is neede	d.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of 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)

Schedule F (Form 990) 2022	Far East	Broadcasting	Company,	Inc.
Part IV Foreign Form	s			

Page 4

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

Schedule F (Form 990) 2022

	(Form 990) 2022 Far East Broadcasting Company, Inc.	95-1461574	Page
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method; amounts o	of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);	ethod); and Part III, column	(c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions	
Part I, I	ine 2:		
Needs are	communicated through a proposal process. The projects are		
evaluated	and prioritized. Development will make appeals based upon		
common ne	eds across multiple entities or for a specific affiliate.		
Grants ar	e ultimately awarded based upon dollars raised and the needs		
communica	ted. While operating independently and under different		
leadershi	p, foreign affiliates operate under a common charter which		
aligns mi	ssion and operations. Additionally, ministry partner agreements		
outline s	pecific accountabilities for specific grants and results are		
regularly	communicated back to FEBC-US. The organization monitors its		
grants ar	d other assistance (and re-grants) to ensure that such grants		
and other	assistance are used for proper purposes or aren't otherwise		
diverted	from the intended use.		
During t	ne reporting period, in lieu of regular field/site		
visits wi	th designated representatives of FEBC-US , Monthly Zoom meetings		
were held	in which International offices relayed their operations, which		
were cons	istent with prior years' observations. Any additional follow up		
is addres	sed on an as-needed basis: examples would include Financial		
and/or Op	erations Audits by FEBC-US or its designated third party agent.		
Part I, l	ine 3:		
The U.S.	operations records funding of affiliates as an Affiliate Grant		

Expense. Missionary payroll are paid via the same payroll system as U.S.

Employees. Expenses reviewed are typically reimbursed when documentation

is submitted to the accounting office in La Mirada, CA. Expenses are

recorded using the accrual method of accounting.

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Acti	vities I	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	he latest informatio	n.		Inspection	
Name of the organizatio								entification number	
		roadcasting Company, Inc.					95-1461574		
	complete this par	 Complete if the organization answe t. 	ered "\	/es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
1 Indicate whether th	e organization rais	sed funds through any <u>of th</u> e followir	ng acti	ivities.	Check all that apply				
a 🗴 Mail solicita	tions	e X Solicitat	tion of	non-g	overnment grants				
b X Internet and	email solicitations	s f Solicitat	tion of	gover	nment grants				
c 🔄 Phone solic	tations	g 🗴 Special	fundra	aising	events				
d 🛛 In-person so	olicitations								
2 a Did the organization	on have a written o	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees	, or		
key employees list	ted in Form 990, P	art VII) or entity in connection with p	rofess	sional f	undraising services?	•	X Yes	s 🗌 No	
b If "Yes," list the 10) highest paid indi [,]	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fi	undraiser is to	be	
compensated at le	east \$5,000 by the	organization.							
						()			
(i) Name and addres	s of individual		fund	Did raiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid	
or entity (fund	draiser)	(ii) Activity		ustody htrol of	from activity		fundraiser	to (or retained by) organization	
			contrib	utions?		lis	ted in col. (i)		
Douglas Shaw Assoc	iates -		Yes	No					
1717 Park Street,	Suite 300,	Fundraising Consultant		X	0.		172,200	-172,200.	
			-						
		1	1	1			100.000		
Total			<u></u>	<u></u>			172,200	· · ·	
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from I	registration	
AL, AK, AZ, AR, CA, CO,	CT, DE, FL, GA, H	I, ID, IL, IN, IA, KS, KY, LA, ME, M	D,MA,	MI,MI	N,MS,MO				
MT, NE, NV, NH, NJ, NM,	NY, NC, ND, OH, OI	K, OR, PA, RI, SC, SD, TN, TX, UT, V	Τ,VA,	WA,W	V,WI,WY				

DC

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

Schedule G (Form 990) 2022

Far East Broadcasting Company, Inc.

95-1461574 Page **2**

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and group of fundraising event contri	•			
			(a) Event #1	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ē	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total caming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			[]	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	nedule G (Form 990) 2022 Far East Broadcasting Company, Inc. 95-14	61574	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
é	a The organization's facility	13a	%
	a An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	c) If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, linos Q	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III es s	, 30, 100,
Sch	nedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:		
(i)	Name of Fundraiser: Douglas Shaw Associates		
(i)	Address of Fundraiser:		
171	.7 Park Street, Suite 300, Naperville, IL 60563		
Par	rt I, Line 2b, column (iv):		

The professional fundraising services were consulting in nature; no gross receipts were directly generated from the services provided.

