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

November 15, 2024

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, 2023.

- 2023 990 Return of Organization Exempt from Income Tax
- 2023 8879-TE IRS E-file Signature Authorization Form
- 2023 Schedule A Public Charity Status and Public Support
- 2023 Schedule B Schedule of Contributors
- 2023 Schedule D Supplemental Financial Statements
- 2023 Schedule F Statement of Activities Outside the United States
- 2023 Schedule G Supplemental Info. Regarding Fundraising/Gaming
- 2023 Schedule L Transactions with Interested Persons
- 2023 Schedule O Supplemental Information to Form 990 or 990EZ
- 2023 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, 2023

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, 2024. 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.

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 990

8868 Application for Extension of Time to File
For the Year Ended December 31, 2023

No signature required.

The extension should be filed on or before May 15, 2024 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

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

To document the timely filing of your extension application(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the extension application(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filling (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

All corporations required to file an income tay return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form

		st an extension of time to file income tax returns.	i Foiii 990-	i (including 1120-0 illers),	partiferships, Neivilos, a	iiu ι	านธเธ 1	nust use Foni
Part	I - Ider	tification						
Туре	e or	Name of exempt organization, employer, or other	filer, see ins	tructions.	axpayer identification nu	ımbe	r (TIN))
Prin		INDIA RURAL EVANGELICAL FELLOWSHIP, INC. XX-XXX0550						
File by	, the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.				
	ate for	P.O. BOX 1332						
iling y		City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
eturn. nstrud		PARK RIDGE, IL 60068-7332						
Ente	r the Re	turn Code for the return that this application	is for (file	a separate application for	each return)			01
	ication	* * * * * * * * * * * * * * * * * * * *		Application Is For				Return
·PP.			Code					Code
Form	990 or	Form 990-EZ	01	Form 4720 (other than	individual)			09
		individual)	03	Form 5227	marviadar)			10
	1990-PF	,	04	Form 6069				11
		(sec. 401(a) or 408(a) trust)	05	Form 8870				12
		(trust other than above)	06	Form 5330 (individual)				13
		(corporation)	07	Form 5330 (other than	individual)			14
	1041- <i>/</i>	· · · · · · · · · · · · · · · · · · ·	08	T OTHE 3330 (Other than	ilidividual)			17
time • If	to file F this app Plar Plar Plar	enter your Return Code, complete either Par orm 5330. lication is for an extension of time to file Form n Name n Number n Year Ending (MM/DD/YYYY)	m 5330, yo	u must enter the followin	ng information.	ly fo	r an e.	xtension of
Th	ne books	ELLIOTT JOHNSON 833 SOUTH KNIGHT	PARK R	IDGE IL 60068				
		e No. <u>847 696-3449</u>				_		
• If t	the orga	inization does not have an office or place of	business ir	n the United States, check	this box			
	_	or a Group Return, enter the organization <u>'s fo</u>						
		e group, check this box						
		e names and TINs of all members the extens		J J 7				
1	for the X	st an automatic 6-month extension of time ur organization named above. The extension is calendar year 2023 or tax year beginning	for the org	ganization's return for:, and ending		20_	_	
3a	If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tenta	ative tax, less any		•	
J.		Indable credits. See instructions.	4700	C0C0 ontain and a first	المامام مامامام	3a	>	NONE
	estimat	application is for Forms 990-PF, 990-T, ed tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit.		3b	\$	NONE
С		e due. Subtract line 3b from line 3a. In	•		rm, if required, by			
	using E	FTPS (Electronic Federal Tax Payment System	n). See inst	ructions.		3с	\$	NONE

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

Form 8868 (Rev. 1-2024)

orm 88	68 (Rev. 1-2024)		Pa	ge 🛮
Part II	II - Extension of Time To File Form 5330 (see instructions)			
1	I request an extension of time until, 20, to file Form 5330.			
			5000	
	You may be approved for up to a 6-month extension to file Form 5330, after the normal	due date of F	orm 5330.	
	Fortage the Conde continuo(a) improving the toru			
а	Enter the Code section(s) imposing the tax.			
b	Enter the payment amount attached.	1b	\$	
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c		
•	Ctate in detail why you need the extension			
2	State in detail why you need the extension.			
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are m authorized to prepare this application.	e true, correct, a	and complete, and	1
Signat	ure Date			
		F	- 0060 (D 4.0	

Form **8868** (Rev. 1-2024)

Electronic Return Acknowledgement

Tax Year: 2023 Return No: N00511

Taxpayer: INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

ID No : XX-XXX0550

Return Identification Number : 36231220241355000004

Return Type : 8868

Filing Type Description : FEDERAL EXTENSION

Tax Period End Date : 12/31/2023

Electronic Postmark : 5/14/2024 2:35:00 PM

Return Status :

Status Date : 05/14/2024

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity For calendar year 2023, or fiscal year beginning $\frac{01/01/2023}{2023}$ and ending $\frac{12/31/2023}{2023}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

