JEFFREY W. KROL & ASSOCIATES Certified Public Accountants 8700 W. BRYN MAWR, SUITE 810 NORTH CHICAGO, ILLINOIS 60631

November 14, 2022

India Rural Evangelical Fellowship, Inc. P.O. Box 1332 Park Ridge, Illinois 60068

Dear Client,

Enclosed are the following income tax returns prepared on behalf of INDIA RURAL EVANGELICAL FELLOWSHIP, INC. for the year ended December 31, 2021.

2021 990 - Return of Organization Exempt from Income Tax 2021 8879-TE - IRS E-file Signature Authorization Form 2021 Schedule A - Public Charity Status and Public Support 2021 Schedule B - Schedule of Contributors 2021 Schedule D - Supplemental Financial Statements 2021 Schedule F - Statement of Activities Outside the United States 2021 Schedule G - Supplemental Info. Regarding Fundraising/Gaming 2021 Schedule L - Transactions with Interested Persons 2021 Schedule M - Noncash Contributions 2021 Schedule O - Supplemental Information to Form 990 or 990EZ 2021 Illinois Charitable Organization Annual Report

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Roland M. Breslin JEFFREY W. KROL & ASSOCIATES Certified Public Accountants

Enclosures

JEFFREY W. KROL & ASSOCIATES Certified Public Accountants 8700 W. BRYN MAWR, SUITE 810 NORTH CHICAGO, ILLINOIS 60631

INDIA RURAL EVANGELICAL FELLOWSHIP, INC. Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2021

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

Jeffrey W. Krol & Associates, Ltd. 8700 W. Bryn Mawr, Suite 810 North Chicago IL 60631-3568

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2022. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Department of the Treasury

IRS e-file Signature Authorization

OMB No. 1545-0047

2021

TOR	a	lax	Exempt Entity

For calendar year 2021, or fiscal year beginning $\frac{01/01/2021}{2021}$ and ending $\frac{12/31/2021}{2021}$

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service Name of filer

INDIA RURAL EVANGELICAL FELLOWSHIP, INC Name and title of officer or person subject to tax

XX-XXX0550

EIN or SSN

ELLIOT JOHNSON, TREASURER

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

orm 990 check here 💿 🕨 🗋	∧ D	Total revenue , if any (Form 990, Part VIII, column (A), line 12) 1b1,090,341.
orm 990-EZ check here 🕨	b	Total revenue, if any (Form 990-EZ, line 9)
orm 1120-POL check here . ►	b	Total tax (Form 1120-POL, line 22)
orm 990-PF check here 🕨	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b
orm 8868 check here 🕨	b	Balance due (Form 8868, line 3c)
orm 990-T check here 🛛 🕨	b	Total tax (Form 990-T, Part III, line 4)
orm 4720 check here 🕨	b	Total tax (Form 4720, Part III, line 1)
orm 5227 check here 🕨	b	FMV of assets at end of tax year (Form 5227, Item D)
orm 5330 check here 🕨	b	Tax due (Form 5330, Part II, line 19)
orm 8038-CP check here 💶 🕨	b	Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b
Declaration and Signate	ure Au	thorization of Officer or Person Subject to Tax
enalties of perjury, I declare that	I a	am an officer of the above entity or 🔄 I am a person subject to tax with respect to (name
)		, (EIN) and that I have examined a copy of the
e. I further declare that the amound liate service provider, transmitter, edgement of receipt or reason for a of any refund. If applicable, I auth ebit) entry to the financial institution and the financial institution to debit 53-4537 no later than 2 business on ng of the electronic payment of tax	t in Part or elect rejection orize th on account the ent days prio	es and statements, and, to the best of my knowledge and belief, they are true, correct, and I above is the amount shown on the copy of the electronic return. I consent to allow my ronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an of the transmission, (b) the reason for any delay in processing the return or refund, and (c) e U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal unt indicated in the tax preparation software for payment of the federal taxes owed on this ry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at or to the payment (settlement) date. I also authorize the financial institutions involved in the aceive confidential information necessary to answer inquiries and resolve issues related to ion number (PIN) as my signature for the electronic return and, if applicable, the consent to
	enalties of perjury, I declare that b cectronic return and accompanying a e. I further declare that the amound diate service provider, transmitter, edgement of receipt or reason for of any refund. If applicable, I auth lebit) entry to the financial institution and the financial institution to debit 53-4537 no later than 2 business of ing of the electronic payment of tax nent. I have selected a personal id	Form 1120-POL check here b Form 990-PF check here b Form 8868 check here b Form 990-T check here b Form 4720 check here b Form 5227 check here b Form 5330 check here b Form 8038-CP check here b Form 8038-CP check here b Declaration and Signature Au enalties of perjury, I declare that I a ectronic return and accompanying schedul e. I further declare that the amount in Part diate service provider, transmitter, or elect edgement of receipt or reason for rejection of any refund. If applicable, I authorize th lebit) entry to the financial institution accou and the financial institution to debit the ent 53-4537 no later than 2 business days priving of the electronic payment of taxes to re nent. I have selected a personal identificat

PIN: check one box only

X lauthorize JEFFREY W. KROL & ASS ERO firm name	SOCIA to enter my PIN 6 3 6 6 6 as my signature Enter five numbers, but								
	do not enter all zeros								
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.									
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part									
of the IRS Fed/State program, I will enter my PIN on the return	's disclosure consent screen.								
Signature of officer or person subject to tax	Date ► 11/14/2022								
	Date ► 11/14/2022								
Part III Certification and Authentication									
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	3 6 2 3 1 2 3 6 3 0 9 Do not enter all zeros								
certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I im submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.									
ERO's signature ►	Date ►								

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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.