Part IV Supplemental Information (continued)

SCHE	SCHEDULE J Compensation Information					47	
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public			
Departmer	Attach to Form 990.						
	evenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Name o	f the organization		Employer ide		on nu	mper	
Part		Far East Broadcasting Company, Inc. s Regarding Compensation	95-1461	574			
Fait		s negariting compensation			Yes	No	
1a Ch	eck the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990		res	No	
		line 1a. Complete Part III to provide any relevant information regarding these items.	1000,				
	First-class or c		onaluse				
	Travel for companions						
	-	ation and gross-up payments					
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)				
b If a	any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
rei	mbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		. 1b			
2 Dia	d the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
tru	stees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
		ny, of the following the organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
est	- ·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee						
	Independent compensation consultant Compensation survey or study Image: State of the comparisation committee Image: State of the compensation committee Image: State of the compensation committee Image: State of the compensation committee						
_ <u>A</u>		ther organizations	committee				
4 Du	ring the year die	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
		lated organization:					
-		e payment or change-of-control payment?		4a		x	
		eive payment from a supplemental nonqualified retirement plan?				x	
		eive payment from an equity-based compensation arrangement?				x	
		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	,						
Or	nly section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on				
со	ntingent on the r	evenues of:					
a Th	e organization?			. 5a		х	
b An	y related organiz	ation?		. 5b		X	
lf "	Yes" on line 5a c	or 5b, describe in Part III.					
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on				
	ntingent on the n						
a Th	e organization?			6a		X	
		ation?		6b		X	
		or 6b, describe in Part III.					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_	v		
		nes 5 and 6? If "Yes," describe in Part III		7	X		
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				x	
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		~	
		id the organization also follow the rebuttable presumption procedure described in		. 9			
		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 le J (Forn	n 000	0000	
	a. i apoi work h		Generaui		550	, _022	

232111 10-18-22

Schedule J (Form 990) 2022

95-1461574

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compe	ensation			reported as deferred on prior Form 990
(1) Edward Cannon	(i)	198,514.	55,000.	5,612.		15,547.	38,931.	313,604.	0.
President and CEO	(ii)	0.	0.	0.		0.	٥.	٥.	0.
(2) Scott Hassel Chief Admin.	(i)	146,800.	4,500.	0.		9,338.	18,496.	179,134.	0.
Officer, Treasurer and CFO	(ii)	0.	0.	0.		0.	٥.	٥.	0.
(3) Mary K. Park Executive	(i)	129,824.	0.	4,829.		8,552.	33,480.	176,685.	0.
Director, Korean Ministries	(ii)	0.	0.	0.		0.	٥.	٥.	0.
(4) David Wollen	(i)	118,802.	500.	0.		7,484.	30,942.	157,728.	0.
VP Development	(ii)	0.	0.	0.		0.	٥.	٥.	0.
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)			~					
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022	Far	East	Broadcasting	Company,	Inc.
----------------------------	-----	------	--------------	----------	------

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7:
Annual discretionary bonuses are approved by the President, except in the
case of any annual discretionary bonuses for the President. The President's
compensation and bonus is set and approved by the full Board of Directors
while in Executive Session. The following individuals received
disrectionary bonuses in 2022:
Cheri Carpenter
Edward Cannon
Scott Hassel
Sandy Wilson
David Wollen

95-1461574

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

95-1461574

Name of the organization

Far East Broadcasting Company, Inc.