	EIN or SSN
INDIA RURAL EVANGELICAL FELLOWSHIP, INC.	36-3330550
Name and title of officer or person subject to tax	
ELLIOT JOHNSON, TREASURER	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable a	•
8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.	
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this f 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -	
applicable line below. Do not complete more than one line in Part I.	o- on the return, then enter -o- on the
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
b Total revenue , if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line s	·
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III	, line 22) 10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject	
of entity), (EIN) and that I hav 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belie	re examined a copy of the
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing	, , , , , , ,
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the finance processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and	e federal taxes owed on this 5. Treasury Financial Agent at cial institutions involved in the nd resolve issues related to
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the finance processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal.	e federal taxes owed on this 5. Treasury Financial Agent at cial institutions involved in the nd resolve issues related to
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only I authorize JEFFREY W. KROL & ASSOCIA to enter my PIN ERO firm name	e federal taxes owed on this c. Treasury Financial Agent at ial institutions involved in the id resolve issues related to , if applicable, the consent to 6 3 6 6 6 as my signature Enter five numbers, but do not enter all zeros
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the finance processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only X I authorize	e federal taxes owed on this b. Treasury Financial Agent at a cial institutions involved in the end resolve issues related to gif applicable, the consent to 6 3 6 6 6 as my signature Enter five numbers, but do not enter all zeros of the return is being filed with a state
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only I authorize	e federal taxes owed on this 6. Treasury Financial Agent at sial institutions involved in the ad resolve issues related to , if applicable, the consent to 6 3 6 6 6 as my signature Enter five numbers, but do not enter all zeros of the return is being filed with a state entioned ERO to enter my PIN on the sure on the tax year 2023 electronically
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only I authorize	e federal taxes owed on this 3. Treasury Financial Agent at ital institutions involved in the ad resolve issues related to a figure in the consent to as my signature in the first five numbers, but do not enter all zeros of the return is being filed with a state entioned ERO to enter my PIN on the agency (ies) regulating charities as part
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem 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 signate filed return. If I have indicated within this return that a copy of the return is being filed with a state of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	e federal taxes owed on this 6. Treasury Financial Agent at cial institutions involved in the not resolve issues related to , if applicable, the consent to 6 3 6 6 6 as my signature Enter five numbers, but do not enter all zeros of the return is being filed with a state entioned ERO to enter my PIN on the cure on the tax year 2023 electronically
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(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only X I authorize	e federal taxes owed on this 3. Treasury Financial Agent at ital institutions involved in the ad resolve issues related to a figure in the consent to a figure in the figure in the consent to a figure in the con
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only I authorize	e federal taxes owed on this 3. Treasury Financial Agent at ital institutions involved in the ad resolve issues related to a figure in the consent to to the enter five numbers, but do not enter all zeros of the return is being filed with a state entioned ERO to enter my PIN on the cure on the tax year 2023 electronically agency(ies) regulating charities as part 1/14/2024

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Electronic Return Acknowledgement

Tax Year: 2023 Return No: N00511

Taxpayer: INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

ID No : XX-XXX0550

Return Identification Number : 36231220243195000001

Return Type : 990

Filing Type Description : FEDERAL RETURN

Tax Period Beg. Date : 01/01/2023

Tax Period End Date : 12/31/2023

Contained Alerts : N

IRS Received Date : 11/14/2024

Completed Validation : Y

Electronic Postmark : 11/14/2024 4:01:00 PM

Return Status : ACCEPTED

IRS Processed Date : 11/14/2024 4:01:00 PM

Balance Due :

Expected Refund :

Payment Indicator : N

PIN Code : PRACTITIONER PIN

Debt Code :

Embedded CRC32 : 0XE39B511B

Computed CRC32 : 0XE39B511B

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or th	e 2023 cal	endar year, or tax year beginning and end	ding						
ь.			C Name of organization			D	Employe	er identifica	ation nu	ımber
Б С	heck if a	applicable:	INDIA RURAL EVANGELICAL FELLOWSHIP, INC.							
	Addre	ss change	Doing business as			3	6-33	30550		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Ro	oom/suit	e E	Telephor	ne number		
	Initial	return	P.O. BOX 1332			(877)	899-54	106	
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code			G	Gross re	ceipts \$		
	Amen	ded return	PARK RIDGE, IL 60068-7332					1,00	00,39	<u> 95.</u>
	Applic	ation pending	F Name and address of principal officer: ELLIOT JOHNSON			H(a) Is this a g subordinate		for	Yes	X No
			P.O. BOX 1332, PARK RIDGE, IL 60068-7332			H(b) Are all sub		ncluded?	Yes	No.
<u> </u>	Tax-ex	cempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		If "No," a	ttach a lis	t. See instruc	tions.	
J	Webs	ite: WW	W.IREFUSA.ORG			H(c) Group ex	emption r	number		
K	Form	of organization	on: X Corporation Trust Association Other	L Year of	f formation	on: 1984	M State	of legal do	micile:	IL
Pä	art I	Summ	ary							
	1	Briefly des	scribe the organization's mission or most significant activities: CHRISTI	AN CH	ARITA	BLE & M	IISSI	ONARY		
Se										
Jan										
Governance	2	Check this	s box if the organization discontinued its operations or dispos	sed of m	nore th	an 25% o	f its r	net asset	s.	
Ô	3	Number of	f voting members of the governing body (Part VI, line 1a)				3			10
∞	4		f independent voting members of the governing body (Part VI, line 1b)							9
Activities &	5	Total num	ber of individuals employed in calendar year 2023 (Part V, line 2a)				5			4
χį	6		ber of volunteers (estimate if necessary)							
Ă	7a		lated business revenue from Part VIII, column (C), line 12							
	b	Net unrela	tted business taxable income from Form 990-T, Part I, line 11				. 7b			
						Prior Year		Cur	rent Ye	ear
ø.	8	Contribution	ons and grants (Part VIII, line 1h)			922,	846.		999	,729.
Revenue	9		ervice revenue (Part VIII, line 2g)				NONE			NONE
eve	10		t income (Part VIII, column (A), lines 3, 4, and 7d)				601.			666.
œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				NONE		-23	,283.
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			923,	447.		977	,112.
	13		d similar amounts paid (Part IX, column (A), lines 1-3)			875,	154.		803	,082.
	14		aid to or for members (Part IX, column (A), line 4)				NONE			NONE
Ś	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	fits (Part IX, column (A), lines 5-10)						,150.
Expenses	16 a		nal fundraising fees (Part IX, column (A), line 11e)				NONE			NONE
xbe			raising expenses (Part IX, column (D), line 25) 175, 344.							
Ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			62,	284.		76	,000.
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,199,	372.	1	,151	,232.
	19	Revenue I	ess expenses. Subtract line 18 from line 12			-275,	925.	-	-174	,120.
ces					Beginn	ing of Curre	nt Year	Enc	d of Yea	r
sets	20	Total asse	ts (Part X, line 16)			568,	446.		389	,455.
AS d B	21		ities (Part X, line 26)			37,	292.		32	,421.
Net Assets or Fund Balances	22	Net assets	s or fund balances. Subtract line 21 from line 20.			531,	154.		357	,034.
Pa	rt II	Signat	ure Block							
Und	der pe	nalties of per	rjury, I declare that I have examined this return, including accompanying schedules blete. Declaration of preparer (other than officer) is based on all information of which p	and staten	nents, ar	nd to the bes	t of my	knowledge	and be	elief, it is
tiue	, соп	oci, and com	blete. Declaration of preparet (other than officer) is based on all information of which p	oreparer na	3 ally Kill	owieage.				
C:							/14/	2024		
Sig Hei		Signature of	f officer			Date				
пеі	е		JOHNSON TREASURE	:R						
			nt name and title							
Paid		Print/Type	preparer's name Preparer's signature	Date		Check	"	PTIN		
	ı barer	JEFFRE	Y W KROL	11/14	/2024	g self-emp	loyed	XXXXX	2218	
•	Only	Firm's nam	e JEFFREY W. KROL & ASSOCIATES, LTD.			Firm's EIN	3	6-3094	368	
		Firm's add				Phone no.		73-399)-13 <u>9</u>	10
May	/ the	IRS discu	ss this return with the preparer shown above? See instructions		<u></u>			. X Ye		No
For	Pape	rwork Red	uction Act Notice, see the separate instructions.					Fori	ո 990	(2023)