2021 Open to Public Inspection

OMB No. 1545-0047

		enue Serv				w.iis.gov/Form990 id				mation.		inspection
A F	For th	e 2021		dar year, or tax y	ear beginning			and endi	ng			
B	Check if a	nnlicable		ne of organization						D Employer ide	ntificatio	on number
_	_		IN	DIA RURAL 1	EVANGELIC.	AL FELLOWSHIP	, INC.					
	Addre chang			g business as						36-3330)550	
	Name	e change	Num	ber and street (or	P.O. box if mail is	not delivered to street ac	ldress)	Room/suit	е	E Telephone nu	mber	
	Initia	l return	Ρ.	О. BOX 133	2					(877)89	99-54	406
		return/ nated	City	or town, state or p	rovince, country,							
	Amer returi	nded	PA	RK RIDGE, I	IL 60068-	7332				G Gross receipts	\$	1,090,341.
		cation	F Nam	ne and address of p	orincipal officer:	ELLIOT JOH	INSON			H(a) Is this a grou subordinates		for Yes X No
		5	P.0	. BOX 1332	, PARK RI	DGE, IL 60068	-7332			H(b) Are all subord		ded? Yes No
I	Tax-ex	empt st	atus:	X 501(c)(3)	501(c) () (insert no.)	4947(a)(1)	or	527	If "No," at	tach a list	t. See instructions
J	Websi	ite: 🕨	WWW	.IREFUSA.O	RG		· · · · · · · · · · · · · · · · · · ·			H(c) Group exem	otion num	ber
ĸ	Form	of orgar	nization:	X Corporation	Trust	Association Othe	er 🕨	L Yea	r of forma	tion: 1984 M	State of	legal domicile: IL
_	art I	-	ımmar		<u> </u>							
	1				ion's mission c	r most significant activ	vities: CHRT	STTAN C	HARTT	ABLE & MT	SSTON	JARY
e		2	,	loo illo olgallizat		i moot eigimeant acti		011111		<u></u>	00101	
anc												
ern	2	Check	this h	ov 🕨 🗌 if the	organization	liscontinued its opera	ations or dispos	ed of more	than 25%	6 of its not assot		
Governance	3				0	body (Part VI, line 1a					3	11
	4					the governing body (F					4	
ies	5					endar year 2021 (Part					5	
Activities &											6	
Acti	6			r of volunteers (e		,,					-	
						(III, column (C), line 12					7a	
	D	Net u	nrelate	d business taxab	le income from	Form 990-T, Part I, lir			<u></u>		7b	0
										Prior Year	_	Current Year
ne	8									1,023,18		1,059,011.
Revenue	9										ONE	NONE
Re	10					es 3, 4, and 7d)				10)9.	80.
	11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								ONE	31,250.
	12					t equal Part VIII, colun				1,023,29	94.	1,090,341.
	13					umn (A), lines 1-3)				557,72	25.	703,569.
	14		efits paid to or for members (Part IX, column (A), line 4)							NO	ONE	NONE
s	15					efits (Part IX, column				196,22	23.	188,038.
Expenses	16 a	Profe	ssional	fundraising fees	(Part IX, columr	n (A), line 11e)				N	ONE	NONE
ăX	b	Total	fundrai	sing expenses (P	art IX, column (D), line 25) 🕨	163,748	•	_			
ш	17	Other	expens	ses (Part IX, colu	mn (A), lines 11	a-11d, 11f-24e)				69,84	10.	80,806.
	18	Total	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							823,78	38.	972,413.
	19	Rever	nue les	s expenses. Subt	tract line 18 fror	n line 12				199,50)6.	117,928.
s or									Begir	nning of Current Y	'ear	End of Year
Net Assets or Fund Balances	20	Total	assets	(Part X, line 16)						741,84	14.	830,548.
Asg	21	Total	liabilitie	es (Part X, line 26)					52,69	93.	23,469.
Pun Line	22	Net as	ssets o	r fund balances.	Subtract line 27	from line 20				689,15	51.	807,079.
Pa	art II	Si	gnatur	e Block								
Un	der pe	nalties of	of perjur	y, I declare that I h	nave examined th	is return, including acc	ompanying sched	lules and sta	tements, a	and to the best of	my kno	owledge and belief, it is
true	e, corre	ect, and	comple	te. Declaration of pr	eparer (other that	n officer) is based on all	Information of wh	lich preparer	nas any k	nowieage.		
										11/3	14/20)22
Sig		-	Signatur	e of officer						Date		
He	re		ELLI	OT JOHNSON			TR	EASUREF	2			
				print name and title								
		Print/	Type pr	eparer's name		Preparer's signature		Date		Check	if PTI	N
Paio		JEF	FREY	W KROL						self-employ		00032218
	parer		s name		W. KROL	& ASSOCIATES,	LTD.			Firm's EIN 🕨		-3094368
Use	e Only		s addres:			SUITE 810 NORTH CH		31-3568		Phone no.		3-399-1390
Ma	v the					r shown above? Se						X Yes No
	,			tion Act Notice,						<u></u>		Form 990 (2021)
. 01	i ape	WOR	Neuuc	tion Act Notice,	See the separa							1000 333 (2021)