Pa	rtl Ty	pes of Property								
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repo Form 990, Part V	rted on	(d) Method of d noncash contrib	etermin	•	s
1	Art - Work	s of art				,				
2		rical treasures								
2		ional interests								
4		d publications								
5		and household goods								
6		other vehicles								
7		l planes								
8		al property								
9		- Publicly traded	X	10		61,228.	FMV			
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust inter									
12	Securities	- Miscellaneous								
13	Qualified of	conservation contribution -								
	Historic st	ructures								
14		conservation contribution - Other								
15	Real estat	e - Residential								
16		e - Commercial								
17		e - Other								
18		es								
19		ntory								
20		d medical supplies								
21		/								
22		artifacts								
23		specimens								
24										
25	Other	(Corn crop)	x	1		30,800.	FMV			
26	Other	· /								
		()								
27	Other	()								
28	Other	()				1 1				
29		f Forms 8283 received by the organi		. ,					0	
	for which	the organization completed Form 82	83, Part V, L	Jonee Acknowledg		29				
									Yes	No
30a		e year, did the organization receive b								
		for at least 3 years from the date of			•					
		urposes for the entire holding period	?					30a		X
b	b If "Yes," describe the arrangement in Part II.									
31	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31	Х	L
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?								х	
b	If "Yes," d	lescribe in Part II.								
33	If the orga	anization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which colum	n (a) is che	cked,			
	describe i	n Part II								
LHA	For Pap	erwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule I	M (Forn	n 990)	2022

Schedule M (Form 990) 2022 Far East Broadcasting Company, Inc.	95-1461574	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a of this part for any additional information.	33, and whether the org combination of both. Also	anization
Schedule M, Part I, Column (b):		
The number of contributions represent the number of contributions		
received, not the number of items donated.		

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	-EZ
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer identification number
	Far East Broadcasting Company, Inc.	95-1461574
Form 990, Part III	, Line 4d, Other Program Services:	
FEBC provides dire	ct support to over 9 missionaries and 5 affiliate	
missionaries that	serve as the engineers, project managers, and other	
highly technical c	apacities across the world.	
Expenses \$ 567,283	. including grants of \$ 1,450. Revenue \$ 0.	
Form 990, Part VI,	Section B, line 11b:	
Form 990 is prepar	ed by an independent CPA firm. The Treasurer/CFO and the	
President review t	he 990 in detail with FEBC's Audit and Finance Committee.	
The 990 is also pr	ovided and reviewed with the board of directors prior to	
filing with the IR	s.	
Form 990, Part VI,	Section B, Line 12c:	
Forms are circulat	ed to Board members and officers on an annual basis and	
reviewed by the Fi	nance Committee. Disclosed conflicts are reported back	
to the Board. Shou	ld any potential conflicts of interest be disclosed, the	
board member or of	ficer would be asked to refrain from participation in any	
deliberation or de	cision with regard to matters affected by the	
relationship.		
Form 990, Part VI,	Section B, Line 15:	
Compensation for t	he President is set and approved by the board, who are	
considered to be i	ndependent. The President and personnel department set	
compensation for o	ther officers based upon review of similar organizations,	
as well as competi	tive data for executive management and staff. The	
Finance and Audit	committee performs periodic reviews of the compensation	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization Far East Broadcasting Company, Inc.	Employer identification number 95-1461574
Tal Labo Dicadousoring company, inc.	
structure as part of its duties. All discussions regarding compensation are	
documented in the minutes.	
Form 990, Part VI, Section C, Line 19:	
The governing documents, conflict of interest policy, and financial	
statements are available to the public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Torm 550, Ture AI, Time 5, changes in Net Indeeds.	
Change in value of fiduciary obligations -107,068.	

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organizati	ion Far East Broadcasting	Company, Inc.				En	nployer identific 95-1461574	ation nu	umber	
Part I Identificati	on of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) r Total inco	(e) me End-of-year	assets	Direct c	f) ontrolling tity]	
		-								
		-								
	on of Related Tax-Exempt Organiza ns during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or mor	re related tax-exe	mpt		
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	g) 512(b)(13) rolled tity?	
					501(c)(3))			Yes	No	

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

Schedule R (Form 990) 2022

organizations treated as a partnership during the tax year. (b) (d) (i) (j) (k) (a) (e) (f) (g) (h) (c) Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal Direct controlling General or Percentage Name, address, and EIN Primary activity Share of total Share of Code V-UBI Disproportionate domicile end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) Yes No of related organization entity income ownership (state or allocations? foreian country) Yes No

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

Dart IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related											

Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	tion b)(13) rolled tity?
		country)				233013		Yes	No
			Far East						
			Broadcasting						
Charitable Remainder Unitrust (3)	Trust	CA	Company					х	
]								
]								
]								
	1								
	1								
	1								