Page 2 Form 990 (2023)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission: CHRISTIAN CHARITABLE & MISSIONARY	
	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.	No
	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	No
	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe e total expenses, and revenue, if any, for each program service reported.	
4a	Code:)(Expenses \$897,728. including grants of \$803,082)(Revenue \$950,966) 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 \$) (Revenue \$)	
4d	ther program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$)	

4e Total program service expenses

897,728.

Form 990 (2023) Page **3**

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
6	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? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.5
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
L	Schedule D, Parts XI and XII. Was the organization included in consolidated independent audited financial statements for the tay year? If	12a	Λ	
IJ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

raii	Checklist of Required Schedules (Continued)		V	N _a
	Did the consected to a second consection of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X
24 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		_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
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 noncash contributions? If "Yes," complete Schedule M	29		_X
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		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

3E1030 1.000

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1 011111	330 (2023)			age •			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
	a 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	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
q	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					
	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						
	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						
	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	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		Х			
	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		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X			
	If "Yes," complete Form 6069.						

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	-		
	Effect the number of voting members included on line 14, above, who are independent.	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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			
Cooti	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	Γ /		04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own 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 and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record ELLIOTT JOHNSON 833 SOUTH KNIGHT PARK RIDGE, IL 60068	S.		

(847)696-3449

Form **990** (2023)

INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the or	rganization nor any re	related organization com	pensated any current office	cer. director, or trustee.

(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos heck ss pe	rson lirect	e than on the thick that the thick the thick the thick the thick the thick the th	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) MR. WARREN MOORE III	40.00									
DIRECTOR - IREF USA	NONE				X			\$\$\$,\$\$\$.	NONE	NONE
(2) MR. JAMES KUECK	1.00				- 21			777,777.	NONE	NONE
DIRECTOR	NONE	Х		X				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 MCMAHON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) MR. WARREN MOORE II	5.00									
CHAIRMAN	NONE	X						NONE	NONE	NONE
(8) MR. JEREMY THOMPSON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(9) MR. ADAM RICHARDSON	1.00									
SECRETARY	NONE	Х						NONE	NONE	NONE
(10) MR. DALE VERMILLION	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) MR. MICHAEL BRUCATO	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es, a	and F	ligi	hest Compensat	ed Employees (c	ontinue		age o
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson irect	e than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	(F) timated ount of other pensation om the anization I related inization	on n
1b Sub-total								125,060.	NONE		1	NONE
c Total from continuation sheets to Part VII,							•	NONE				NONE
d Total (add lines 1b and 1c)	-						•	125,060.	NONE			NONE
Total number of individuals (including but no reportable compensation from the organization)	t limited to t						o re		\$100,000 of			
. oponazio componication non tito organizati											Yes	No
3 Did the organization list any former off employee on line 1a? <i>If "Yes," complete Sche</i>										3	100	X
4 For any individual listed on line 1a, is the organization and related organizations of	sum of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from the			71
individual										4		X
5 Did any person listed on line 1a receive o										_		
for services rendered to the organization? If " Section B. Independent Contractors	Yes," comple	te Sch	nedu	ile J	for	such	per	son		5		X
Complete this table for your five highest contractors	mnensated i	ndene	ende	ent d	conf	racto	rs t	hat received more	than \$100 000 of	f		

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright NONE

INDIA RURAL EVANGELICAL FELLOWSHIP, INC. 36-3330550

Par	t VIII						
		Check if Schedule O contains a respo	nse or note to ar	y line in this Part \	<u>/III</u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
an	b	Membership dues 1b					
وَق	С	Fundraising events 1c	236,560.				
fts ar A	d	Related organizations 1d					
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
a tio		and similar amounts not included above . 1f	763,169.				
호	g	Noncash contributions included in					
d E		lines 1a-1f 1g	\$ NONE				
SE	h	Total. Add lines 1a-1f		999,729.			
			Business Code				
ဗ	2a						
e Zi	b						
Sun	C						
ameve	d						
Program Service Revenue	e						
Ţ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		666.			666.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
venue		and sales expenses 7b					
	С	Gain or (loss) 7c					
Other Re	d	Net gain or (loss)		NONE			
ţþe	8a	Gross income from fundraising					
0		events (not including \$236,560.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	23,283.				
	С	Net income or (loss) from fundraising events		-23,283.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold	•				
	С	Net income or (loss) from sales of inventory.	1	NONE			
ns			Business Code				
Miscellaneous Revenue	11a						
llar /en	b						
Sce Re	С						
Mis	d	All other revenue					
		Total Add lines 11a-11d		NONE			
	12	LOTAL FOVENUE SEE INSTRUCTIONS		977 112		i .	666