JSA

For	990 (2021)	Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	• • • L
	CHRISTIAN CHARITABLE & MISSIONARY	
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	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$, 059,011 TO PROMOTE WITH THE HELP OF GOD, THE GOSPEL MESSAGE OF)
	CHRISTIANITY WITHIN THE STATE OF ANDHRA PRADESH,	
	SOUTH INDIA; TO PRINT AND PUBLISH CHRISTIAN LITERATURE;	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 747,771.	
JSA	20 1.000 Form	990 (2021) 4

INDIA RURAL EVANGELICAL FELLOWSHIP, INC. XX-XXX0550

Form 990 (2021)

Page 3

Part	V Checklist of Required Schedules			
		$ \rightarrow $	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
2			X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
÷	complete Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
		11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
		11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		11d		Х
		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0		
		12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13 14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
16.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 1E1021	1.000	Form	990	(2021)

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Form 990 (2021)

Page	4	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		Х
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	200		
20	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21				
	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	07		37
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part			_	
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c		
JSA			990	(2021)
1E1030	1.000			、 ·=·/

INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

Form 990 (2021)

Page 5

Par	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X
	If "Yes," complete Form 6069.			
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Form 9	90 (2021) INDIA RURAL EVANGELICAL FELLOWSHIP, INC. XX-XXX(550	F	Page 6
Part		, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any significant changes to its governing documents since the prior of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization sasters:	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a		Х
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		Х
Q	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following:	8a	х	
a L	The governing body?	8b		
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
		00000	Yes	No
100	Did the experimentian have lead charters branches or effiliated?	10a		Х
	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a		- Tu		
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a		120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe on Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		v
a	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	150		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		v
	with a taxable entity during the year?	10a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.0%		
Sacti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>IL</u> ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls 🕨		
	ELLIOTT JOHNSON 833 SOUTH KNIGHT PARK RIDGE, IL 60068		000	
JSA	(847)696-3449	Form	990	(2021)
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INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule	϶Οc	contains a r	esponse or n	ote to any line	e in this	Part VII				. 🕅

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

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

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

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

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

• 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) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee or director			an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
	below dotted line)	trustee	al trustee		yee	mpensated				
(1) WARREN MOORE III	40.00									
DIRECTOR - IREF USA	NONE				Х			100,200.	NONE	NONE
(2) MR. JAMES KUECK	1.00									
DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(3) DR. EMMANUEL REBBA	40.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) MR. ELLIOTT JOHNSON	5.00	-								
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) MR. WILLIAM HAMPE	7.00	-								
FINANCIAL SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) REV. DAVID MOORHEAD	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) MS. APRIL WITKOWSKI	1.00									
BOARD SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) REV. DAVID MCMAHON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) MR. WARREN MOORE II	5.00									
CHAIRMAN	NONE	Х						NONE	NONE	NONE
(10) JEREMY THOMPSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) MR. DALE VERMILLION	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) MR. ADAM RICHARDSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey Em	nplo			and H	ligl	hest Compensat	ed Employees (c	ontinue	d)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do r	not c		sition	e than c	ne	Reportable	Reportable compensation from		timated ount of	
	hours per week (list any	`				is both		compensation from	related		other	
	hours for	office	-			or/trust		the	organizations	comp	pensatio	วท
	related	Indi or d	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)		om the	-
	organizations below dotted	vidu	itutio	cer	emp	nest	ner	(W-2/1099-MISC)		•	anization I related	
	line)	lor tr	onal		Key employee	e on					nization	
		Individual trustee or director	Institutional truste		e e	Ipen						
		œ	tee			Highest compensated employee						
		-										
	+	-										
		_										
		_										
		_										
		_										
		-										
		-										
1b Sub-total							•	100,200.	NONE]	NONE
c Total from continuation sheets to Part VII, S								NONE	NONE		1	NONE
d Total (add lines 1b and 1c)	=						►	100,200.	NONE		1	NONE
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bov	e) who 1	o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic	cer, directo	or. or	tri	iste	e.	kev e	mn	lovee, or highest	compensated		-	-
employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	n \$15	50,0	00?	° If	"Yes	5," (complete Schedu	le J for such			
individual										4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	, p											