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? leceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity lift, grant, or capital contribution to related organization(s) lift, grant, or capital contribution from related organization(s) oans or loan guarantees to or for related organization(s) oans or loan guarantees by related organization(s)	1b					
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) oans or loan guarantees to or for related organization(s)	1b					
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) oans or loan guarantees to or for related organization(s)	1b		2			
ift, grant, or capital contribution from related organization(s)						
oans or loan guarantees to or for related organization(s)	1c					
oans or loan guarantees by related organization(s)						
ividends from related organization(s)						
Sale of assets to related organization(s)						
h Purchase of assets from related organization(s)						
Exchange of assets with related organization(s)						
ease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>					
ease of facilities, equipment, or other assets from related organization(s)	1k		Ľ			
erformance of services or membership or fundraising solicitations for related organization(s)						
erformance of services or membership or fundraising solicitations by related organization(s)						
haring of facilities, equipment, mailing lists, or other assets with related organization(s)						
haring of paid employees with related organization(s)			I			
eimbursement paid to related organization(s) for expenses			ľ			
eimbursement paid by related organization(s) for expenses			I			
ther transfer of cash or property to related organization(s)	1r					
ther transfer of cash or property from related organization(s)						
the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds.					

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
_(6)				

Schedule R (Form 990) 2022 Far East Broadcasting Company, Inc.

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

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

(a)	(b)	(c)	(d)		(f)	(g)	(h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners s		Share of		or- Code V-UBI	Genera	or Percentage	
of entity		(state or foreign	(related, unrelated, excluded from tax under	partners s 501(c)(3 orgs.?	ⁱ⁾ total	end-of-year	Disprop tiona allocatio	amount in box 2 ns? of Schedule K-1) managi partne	ownership	
		country)		Yes N		assets	Yes		Yes N	0	
										_	
							\square		\square		
							\square			_	

Schedule R (Form 990) 2022

California Exempt Organization Annual Information Return

TAXABLE YEAR

202	22	Annual Information	on Return							199	
Calendar Yea	r 2022 or fiscal	l year beginning (mm/dd/yyyy)	07/01/2022		, and ending (mm/dd/yyy	y)	06/	/30/2023		
Corporation/Org	ganization name					Califo	ornia corp	oration	number		
FAR EAST	BROADCAST	ING COMPANY, INC.					020112	8			
	mation. See instru	,				FEI		<u> </u>			
						9	95-146	1574			
Street address ((suite or room)						PMB no.				
PO BOX 1											
City							ZIP code	0001			
LA MIRADA			Foreign province/state	e/county		CA 9	90637- Foreign p		ode		
r oreigin country	hame		r oreign province/state	, county			rorciginp	03141 00			
A First retu	ırn		Yes X No	I Did th	e organization hav	e any chang	es to its	guidel	ines		
B Amended		•	Yes X No	not re	ported to the FTB?	See instruc	tions		•	Yes X	No
C IRC Sect	ion 4947(a)(1)	trust	Yes 🗴 No		npt under R&TC S				ganization		
D Final info	ormation return				ed in political activ					Yes X	
	Dissolved	Surrendered (Withdrawn)	erged/Reorganized		organization exem	-			-	Yes X	No
	: (mm/dd/yyyy)		(2)		," enter the gross i					Vee V	Ne
E Check ac F Federal r	counting metri aturn filad 2 (1)	$[\bullet] 990T(2) \bullet] 990F(3) \bullet $			organization a limi e organization file l				•	Yes x	NO
	Other 990 serie		SCI H (990)		taxable income?				•	Yes X	No
		ee instructions • [Yes X No		organization under						
		group exemption [Yes X No	IRS a	idited in a prior ye	ar?			•	Yes X	No
lf "Yes," v	what is the pare	ent's name?			eral Form 1023/10		`			Yes X	No
				Date f	iled with IRS						
Part I	Complete Part	l unless not required to file this for	rm. See General Inf	ormation	and C						
		ales or receipts from other sources.					•	1	8	,654,943	3 00
		lues and assessments from membe						2		,,,-	00
		contributions, gifts, grants, and simi				STMT 1	•	3	14	,060,603	_
Receipts	4 Total gr	ross receipts for filing requirement t	est. Add line 1 throug	gh line 3.							
and	This lin	ne must be completed . If the result	is less than \$50,000,	, see Gene	ral Information B		•	4	22	,715,540	6 00
Revenues		goods sold					00				
		other basis, and sales expenses of				5,192,4		7		100 41	
							•	7		,192,41 ,523,13	_
		ross income. Subtract line 7 from lin openses and disbursements. From S					•	9		,718,27	_
Expenses		of receipts over expenses and disbu			n line 8		•	10		,804,856	_
							•	11		<u> </u>	00
		. See General Information K						12			00
	13 Paymer	nts balance. If line 11 is more than li	ine 12, subtract line ⁻	12 from lir	ie 11		•	13			00
Filing Fee		balance. If line 12 is more than line		from line	12		•	14			00
		es and interest. See General Informa						15			00
	16 Balance Under penalties	e due. Add line 12 and line 15. Ther of perjury, I declare that I have examined t, and complete. Declaration of preparer (c	1 SUDTract line 1 I fro this return, including ac	m the rest	III schedules and stater	nents, and to	the best o	16 1 my kn	owledge and belie	f,	00
Sign	It is true, correct	t, and complete. Declaration of preparer (c	other than taxpayer) is ba	ased on all II	nformation of which pr	reparer nas an Date	y knowled	ge.	 Telephone 		
Here	Signature of officer				REASURER AND	Date			562-947-46	51	
					Date	Check i	if		PTIN		
	Preparer's signature					self-em	ployed		P01385870		
Paid	Firm's name								 Firm's FEIN 		
Preparer's	IT Self-	CAPIN CROUSE LLP							36-3990892 ● Telephone		
Use Only	and address	3200 E GUASTI ROAD, SUIT	E 230						● Telephone 505-502-27	16	
		ONTARIO, CA 91761 discuss this return with the prepare	r shown above? See	instructio	ns		• X	Yes	No	10	
								co			