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	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	803,082.	803,082.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	117,659.		29,415.	88,244
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	143,512.	90,637.	13,219.	39,656
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	10,979.	4,009.	1,743.	5,227
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE		10.000	
	Accounting	12,800.		12,800.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	NONE			
40	(A), amount, list line 11g expenses on Schedule O.)	NONE 42,217.			42,217
	Advertising and promotion	6,801.		6,801.	42,217
13	Office expenses	NONE		0,801.	
14	Information technology	NONE			
15 16	Royalties	NONE			
17	Occupancy	3,522.		3,522.	
	Payments of travel or entertainment expenses	3,322.		3,322.	
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			
	Insurance	NONE			
	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.)				
а	ASSOCIATION DUES	1,000.		1,000.	
b	BANK CHARGES	8,255.		8,255.	
С	INSURANCE	1,405.		1,405.	
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,151,232.	897,728.	78,160.	175,344
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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Page **11**

Balance Sheet Part X (A) (B) Beginning of year End of year 229,451 1 150,391. 338,995. 2 239,064. 2 Savings and temporary cash investments...... 3 NONE 3 NONE NONE NONE 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% NONE 5 NONE Loans and other receivables from other disqualified persons (as defined NONE under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... NONE 6 NONE NONE Notes and loans receivable, net NONE 8 NONE NONE 9 NONE 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a NONE 10c 11 NONE 11 NONE 12 Investments - other securities. See Part IV, line 11 NONE 12 NONE Investments - program-related. See Part IV, line 11. 13 NONE 13 NONE 14 NONE 14 NONE 15 NONE 15 NONE 16 568,446. 389,455. Total assets. Add lines 1 through 15 (must equal line 33) 16 37,292. 17 17 32,421. 18 NONE 18 NONE 19 NONE 19 NONE Deferred revenue 20 NONE 20 NONE 21 Escrow or custodial account liability. Complete Part IV of Schedule D NONE 21 NONE 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% NONE 22 NONE 23 Secured mortgages and notes payable to unrelated third parties NONE 23 NONE NONE 24 NONE 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X NONE 25 NONE 26 Total liabilities. Add lines 17 through 25..... 37,292. 32,421. 26 X Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 476,283. 27 261,428. Net assets with donor restrictions. 28 54,871 28 95,606. Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Net 32 531,154 32 357,034. Total liabilities and net assets/fund balances......... 33 568,446. 33 389,455.

Form **990** (2023)

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Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		977,	112
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	151,	<u>232</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	_	174,	<u> 120</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		531,	<u> 154</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		357,	034
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	oplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2I	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		; X	
	If the organization changed either its oversight process or selection process during the tax year, experiences of the control				
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ne		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		,	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	Open to Public					
on.	Inspection					
Employer identification number						

INI	AIC	RURAL EVANGELICAL I	FELLOWSHIP, I	INC.			36-3	330550		
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A	(iii). Enter the		
		hospital's name, city, and st	-	•	-					
5		An organization operated f		a college or universit	v owne	d or ope	rated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C		J		•	, ,			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	x	An organization that norma	•			•	, , , , , , ,	om the general public		
		described in section 170(b)	-	•				3		
8		A community trust describe		•	Part II.)					
9		An agricultural research org					I in conjunction with a	land-grant college		
-		or university or a non-land-	=			-	-	-		
		university:	g.a conogo e. ag	,aa. (555sas.			inao, ony, and otato o	. u.o conego o		
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions membersh	in fees, and gross		
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its		
		support from gross investmacquired by the organizatio	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses		
11		An organization organized a								
12		An organization organized a		•	•			rv out the nurnoses of		
٠-		one or more publicly support	•	•				• •		
		the box on lines 12a through	-			-				
•		Type I. A supporting orga		• • • • • • • • • • • • • • • • • • • •			·			
а		the supported organization	•	•	-		• , ,			
		supporting organization.				ajority of	the directors of truste	es of the		
b		Type II. A supporting org	•			with ite	supported organizati	on(s) by baying		
D		control or management o	•					· · · · · -		
		organization(s). You must		=	tile saili	e persor	is that control of mai	lage the supported		
_		Type III functionally integ	•		tod in o	onnoctio	n with and functions	lly intograted with		
С		its supported organization						ily ilitegrated with,		
d		Type III non-functionally						tod organization(s)		
u		that is not functionally into			•		• • •	• , ,		
		requirement (see instruction	-		-		•	a an alterniveness		
е		Check this box if the orga	•	=				II Type III		
-		functionally integrated, or					•••	п, туре пі		
f	Fn	ter the number of supported			porting	nganizai	ion.			
a		ovide the following information	=							
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	``		, ,	(described on lines 1-10	,	ur governing	support (see	other support (see		
				above (see instructions))	Yes	No	instructions)	instructions)		
(A)										
/D\										
(B) ——										
(C)										
(D)										
/E\										
(E)										
Tota	al									
								I		