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

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

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INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

Pa	t VII						
		Check if Schedule O contains a respons	e or note to an				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$	51,898. 1,007,113. 79,200.				
aSc	h	Total. Add lines 1a-1f		1,059,011.			
Program Service Revenue	2a b c d		Business Code				
Pro	e						
_	f g	All other program service revenue L Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends, i other similar amounts).	nterest, and	80.			80.
	4	Income from investment of tax-exempt bond p		NONE			
	5 6a b c	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal	NONE			
	d	Net rental income or (loss)		NONE			
evenue	7a b c	Gross amount from (i) Securities sales of assets other than inventory 7a Less: cost or other basis and sales expenses . 7b Gain or (loss) 7c	(ii) Other				
л В	d	Net gain or (loss)	►	NONE			
Other Rev	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	NONE				
	b c	Less: direct expenses		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE	NONE			
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances Loan, cost of mode acid	NONE	INOINE			
	b c	Less: cost of goods sold		NONE			
ous e	11a	PPP LOAN FORGIVENESS	Business Code	31,250.	31,250.		
ane	11a b						
eve	c						
Miscellaneous Revenue	d e	All other revenue		31,250.			
	12	Total revenue. See instructions		1,090,341.	31,250.		80.
	_						

Form **990** (2021)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organization	ns must complete colur	mn (A)
Check if Schedule O contains a respo			· · · · · ·	
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	703,569.	703,569.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	115 200			96 400
trustees, and key employees	115,200.		28,800.	86,400
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	67,300.	42,900.	12,200.	12,200
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	5,538.	1,302.	1,244.	2,992
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	7,000.		7,000.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	62,156.			62,156
13 Office expenses	2,068.		2,068.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	442.		442.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ASSOCIATION DUES	1,225.		1,225.	
b BANK CHARGES	5,300.		5,300.	
c INSURANCE	2,615.		2,615.	
d	2,010.		2,013.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	972,413.	747,771.	60,894.	163,748
 25 Total Infictional expenses. Add lines 1 tillogin 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	,	00,091.	100,710

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following SOP 98-2 (ASC 958-720)

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Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	503,120.	1	291,746
2	Savings and temporary cash investments	238,724.	2	388,802
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from 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	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NOI
2 7	Notes and loans receivable, net	NONE	7	NON
ASSetS 8 8 0	Inventories for sale or use	NONE	8	NON
¥ 9	Prepaid expenses and deferred charges	NONE	9	150,000
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
1	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE		NON
12	Investments - other securities. See Part IV, line 11	NONE		NOI
13	Investments - program-related. See Part IV, line 11	NONE		NOI
14	Intangible assets	NONE	-	NOI
15	Other assets. See Part IV, line 11	NONE		NOI
16	Total assets. Add lines 1 through 15 (must equal line 33)	741,844.	-	830,548
17	Accounts payable and accrued expenses	21,443.		23,469
18	Grants payable	NONE		NON
19	Deferred revenue	NONE		NOI
20	Tax-exempt bond liabilities	NONE		NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NOI
	Loans and other 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	NONE	22	NOI
23	Secured mortgages and notes payable to unrelated third parties	31,250.		NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE		NOI
25	Other liabilities (including federal income tax, payables to related third	110112		
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25.	52,693.		23,469
-	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			,
	Net assets without donor restrictions	595,045.	27	643,889
28 n	Net assets with donor restrictions.	94,106.	28	163,190
Nucl Assets of Fund balances 27 2 2 2 2 3 1 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3 2 3 1 3	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	54,100.	20	103,190
5				
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥ 31	Retained earnings, endowment, accumulated income, or other funds		31	0.07
5 32 2 32	Total net assets or fund balances	689,151.	32	807,079
2 33	Total liabilities and net assets/fund balances	741,844.	33	830,548 Form 990 (202

Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
separate basis, consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on			
Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	990 (2	
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JSA			
1E1054 1.000			

INDIA	RURAL	EVANGELICAL	FELLOWSHIP,	INC.

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

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Accounting method used to prepare the Form 990: Cash X Accrual

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

If the organization changed its method of accounting from a prior year or checked "Other," explain on

2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or

Reconciliation of Net Assets

Financial Statements and Reporting

reviewed on a separate basis consolidated basis or both

Form 990 (2021)

Part XI

1

2

3

4

5

6

7

8

9

Part XII

1

Schedule O.

10

XX-XXX0550

1

2

3

4 5

6

7

8

9

10

Other

1,090,341.

972,413.

117,928.

689,151

807,079.

Х

Yes No

2a

SCHE	DULE	F
(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.