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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

1 Gross sales or receipts from all business activities. See instructions	• 1	00
		00
2 Interest	• 2	00
3 Dividends		00
Receipts 4 Gross rents		00
from 5 Gross royalties		00
Other 6 Gross amount received from sale of assets (See instructions)		00
Sources 7 Other income		00
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line		00
9 Contributions, gifts, grants, and similar amounts paid	• 9	00
10 Disbursements to or for members		00
11 Compensation of officers, directors, and trustees		0 00
12 Other salaries and wages		00
Expenses 13 Interest		00
and 14 Taxes		00
Disburse- 15 Rents		00
ments 16 Depreciation and depletion (See instructions)		00
17 Other expenses and disbursements		00
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		00
Schedule L Balance Sheet Beginning of taxable year		xable year
Assets (a) (b) (c)		(d)
		•
2 Net accounts receivable		•
		•
3 Net notes receivable		•
Inventories Federal and state government obligations		•
		•
6 Investments in other bonds		•
7 Investments in stock		•
8 Mortgage loans		•
9 Other investments		•
10 a Depreciable assets		
b Less accumulated depreciation ()	
11 Land		•
12 Other assets		•
13 Total assets		
Liabilities and net worth		_
14 Accounts payable		•
15 Contributions, gifts, or grants payable		•
16 Bonds and notes payable		•
17 Mortgages payable		•
18 Other liabilities		
19 Capital stock or principal fund		•
20 Paid-in or capital surplus. Attach reconciliation		•
21 Retained earnings or income fund		•
22 Total liabilities and net worth		
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.		
1 Net income per books 7 Income recorded on books this year		
2 Federal income tax not included in this return. Attach sch	edule	•
3 Excess of capital losses over capital gains		
4 Income not recorded on books this year. against book income this year.		
Attach schedule • Attach schedule		•
5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8		
deducted in this return. Attach schedule		
6 Total. Add line 1 through line 5		

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Far East Broadcasting Company, Inc.

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95-1461574

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CA 199	Cash Contributions Included on Part I, Line 3	atement 1	
Contributor's Name	Contributor's Address	Date of Gift	Amount
Estate of Marian R. Anenson	415 Mitchell Ave Turlock, CA 95380-4041	04/13/23	1,669,108.
Dunham Trust Company	PO Box 910309 San Diego, CA 92191-0309	10/17/22	661,134.
FEBCanada	3200 - 8888 Odlin Crescent Richmond CANADA V6X 328	06/23/23	626,614.
Clarence E. Brown	15633 Van Tuyle Rd Manchester, MI 48158-9626	12/31/22	541,711.
U.S. Small Business Administration (PPP Loan)	409 3rd St, SW Washington, DC 20416	05/16/23	514,269.
Harvey Joe Hahn	1007 Emil Meyer Rd Yorktown, TX 78164-3440	06/15/23	390,000.
Total included on line 3		-	4,402,836.