Page 2

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	704,284.	1,023,185.	1,059,011.	922,846.	976,446.	4,685,772.
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 5	Total. Add lines 1 through 3 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	704,284.	1,023,185.	1,059,011.	922,846.	976,446.	4,685,772.
	shown on line 11, column (f)						1,499,225.
6	Public support. Subtract line 5 from line 4						3,186,547.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	704,284.	1,023,185.	1,059,011.	922,846.	976,446.	4,685,772.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	371.	109.	80.	601.	666.	1,827. 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						4,718,849.
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	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp					T T	
14	Public support percentage for 2023 (lin		•			14	67.53 %
15	Public support percentage from 2022					15	68.95 %
16a	331/3% support test - 2023. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2022. If the org						
47-	this box and stop here . The organization qualifies as a publicly supported organization						
17a		_					
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						•
	-			_	-		
b	organization						
18	organization	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) 2023 Page 3

(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			, i	<u>'</u>	,	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2023 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, liı	ne 15	<u> </u>	<u></u>	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2023 (lin	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the org					ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation
20	Private foundation. If the organization of	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see instru	ıctions

JSA 3E1221 1.000 Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governin 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. Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 El. 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic 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 benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Yes No

Schedule A (Form 990) 2023 Page 5

Part	V Supporting Organizations (continued)			- 5 -
			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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.			
Pooti	on C. Type II Supporting Organizations	2		
Secu	on C. Type ii Supporting Organizations		Yes	No
	Many and all of the course leaders by the state of the formation of the formation of the Property of		162	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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on 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 ins	structio	ons).	
a	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	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the expenient of the power to regularly expension or elect a majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
Ŋ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2023

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S				
1	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.						
Se	ection 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		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	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	-	5					
6		6					
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ted Type III supporting	g organization			

Schedule A (Form 990) 2023

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

Part V

Schedule A (Form 990) 2023 Page 7

Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ea	1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpo	zations 3	3	
4	Amounts paid to acquire exempt-use assets		4	l l
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	3
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	3
9	Distributable amount for 2023 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10	0
Section 5 Distribution Allocations (continuations)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			

Schedule A (Form 990) 2023

5

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022 Excess from 2023

and 4c.

Schedule A (Form 990 or 990-EZ) 2023 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 2020 2022 TOTAL DESCRIPTION PPP LOAN FORGIVENESS 31,250. 31,250. TOTALS 31,250.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization	Employer identification number					
		26.2222552				
INDIA RURAL EVANGE Organization type (check of		36-3330550				
Organization type (check o	ne).					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated	d as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as	a private foundation				
	501(c)(3) taxable private foundation					
Check if your organization	s covered by the General Rule or a Special Rule .					
Note: Only a section 501(c instructions.	(7), (8), or (10) organization can check boxes for both the Ger	neral Rule and a Special Rule. See				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during t y or property) from any one contributor. Complete Parts I and I contributions.					
Special Rules						
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schede eived from any one contributor, during the year, total contribution ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	dule A (Form 990), Part II, line 13, 16a, or utions of the greater of (1) \$5,000; or				
contributor, durir literary, or educa	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.					
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, eled more than \$1,000. If this box is checked, enter here the tor an exclusively religious, charitable, etc., purpose. Don't comblies to this organization because it received nonexclusively religious remore during the year	etc., purposes, but no such total contributions that were received inplete any of the parts unless the ligious, charitable, etc., contributions				
=	at isn't covered by the General Rule and/or the Special Rules					

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

Employer identification number 36-3330550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	OTHER LESS THAN \$19,529 P.O. BOX 1332 PARK RIDGE, IL 60068-7332	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VERMILLION CONSULTING, INC 5597 US HWY 98 WEST SUITE 204 SANTA ROSA BEACH, FL 32459-3283	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHRISTOPHER FISH 22700 MEADOW LANE MATTAWAN, MI 49701-9350	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WARREN MOORE II 33680 N. LAKE SHORE DRIVE GAGES LAKE, IL 60030	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	JEREMY J. THOMPSON		Person X
	3510 ASHTON ROAD, SE GRAND RAPIDS, MI 49546-2145	\$\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	·	\$\$ (c) Total contributions	Noncash (Complete Part II for

Name of organization

TNDTA RIBAL EVANGELICAL FELLOWSHIP INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAVID T. MIRABITUR 5944 TURNBERRY COURT SOUTH LYON, MI 48178-7089	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

INDIA RURAL EVANGELICAL FELLOWSHIP, INC.

Employer identification number

36-3330550

Part II Non	ncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** INDIA RURAL EVANGELICAL FELLOWSHIP, INC. 36-3330550 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of the organization	Employer identification number
INI	DIA RURAL EVANGELICAL FELLOWSHIP, INC.	36-3330550
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other Funds	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	A superpote and a set of superfection of the set of the	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
Do	conferring impermissible private benefit?	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		for historically, increase to all and
		f a historically important land area
		f a certified historic structure
•	Preservation of open space	the fame of a consequence
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С		2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, c service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
L	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items:	a.o., raranoranos or public octivide,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	cools for interioral gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990. Part X	\$
=	Assets included in Form 990, Part X	Sahadula D (Farm 000) 2022