OMB No. 1545-0047 G

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Page 2

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	789,734.	631,151.	704,284.	1,023,185.	1,059,011.	4,207,365.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE			
4	Total. Add lines 1 through 3	789,734.	631,151.	704,284.	1,023,185.	1,059,011.	4,207,365.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,207,827.			
6	Public support. Subtract line 5 from line 4						2,999,538.			
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	789,734.	631,151.	704,284.	1,023,185.	1,059,011.	4,207,365.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	764.	601.	371.	109.	80.	1,925.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE					31,250.	31,250.			
11	Total support. Add lines 7 through 10						4,240,540.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12				
13	First 5 years. If the Form 990 is for organization, check this box and stop here.									
Sec	tion C. Computation of Public Sup	port Percenta	ge							
14	Public support percentage for 2021 (lin					14	70.73 %			
15	Public support percentage from 2020						66.84 %			
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c				
	box and stop here . The organization qualifies as a publicly supported organization									
b	331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check									
	this box and stop here. The organization			-						
17a	10%-facts-and-circumstances test - 2	-								
	10% or more, and if the organization					-	-			
	Part VI how the organization meets t			-						
	organization									
b	10%-facts-and-circumstances test - 2									
	15 is 10% or more, and if the organiz					-	-			
	in Part VI how the organization meets			-	-					
18	organization. Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see			
	instructions						<u> ► ∟</u>			

Schedule A (Form 990) 2021

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 $\hfill {\hfill \hfill \h$						
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						
7a	Amounts included on lines 1, 2, and 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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2017	(1-) 2010	(2) 2010	(4) 2020	(-) 2024	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	-					
<u> </u>	organization, check this box and stop here			<u></u>			
<u>3ec</u> 15	tion C. Computation of Public Sup Public support percentage for 2021 (line 8	•	•	(f))		15	%
16	Public support percentage from 2020 Sche	.,	•			15	<u> </u>
	tion D. Computation of Investmen					10	70
	Investment income percentage for 2021 (li			12 column (f))		17	%
17 19	Investment income percentage for 2021 (in Investment income percentage from 2020					17	<u> </u>
18	331/3% support tests - 2021. If the o						
150	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2020. If the org		-				
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			•
20 JSA	invate roundation. In the organization	and HOL CHECK &		- - , 19a, 01 190			edule A (Form 990) 2021
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Yes No

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3c

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9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

Page 5

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	t ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).
-		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l l

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	

- D 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.*

2b

3a

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
PPP LOAN FORGIVENESS					31,250.	31,250.
T0T110						
TOTALS					31,250.	31,250.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

INDIA RURAL EVANGELIC	AL FELLOWSHIP, INC.	36-3330550
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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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Name of or	-		Employer identification number 36-3330550		
Part II	INDIA RURAL EVANGELICAL FELLOWSHIP, : Noncash Property (see instructions). Use duplicate copies				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received	
5	BROADCASTING AND PRINTING SERVICES				
		\$79	,200.	12/31/2021	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instructio	nate) ons.)	(d) Date received	
		\$			

Schedule B (Form 990) (2021)

JSA 1E1254 2.000

Schedule B (Form 990) (2021)

Page 3

SCHEE	DULE D
(Form	990)

JSA

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

G

OMB No. 1545-0047

Inter	nal Revenue Service	► Go to www.irs.gov/	Form990 for instructions and the latest			Inspection	on
Nam	e of the organization			Em	ployer identifica	tion number	
INI		NGELICAL FELLOWSHIP, IN			36-33305	550	
Pa			sed Funds or Other Similar Fund		ounts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6	δ.			
			(a) Donor advised funds		(b) Funds and	other account	ts
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizat	ion inform all donors and donor	advisors in writing that the assets	held in do	nor advised		
	funds are the orga	anization's property, subject to the	organization's exclusive legal control	ol?		Yes	No
6	Did the organizati	ion inform all grantees, donors, a	nd donor advisors in writing that gra	ant funds	can be used		
	only for charitable	e purposes and not for the benef	it of the donor or donor advisor, or	for any ot	her purpose		
	conferring imperm	nissible private benefit?				Yes	No
Pa		tion Easements.					
		_	"Yes" on Form 990, Part IV, line 7	7.			
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).				
	Preservatio	n of land for public use (for example	recreation or education)	ation of a h	nistorically im	portant land	area
		of natural habitat	Preserva	ation of a c	ertified histo	ric structure	
		n of open space					
2			eld a qualified conservation contribut	ion in the f			
		last day of the tax year.			Held at the	End of the T	ax Year
а	Total number of c	onservation easements		<u>.</u> 2a			
b		-	• • • • • • • • • • • • • • • • • • • •				
С			nistoric structure included in (a)				
d	Number of conse	rvation easements included in (c) acquired after 7/25/06, and not on	na			
		-					
3		ervation easements modified, trai	nsferred, released, extinguished, or	terminated	d by the org	anization du	uring the
	tax year 🕨						
4			rvation easement is located \blacktriangleright				
5	-		arding the periodic monitoring, ins	-	-		
			sements it holds?			Yes	└── No
6	Staff and volunteer	hours devoted to monitoring, inspe	ecting, handling of violations, and enfo	orcing conse	ervation easem	ents during	the year
	▶						
7	Amount of expens	ses incurred in monitoring, inspect	ing, handling of violations, and enforc	ing conser	vation easem	ents during	the year
	▶\$						
8		-	(d) above satisfy the requirements of				
_	and section 170(h	i)(4)(B)(ii)?				└── Yes	└── No
9		u	conservation easements in its revenu	•			_
		counting for conservation easeme	f the footnote to the organization's fi	inancial sta	itements that	describes th	е
De			of Art, Historical Treasures, or (Other Sim	ilar Accote		
1 6			"Yes" on Form 990, Part IV, line &				
4 -							
1a	of art. historical	treasures. or other similar asset	SB ASC 958, not to report in its re sheld for public exhibition, educa	ation. or re	esearch in fu	irtherance of	et works of public
	service, provide in	Part XIII the text of the footnote	o its financial statements that descri	bes these i	tems.		
b			ASB ASC 958, to report in its rever				
			d for public exhibition, education, o	r research	in furtheran	ce of public	service,
		ring amounts relating to these iter			► ¢		
2						-	
2			t, historical treasures, or other sim		S IOI TINANCIA	a yan, pro	viue the
~			ASB ASC 958 relating to these items		► ¢		
a b							
-		n Act Notice, see the Instructions for				edule D (Form	990) 2021