TAXABLE YE 2022		nia e-file R ot Organiza	eturn Autho tions	rization f	or				FORM 8453-EO
Exempt Organiza	tion name						ŀ	dentifying numbe	ſ
FAR EAST I	BROADCASTING COMP.	ANY, INC.					9	95-1461574	
Part I Ele	ectronic Return Inform	mation (whole dollars	only)						
1 Total gr	oss receipts (Form 199	9, line 4)						1	22,715,546
-	oss income (Form 199							2	17,523,131
3 Total ex	penses and disbursen	nents (Form 199, line	9)					3	15,718,275
Part II Se	ttle Your Account Ele	ectronically for Taxa	ble Year 2022						
	ectronic funds withdrav				thdrawal d	ate (mr	n/dd/yy	уу)	
	nking Information (Ha	ave you verified the e	xempt organization's l	oanking informat	ion?)				
5 Routing					Г				
6 Account				7 Type of a	ccount: L	Ch	ecking	Savin	gs
	claration of Officer	count to be pattled as d	anianatad in Dart II. If Lak	aak Dart II, bay 4	Louthorizo	n alaatr	onio fun	la with drawal f	or the emount listed
on line 4a.	exempt organization's ac	count to be settled as d	esignated in Part II. II i ci	leck Part II, Dux 4,	T authorize a	an electr		is williurawai i	or the amount listed
transmitter, or California elec: a balance due organization w statements be delayed, I aut	s of perjury, I declare that intermediate service prov tronic return. To the best i return, I understand that i ill remain liable for the fee transmitted to the FTB by horize the FTB to disclos	rider and the amounts ir of my knowledge and be f the Franchise Tax Boa e liability and all applicat the ERO, transmitter, o	n Part I above agree with elief, the exempt organiza rd (FTB) does not receive ole interest and penalties. r intermediate service pro	the amounts on the tion's return is true full and timely pay I authorize the exe vider. If the proce ne reason(s) for the	e correspon e, correct, ar ment of the mpt organiz ssing of the e delay.	ding line nd comp e exempt ation ref e exemp t	s of the lete. If th organiza turn and	exempt organiz e exempt orga ation's fee liabil accompanying	ation's 2022 ⁷⁷ nization is filing ity, the exempt schedules and
Sign	Cianatura of officer		Date	CAO, TREAS	URER AND	CFO			
Here	Signature of officer		Date	Title					
Dert V De	alayatian of Electroni	- Detum Oniginator	(EDO) and Daid Dram						
	claration of Electroni have reviewed the above				R-FO are cor	nnlete ar	nd correc	t to the hest of	f my knowledge (If I
am only an int accurately refl provided the o 1345, 2022 Ha the exempt or I declare that I	ermediate service provide ects the data on the returr rganization officer with a undbook for Authorized e- ganization return is filed, v have examined the above nd complete. I make this	r, I understand that I an n.) I have obtained the o copy of all forms and in file Providers. I will keep vhichever is later, and I e exempt organization's	n not responsible for revie rganization officer's signa formation that I will file w o form FTB 8453-EO on fi will make a copy available return and accompanying	ewing the exempt of ature on form FTB th the FTB, and I h le for four years fi e to the FTB upon r g schedules and st	organization 8453-EO be ave follower rom the due request. If I a	's return fore tran d all othe date of am also	. I declar smitting er require the retur the paid	e, however, tha this return to t ements describ n or four years preparer, unde	at form FTB 8453-EO he FTB; I have ed in FTB Pub. from the date r penalties of perjury,
ERO				Date	Check if also paid		Check if self-	ERO's	PTIN
	CAPIN CROU				preparer	X	employe	dP013	85870
if sel	f-employed)	PIN CROUSE LLP						Firm's FEIN 36-	3990892
Sign and a		00 E GUASTI ROAI TARIO, CA), SUITE 230					ZIP code 9176	1
	s of perjury, I declare that y are true, correct, and co	I have examined the ab					tements,		
Paid	Paid			Date		Check		Paid prepar	er's PTIN
Preparer	preparer's signature					if self- employe	ed 🗌]	
Must	Firm's name (or yours			•				Firm's FEIN	
Sign	if self-employed) and address								
								ZIP code	