Sched	dule D (Form 990) 2023 TND	ΓΛ ΡΙΊΡΛΙ, ΓΊ ΛΝ	ICELTONI.	FELLOWSHIP,	TNC	36.	-3330550	Page 2
	rt III Organizations Maintainir							rage =
3	Using the organization's acquisition						·	of its
	collection items (check all that apply			as, encon any en		gata.to o.	ga acc	0
а	Public exhibition	,,,	d	Loan or exchan	ge progran	n		
b	Scholarly research		e	Other	go p.og.a			
C	Preservation for future generation	ations	• _					
4	Provide a description of the organ		e and evnla	ain how they furth	er the ord	anization's evem	nnt nurnose ir	n Part
•	XIII.	ization o dolloction	io and expit	ani now they furth	or the org	ariizatiorro exeri	ipt puipodo ii	ii i ait
5	During the year, did the organization	n solicit or receive	donations o	of art historical trea	ISLITES OF O	ther similar		
•	assets to be sold to raise funds rather						Yes	No
Pa	rt IV Escrow and Custodial Ar		taniou do po	ar or the organizati	0110 001100		. 33	
. ~	Complete if the organizate 990, Part X, line 21.	•	es" on For	m 990, Part IV, lii	ne 9, or re	eported an amo	unt on Form	
12	Is the organization an agent, trust	oo custodian or	other interm	andiary for contrib	utions or	other accets not		
ıa	included on Form 990, Part X?			-			Yes	No
h	If "Yes," explain the arrangement in						res	NO
D	ii res, explain the arrangement in	i Fait Aili ailu coil	ipiete the lo	ilowing table.		Amou	nt	
•	Paginning halance			<u> </u>		Alliou	iii.	
Q C	Beginning balance Additions during the year				C d			
u o	Distributions during the year				d			
•					e			
и 2а	Ending balance Did the organization include an amount of the organization of th				f	account liability?	Yes	No
	If "Yes," explain the arrangement in					•		
	rt V Endowment Funds	T Fait Alli. Check i	iere ii tile e.	xpiariation rias beer	provided i	II Fait Aiii	· · · · · · <u> </u>	
га								
	Complete if the organizat	tion answered "Y	es" on For	m 990 Part IV li	ne 10			
	Complete if the organization					(d) Three years back	(e) Four year	rs back
4-		tion answered "Y (a) Current year	es" on For (b) Prio		ne 10.	(d) Three years back	(e) Four year	rs back
	Beginning of year balance					(d) Three years back	(e) Four year	rs back
1a b	Beginning of year balance					(d) Three years back	(e) Four year	rs back
	Beginning of year balance Contributions					(d) Three years back	(e) Four year	rs back
b c	Beginning of year balance Contributions					(d) Three years back	(e) Four year	rs back
b c d	Beginning of year balance Contributions					(d) Three years back	(e) Four year	rs back
b c d	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities					(d) Three years back	(e) Four year	rs back
b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships					(d) Three years back	(e) Four year	rs back
b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs					(d) Three years back	(e) Four year	rs back
b c d e f g	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current year	(b) Prio	or year (c) Two y	ears back		(e) Four year	rs back
b c d e f g	Beginning of year balance Contributions	(a) Current year	(b) Prio	or year (c) Two y	ears back		(e) Four year	rs back
b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowners	(a) Current year of the current year	(b) Prio	or year (c) Two y	ears back		(e) Four year	rs back
b c d e f g 2 a b	Beginning of year balance Contributions	(a) Current year	(b) Prio	or year (c) Two y	ears back		(e) Four year	rs back
b c d e f g 2 a b	Beginning of year balance	(a) Current year of the current year ent	(b) Prio	or year (c) Two y	ears back		(e) Four year	rs back
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year of the current year ent% and 2c should equal	end balance%	e (line 1g, column (a	a)) held as:		(e) Four year	rs back
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year of the current year ent% and 2c should equal	end balance%	e (line 1g, column (a	a)) held as:			
b c d e f g 2 a b c	Beginning of year balance Contributions	of the current year ent % and 2c should equal he possession of the current year	end balance%	e (line 1g, column (a	a)) held as:	istered for the	Yes	
b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) Unrelated organizations?	of the current year ent % nd 2c should equal he possession of	end balance % 100%.	e (line 1g, column (a	a)) held as:	istered for the	Yes	
b c d e f g 2 a b c 3a	Beginning of year balance	of the current year ent % and 2c should equal he possession of	end balance %	e (line 1g, column (a	a)) held as:	istered for the	Yes . 3a(i) . 3a(ii)	
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Term endowment Term endowment Term endowment The percentages on lines 2a, 2b, at Are there endowment funds not in torganization by: (i) Unrelated organizations? (ii) Related organizations? If "Yes" on line 3a(ii), are the related	of the current year ent % nd 2c should equal he possession of dorganizations list	end balance 100%. the organizated as require	e (line 1g, column (a	a)) held as:	istered for the	Yes	
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Term endowment Term endowment Term endowment (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (if "Yes" on line 3a(ii), are the related Describe in Part XIII the intended upper series and losses in the series of the series	of the current year ent % nd 2c should equal he possession of the dorganizations list ses of the organiz	end balance 100%. the organization's endo	e (line 1g, column (a	a)) held as:	istered for the	Yes 3a(i) 3a(ii) 3b	s No
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Term endowment Term endowment Term endowment Term endowment (i) Unrelated organizations? (ii) Related organizations? If "Yes" on line 3a(ii), are the relate Describe in Part XIII the intended unter tyles.	of the current year ent % nd 2c should equal he possession of the dorganizations list ses of the organiz	end balance 100%. the organization's endo	e (line 1g, column (a	a)) held as:	istered for the	Yes 3a(i) 3a(ii) 3b	s No
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Term endowment Term endowment Term endowment (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (if "Yes" on line 3a(ii), are the related Describe in Part XIII the intended upper series and losses in the series of the series	of the current year ent % nd 2c should equal he possession of the possession	end balance 100%. the organization's endo (es" on Follor other basis	e (line 1g, column (a ation that are held a seed on Schedule R? wment funds.	and admini	istered for the	Yes 3a(i) 3a(ii) 3b	s No
b c d e f g 2 a b c 3 a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Term endowment Term endowment Term endowment	of the current year ent % and 2c should equal he possession of the possession	(b) Prior (b) Prior (c) Prior (d) Prior (e) Prior	e (line 1g, column (a ation that are held a bed on Schedule R? wment funds.	and admini	istered for the	Yes 3a(i) 3a(ii) 3b Part X, line 1	s No
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Term endowment Term endowment Term endowment Term endowment (i) Unrelated organizations? (ii) Related organizations? If "Yes" on line 3a(ii), are the relate Describe in Part XIII the intended unter tyles.	of the current year ent % and 2c should equal he possession of the organizations list ses of the organizipment tion answered "\((investigates) (inve	end balance 100%. the organization's endo (es" on Follor other basis	e (line 1g, column (a ation that are held a seed on Schedule R? wment funds.	and admini	istered for the	Yes 3a(i) 3a(ii) 3b Part X, line 1	s No

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

d Equipment.....