Part III Organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public axbibition d Loan or exchange program b Scholarly research e Other Comparization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds raher than to be maintained as part of the organization's collection? Yes No Part VI Exercem and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization and part, trustee, pustodian or other intermediary for contributions or other assets on			RAL EVAN								X0550	Page 2
collection items (check all that apply): d Loan or exchange program b Scholarly research o Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection? Yes No 20rtIV Ecrow and Custofial Arrangements. Complete if the organization answered Ytes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for secret or or custofial account lability? Yes No b H'res," explain the arrangement in Part Xill. Check here if the organization include an amount on Form 990, Part X, line 21, for secret or or custofial account lability? Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. End Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. End Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	-											
a Public exhibition d Loan or exchange program b Chorder/research e Other	3		ession, and	other recoi	ds, chec	k any c	of the	followi	ng that ma	ke signi	ficant us	se of its
b Scholarly research e Other 4 Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а			d	Loan	or exch	ande	program	า			
c Provide a description for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise tunds rather than to be maintained as part of the organization's collection? Complete if the organization answered Ytes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 6 Is the organization answered Ytes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2, line 21. 7 Is the organization answered Ytes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2, line 21. 7 Is a statistic as an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, 1 Is a statistic as an agent of the organization's custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, 1 Is a statistic assets and the organization's custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, 1 Is a statistic asset as amount on Form 990, Part IV, line 21, for secrew or custodial account liability? 1 Ves 1 Mo 1 If 'yes', explain the arrangement in Part XIII. Check here if the explanation these been provided on Part XIII 2 Did the organization answered 'Yes' on Form 990, Part IV, line 10. 2 Is throwsoment Funds. 2 Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 3 Is the resplant the arrangement in Part XIII. Check here if the explanation these been provided on Part XIII 2 Did the organization answered 'Yes' on Form 990, Part IV, line 10. 3 Is throwsoment purpose the tables 3 Is a statistic expenses. 3 Is a statistic expenses. 3 Is a statistic expenses. 3 Is a statistic explanation of the progenization for tables 3 Is a statistic expenses. 3 Is a statistic explanation in the possession of t	-							1				
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XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X1, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, inc. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1d Ito organization and apent, trustee, custodian account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Ito for wass back (0) For years back (0) For			's collections	s and expl	ain how	thev fu	rther	the ora	anization's	exempt	purpose	in Part
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1a Beginning of year balance						-						
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c Net investment earnings, gains, and losses,	1a	Beginning of year balance										
and losses	b	Contributions										
d Grants or scholarships e Other expenditures for facilities and programs	С	Net investment earnings, gains,										
e Other expenditures for facilities and programs		and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation a Land,	f	Administrative expenses										
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		() 5										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.	b	· · · · · · · · · · · · · · · · · · ·		•							3b	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa	t VI Land, Buildings, and Equipment Complete if the organization a	nt. nswered "Y	es" on Fo	rm 990.	Part IV	. line	11a. S	ee Form 9	90. Par	t X. line	10.
1a Land 1a Land b Buildings 1a Land c Leasehold improvements 1a Land d Equipment 1a Land e Other 1a Land		Description of property	(a) Cost o	r other basis	(b) Cost	or other b		(c) Accu	umulated			
b Buildings	4 -	Lond		stment)	(c	other)	_	depre	ciation			
c Leasehold improvements												
d Equipment												
e Other		·										
	a											
	e Toto			m 001 Dar	X colum	n (R) li	no 10	<u>c)</u>				

Schedule D (Form 990) 2021

Investments - Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII 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. (Column (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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7)(8) (9)

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 . JSA 1E1270 1.000

	INDIA RURAL EVANGELICAL FELLOWSHIP, INC.	XX-	XXX0550 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,090,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,090,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,090,341.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	972,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	972,413.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		972,413.
Dout	XIII Supplemental Information.		