Part VII	Complete if the organization answered	l "Yes" on Form 990	0. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financi	ial derivatives			
(2) Closely	y held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered	l "Yes" on Form 99(0 Part IV line 11d See Form 990	Part X line 15
-	· · · · · · · · · · · · · · · · · · ·	scription	0,1 dit 17, mie 11d. 0ee 1 din 930,	(b) Book value
(1)	(a) Do	Soription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, line 15, o	col. (B))		
Part X	Other Liabilities	, ,,,		
	Complete if the organization answered line 25.	I "Yes" on Form 990	0, Part IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	eral income taxes	•		-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, line 25, col. (B))	<u> </u>		
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	nat reports the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n s	.,,
1	Total revenue, gains, and other support per audited financial statements	1	1,104,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, , , , , , , , , , , , , , , , , , , ,
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
C	Theodrenia of prior your granta, i		
d	(= 000,000,000,000,000,000,000,000,000,00	2e	127,200.
e	Add lines 2a through 2d	3	977,112.
3	Subtract line 2e from line 1		511,112.
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a			
b		4c	
С 5	Add lines 4a and 4b	5	977,112.
Part			27771121
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,278,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	127,200.
3	Subtract line 2e from line 1	3	1,151,232.
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.).	5	1,151,232.
	XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Oort \/	line 4: Dort V line
2; Par	e the descriptions required for Fart II, lines 3, 5, and 9, Fart III, lines 1a and 4, Fart IV, lines 1b and 2b, Fax XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** 36-3330550 INDIA RURAL EVANGELICAL FELLOWSHIP, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) SOUTH ASIA PROGRAM SERVICES CHILD SUPPORT, CAP PRJ 897,728. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15) (16)(17)Subtotal 897,728. 3a Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

897,728. Schedule F (Form 990) 2023

1	Part IV, line 15, for ar	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(7.3	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GENERAL SUPP	897,728.			N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	or total number of recipion	t organizations listed al	bove that are recognize	d as charities by	the foreign countr	v recognized a	es a tay		
2 Ent	ei lulai iluilibei ui lecibieli	it organizations nated at	JOVE that are recognize	a as charmos by	the foleign countr	y, recognized a	is a lax		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

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)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Go to

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

OMB No. 1545-0047

2023

Open to Public

Name of the organization					Employer identificati	on number
INDIA RURAL EVANGELICAL FELL					36-333055	
Fundraising Activities. Con Form 990-EZ filers are not				Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether the organization ra	<u> </u>			activities. Check a	all that apply.	
a Mail solicitations	e		•	non-government g		
b Internet and email solicitations	f	Solid	itation of	government grant	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 95 b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the 	90, Part VII) or entity dividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
•						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organize registration or licensing.				contributions or	has been notified	it is exempt from

Schedule G (Form 990) 2023 INDIA RURAL EVANGELICAL FELLOWSHIP, INC. 36-3330550 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 (b) Event #2 (c) Other events (d) Total events GOLF BANQUET (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 25,918. 86,591. 124,051. 236,560. 2 Less: Contributions 3 Gross income (line 1 minus line 2) _____ 25,918. 124,051. 86,591. 236,560. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 10,737. 10,737. 8 Entertainment 9 Other direct expenses 14,269. 5,477. 19,746. 10 Direct expense summary. Add lines 4 through 9 in column (d) 30,483. 11 Net income summary. Subtract line 10 from line 3, column (d) 206,077. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule	G	(Form	990)	2023

If "Yes," explain:

10a

Sched	ule G (Form 990 or 990-EZ) 2023 INDIA RURAL EVANGELICAL FELLOWSHIP, INC.	36-333	30550	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
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?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	i 3a		%
b		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 go			
	revenue?	L	_ Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	nd the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address			
	Address ►			
16	Coming manager information:			
16	Gaming manager information:			
	Name ►			
	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 produced	eeds to_		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	nizations		
	or spent in the organization's own exempt activities during the tax year > \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	al informa	ation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2023

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open To Public Inspection

Employer identification number Name of the organization INDIA RURAL EVANGELICAL FELLOWSHIP, INC 36-3330550 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (b) Relationship between disqualified person and (a) Name of disqualified person (c) Description of transaction (d) Corrected? organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (b) Relationship (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2) (3)(4)(5)(6)(7) (8)

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

Schedule L (Form 990) 2023

(9) (10)

Page 2

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	organi	Sharing of nization's enues?	
				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 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Inspection

36-3330550

Department of the Treasury 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 identification number**

FORM 990, PART VI, SECTION C, LINE 19

INDIA RURAL EVANGELICAL FELLOWSHIP, INC

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)

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 AG990-IL

Illinois Charitable Organization Annual Report

For the year ended December 31, 2023

The return should be signed (use full name) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 15, 2024 with:

Office of the Attorney General Charitable Trust Bureau 115 S. LaSalle St Chicago, IL 60603

A check or money order payable to "Illinois Charity Bureau Fund" in the amount of \$15 should be attached to the return. Be sure to include the federal EIN and "2023 Form AG990-IL" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