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

SCHEDULE F	Statement of Activities Outside the United St	ates	OMB No. 1545-0047			
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	plete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.				
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection			
Name of the organization		Employer ider	ntification number			
INDIA RURAL EVAN	IGELICAL FELLOWSHIP, INC.	36-333	80550			
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatio	on answered "Yes" on			
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to				

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA			PROGRAM SERVICES	CHILD SUPPORT, CAP PRJ	747,771.
(2)					
_(3)					
_ (4)					
_ (5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
<u>(17)</u>					
3a Subtotal b Total from continuation					747,771.
sheets to Part I c Totals (add lines 3a and 3b)					747,771.
For Paperwork Reduction Act Notice, see	the Instruction	s for Form 990.		Schedule	F (Form 990) 2021

² For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

1E1275 1.000

Part II

otal number of recipient org	ganizations listed ab	ove that are recognized a	S
t 501(c)(3) organization by th	e IRS or for which t	he grantee or counsel has i	n

s charities by the foreign country, recognized as a tax 2 Enter to exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

XX-XXX0550 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

32

	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)
(1)			SOUTH ASIA	GENERAL SUPP	747,771.			N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
<u>(10)</u>									
(11)									
(12)									
<u>(13)</u>									
(14)									
(15)									
(16)									

Part III

XX-XXX0550

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region (f) Amount of (g) Description (h) Method of cash disbursement noncash assistance valuation (book, FMV, recipients cash grant of noncash assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2021

Page 3

Schedule F (Form 990) 2021

Foreign Forms

Part IV

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? <i>If</i> "Yes," <i>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)</i>	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 "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</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	Νο
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) 2021

Part V Supplemental Information

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

SCHEDULE F PART I

INDIA RURAL EVANGELICAL FELLOWSHIP PROVIDES LETTER TO GRANTEE STATING THE

PURPOSE OF THE GRANT AND WHAT IT'S INTENDED USE IS FOR. INDIA RURAL

EVANGELICAL FELLOWSHIP ALSO OBTAINS AUDIT OF GRANTEES FINANCIAL

STATEMENTS.

SCHEDULE G (Form 990)	ng Activities	OMB No. 1545-0047									
Department of the Treasury	•	Attach to www.irs.gov/Form) or Form 990			Open to Public				
Internal Revenue Service	G		Inspection								
Name of the organization						Employer identificati					
INDIA RURAL EVA	NGELICAL FELLO	WSHIP, INC.	ization or	owered "	Vaal on Farm O	36 - 33305					
	g Activities. Comp				res on Form 9	90, Part IV, line 1	7.				
	EZ filers are not re					- 11 db - d					
	the organization rais	•		•							
a Mail solicita		e Solicitation of non-government grants									
		il solicitations f Solicitation of government grants									
c Phone solic		g		cial fundra	ising events						
d In-person se	tion have a written or										
b If "Yes," list the		viduals or entities	(fundraise (iii) Did fur custody c	ers) pursua			(vi) Amount paid to (or retained by)				
			contributions?			col. (i)	organization				
1			Yes	No							
•											
2											
3											
4											
5											
6											
7											
8											
9											
40											
10											
Total	which the organizat	ion is registered (or license	to solicit	contributions or	has been notified	it is exempt from				
registration or lic	_										

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 TELECAST	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	77,523.	55,085.		132,608
	2 3	Less: Contributions Gross income (line 1 minus line 2)	77,523.	55,085.		132,608
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		4,710.		4,710
Direct Expenses	7	Food and beverages		1,000.		1,000
Direc	8	Entertainment				
	9	Other direct expenses	75,000.			75,000
1	1	Direct expense summary. Add lin Net income summary. Subtract lin	ne 10 from line 3, colu	umn (d)	<u></u>	80,710. 51,898
Par	't II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
e		φ10,000 0H1 0HH 000 E2, HH		(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	ŊYes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	.	
9 a b		Enter the state(s) in which the organization licensed to con Is the organization licensed to con If "No," explain:		in each of these state	s?	Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 INDIA RURAL EVANGELICAL FELLOWSHIP, INC. XX-XXX0550 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party > \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE	L
(Earm 000)	

(5) (6) (7) (8) (9) (10)