PMT # VXCX	IS CHARITABLE ORGANIZATION Illinois Attorney General Kwa Charitable Trust Bureau, 115 S	ame Raoul			Revis	AG990-I ed 01/24
	Chicago, IL 60603		CC		015,385	
AMT	Papart for the Fiscal Pariod:			1	ll items attac	hed:
	Report for the Fiscal Period:		X	1	RS Return	
INIT	Beginning 1 / 1 / 202	23	X	1	Financial State d Financial Sta	
IIIII		Make Checks		Copy of F		atements
	& Ending 12 / 31 / 202	Payable to 23 Illinois Charity	,	† ',	ual Report Filii	ng Fee
Federal ID # 36-3330550 MO DAY YR Bureau Fund				\$100 Lat	te Report Filing	Fee
Are contributions to the organization tax ded	luctible? X Yes No	Date organization	was	created:	8 / 21	/1984
					MO DAY	YR
Legal Name: INDIA RURAL EVANGE	LICAL FELLOWSHIP, INC.	YEAR-END AMOUNTS				
Legal Name. <u>INDIA RORAL EVANGE</u>	EICAL FELLOWSHII, INC.	A) ASSETS	A) 5	<u></u>	389	,455.
Mail Address: P.O. BOX 1332		,		·		,
		B) LIABILITIES	B) \$	\$	32	,421.
City, State: PARK RIDGE, IL		C) NET ASSETS	C) \$	\$	357	,034.
Zip Code: 60068-7332						
I. SUMMARY OF ALL REVENUE ITEM	AS DUDING THE VEAD.	PERCENTAGE			AMOUNT	
	D PROGRAM SERVICE REV.(GROSS AMTS.)	100 %	D) §	ĥ		,729.
5) . 522.5 55 5, 22	5 (100 · 1 · 10 · 10 · 10 · 10 · 10 · 10		-,	γ		,
E) GOVERNMENT GRANTS AND MEMBERS	SHIP DUES	%	E) \$			
F) OTHER REVENUES		%	F) \$	\$		666.
0) TOTAL DEVENUES INCOME AND CONT		4000/	<u> </u>		1 000	205
G) TOTAL REVENUES, INCOME AND CONTR		100%	G) \$	>	1,000	,395.
H) OPERATING CHARITABLE PROGRAM EX		8.%	H) \$		94	,646.
,						•
I) EDUCATION PROGRAM SERVICE EXPER	NSE	%	1) \$			
J) TOTAL CHARITABLE PROGRAM SERV	/ICE EXPENSE (ADD H & I)	8.%	J) \$	\$	94	,646.
J1) JOINT COSTS ALLOCATED TO PROGRA	M SERVICES (INCLUDED IN J) \$					
K) GRANTS TO OTHER CHARITABLE ORGA	· · · · · · · · · · · · · · · · · · ·	68.%	K) 5	**************************************	803	,082.
ing civilities of mention with the civilities	WILLATION	331 70	., (γ		70021
L) TOTAL CHARITABLE PROGRAM SERV	/ICE EXPENDITURE (ADD J & K)	76.%	L) \$	\$	897	,728.
M) MANAGEMENT AND GENERAL EXPENS	SE .	7.%	M) \$	\$	78	,160.
		1.5.0/			100	600
N) FUNDRAISING EXPENSE	(455.1.446.10)	17. %	N) \$		198 1,174	,627.
O) TOTAL EXPENDITURES THIS PERIOD		100%	O) §	>	1,1/4	,515.
III. SUMMARY OF ALL PAID FUNDRA (Attach Attorney General Report of Individual Fundr PROFESSIONAL FUNDRAISERS:						
P) TOTAL AMOUNT RAISED BY PAID PROFI	ESSIONAL FUNDRAISERS	100%	P) \$	\$		
Q) TOTAL FUNDRAISERS FEES AND EXPEN	NSES	%	Q) S	\$		
			_	_		
R) NET RECEIVED BY THE CHARITY (P MINI	*	%	R) S	5		
PROFESSIONAL FUNDRAISING CONSUL TOTAL AMOUNT DAID TO PROFESSION.			6/ 0	t .		
S) TOTAL AMOUNT PAID TO PROFESSION	AL FUNDKAISING CONSULTANTS		S) \$	p		
IV. COMPENSATION TO THE (3) HIGH	EST PAID PERSONS DURING THE YE	AR:				

3J1514 3.000

X) DESCRIPTION:

Y) DESCRIPTION:

125,060.

51,682.

60,375.

T) \$

U) \$

W) #

X) #

Y) #

V) \$
List on back side of instructions CODE

021

 $\textbf{V. CHARITABLE PROGRAM DESCRIPTION:} \textit{charitable program (3 Highest By \$ \textit{expended}) code \textit{categories}$

T) NAME, TITLE: WARREN MOORE - DEVELOPMENT DIRECTOR

U) NAME, TITLE: JONN REBBA, STAFF

V) NAME, TITLE: SHARA ATKINSON - STAFF

W) DESCRIPTION: MISSIONARY ACTIVITIES

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:					
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.		Х		
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF,				
	EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR				
	MISAPPROPRIATION OF FUNDS OR ANY FELONY?		Х		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X		
	ANT OFFICER, DIRECTOR OR TRUSTEE RECEIVE AINT THING OF VALUE NOT REPORTED AS COMPENSATION?		Λ		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X		
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE				
Э.	PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.) 6.		Х		
7 a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR				
7α.	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		Х		
7b.	IF "YES", ENTER				
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;				
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$;				
	(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$				
0	(IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED				
ο.	PURPOSES?		$ _{x}$		
	10.0 00L0.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION				
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		Х		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION,				
10.	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		Х		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: CHASE BANK				
	P.O. BOX 659754				
	SAN ANTONIO,TX 78265-9754 A/C #644427528 & 1611198746				
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MR. ELLIOTT JOHNSON (847) 696-3449				

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE, SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ELLIOTT JOHNSON		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
WILLIAM HAMPE		
TREASURER OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
JEFFREY W KROL		11/14/2024
PREPARER (PRINT NAME)	SIGNATURE	DATE