Transactions With Interested Persons

OMB No. 1545-0047
2021
Open To Public
Increation

SCHEDULE L		Tra	insactio	ns	With	n Interes	ted	Persons		L	OME	3 No. 1	545-00	47	
(Form 990)	28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.					((20	21							
Department of the Treasury Internal Revenue Service	y	►Go to						Z. e latest information				pen To specti		C	
Name of the organization									Employer	identifi	ication	numbe) F		
INDIA RURAL EV	ANGELI	CAL FELL	OWSHIP,]	INC.					36-	-333	0550				
Part I Excess E	Benefit Tr	ansactions	(section 501	(c)(3)), sect	ion 501(c)(4)	, and	501(c)(29) orga	nizations	only).					
Complete	e if the or	ganization a	inswered "Ye	es" or	n Form	n 990, Part I\	/, line	25a or 25b, or F	orm 990-	EZ, P	art V,	line 4	0b.		
1 (a) Name of di	isqualified pe	erson	(b) Relatio	nship I	between organiz	disqualified pers	on and	(c) D	escription	of trans	action		Ĥ) Corre	nected?
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
						• ·		d persons during							
											► \$_				
3 Enter the amo	unt of tax,	, if any, on li	ne 2, above,	reim	oursed	by the organ	nizatio	on		· · P	► \$_				
Complete	e if the or	ganization a		es" or		n 990-EZ, Pa K, line 5, 6, or		ine 38a or Form	990, Part	: IV, lir	າe 26;	or if th	ne		
(a) Name of interested		(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(e) Origin principal am		(f) Balance due	(g) In a	Jefault?		oproved bard or nittee?	(i) W agreer		
				То	From				Yes	No	Yes	No	Yes	N	lo
(1)										<u> </u>	<u> </u>	<u> </u>			
(2)										──	<u> </u>	──			
(3)										──	<u> </u>	<u> </u>			
(4)										<u> </u>	<u> </u>				
(5)										 	<u> </u>	<u> </u>			
(6) (7)															
(8)															
(9)											+				
(10)															
Tatal								\$		-					
Part III Grants o	or Assista	nce Benefit	ing Intereste	ed Pe	rsons.										_
(a) Name of interested		(b) Relationshi		sted (Int of assistance		(d) Type of assistanc	e	(e)) Purpos	se of as	sistance	е	
(1)															
(2)															
(3)															
(4)															

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of ization's nues?
				Yes	No
(1)MR. WARREN MOORE III	EMPLOYEE		W-2 COMPENSATION		
(2)MR. JOHN REBBA	EMPLOYEE		W-2 COMPENSATION		
(3)MR. JOSHUA REBBA	EMPLOYEE		W-2 COMPENSATION		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

WARREN MOORE III

WARREN MOORE III WAS HIRED AS THE DIRECTOR OF IREF. HE IS A SALARIED EMPLOYEE. HE IS THE SON OF A BOARD MEMBER - WARREN MOORE II.

JOHN REBBA

JOHN REBBA IS THE ASSISTANT DIRECTOR. HE IS A SALARIED EMPLOYEE. HE IS THE SON OF THE PRESIDENT - EMMANUEL REBBA.

JEREMY THOMPSON

JEREMY THOMPSON IS ON THE BOARD OF DIRECTORS AND HE IS THE SON-IN-LAW OF THE PRESIDENT OF IREF.

JOSHUA REBBA

JOHN REBBA IS THE FINANCE && OPERATIONS MANAGER. HE IS A SALARIED EMPLOYEE. HE IS THE SON OF THE PRESIDENT - EMMANUEL REBBA.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 20

21

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

Name of the organization

INDIA RURAL EVANGELICAL FELLOWSHIP, INC. Types of Property 4

<u>36-3330550</u>

Гai	Types of Froperty	1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
J	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded		1	15,191.	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
••	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
10	contribution - Historic				
	structures				
14	Qualified conservation				
••	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
	which the organization completed l				29
		,			Yes No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least t		• • • • •		<u> </u>
	to be used for exempt purposes for	-			· · · · · ·
b	If "Yes," describe the arrangement		01		
31	Does the organization have a		tance policy that require	es the review of any	nonstandard
	contributions?				
32a	Does the organization hire or use				
	contributions?	•	•	· · ·	
b	If "Yes," describe in Part II.	• •			
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,
	describe in Part II.				
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 202

JSA

N00511 6527 11/14/2022 15:29:07 V21-7.6F 09080001

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
Name of the organization		Employer identi	fication number	
INDIA RURAL EVANGE	LICAL FELLOWSHIP, INC.	XX-XXX	0550	

FORM 990, PART VI, SECTION C, LINE 19

INDIA RURAL EVANGELICAL FELLOWSHIP MAKES IT'S 990 AVAILABLE TO THE PUBLIC

UPON REQUEST. THE OTHER DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

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

THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE FORM 990 FOR THEIR REVIEW

PRIOR TO FILING. ANY QUESTIONS ARE RESOLVED PRIOR TO THE ACTUAL FILING

OF THE RETURN.

FORM 990, PART VI, SECTION A, #2

JEREMY THOMPSON HAS A FAMILY RELATIONSHIP WITH EMMANUEL REBBA (PRESIDENT)

Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization		Employer identification number
<u>INDIA RURAL EVANGELICAL FELI</u>	LOWSHIP, INC.	XX-XXX0550
FORM 990, PART X - PREPAID EXPENSES	AND DEFERRED CHARGS	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PROGRAM SERVICE ADVANCES	NONE	150,000.
TOTALS		
	NONE	150,000.
	==============	=============

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
INDIA RURAL EVANGELICAL FELLOWSHIP, INC.	<u>xx-xxx0550</u>
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
DONATED STOCK			FMV

TOTALS

JSA