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EXTENSION GRANTED TO 11/15/2010

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 3925

City or town, state or country, and ZIP + 4
DANA POINT, CA 92629

D Employer identification number
20-0813055

E Telephone number
(949)248-1484

G Gross receipts $ 1,051,719.

F Name and address of principal officer: C. BRADFORD KELLY
33791 CHULA VISTA AVENUE, DANA POINT, CA 92

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.INDIACHRISTIANMINISTRIES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2004 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC. WORKS WITH AND THROUGH INDIA CHRISTIAN MINISTRIES		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of employees (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	4
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	945,437.	1,044,028.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,676.	7,476.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	959,113.	1,051,504.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,020,314.	758,349.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,000.	63,530.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,737.	15,682.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,060,051.	837,561.
19	Revenue less expenses Subtract line 18 from line 12	<100,938.>	213,943.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	538,052.	751,995.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	538,052.	751,995.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/5/10

▶ C. BRADFORD KELLY, DIRECTOR AND PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 11/30/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
WRIGHT FORD YOUNG & CO. CPA'S
16140 SAND CANYON AVENUE
IRVINE, CALIFORNIA 92618-3715

EIN ▶

Phone no. ▶ (949)910-2727

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
INDIA CHRISTIAN MINISTRIES' MISSION IS TO SATURATE THE STATE OF ANDHRA PRADESH WITH THE LOVE, GRACE AND WORKS OF JESUS CHRIST; TO PREACH THE GOOD NEWS TO THE POOR, NOT ONLY A GOSPEL OF WORDS, BUT OF POWER AND ACTION. TO BIND UP THE BROKENHEARTED, AND TAKE IN THOSE WHOM SOCIETY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code.) (Expenses $ 387,585. including grants of $ 8,440.) (Revenue $)
CHURCH PLANTING & CONSTRUCTION, PASTOR SUPPORT & DEVELOPMENT:
OUR DEFINING OBJECTIVE BETWEEN NOW AND 2015 REMAINS TO SHARE THE GOOD NEWS OF JESUS' LOVE IN EVERY TOWN AND VILLAGE THROUGHOUT THE STATE OF ANDHRA PRADESH AND TO PLANT THRIVING CHURCHES AS BEACONS IN EVERY ONE OF THESE 22,000 COMMUNITIES THAT ARE RESPONSIVE. WE ARE MOVING FORWARD ON MANY FRONTS.

ICM CURRENTLY HAS APPROXIMATELY 2200 CHURCHES ESTABLISHED THROUGHOUT THE STATE OF ANDHRA PRADESH. THE AVERAGE CHURCH SIZE IS ABOUT 150-200 BELIEVERS, MOST OF THEM NEW CONVERTS. WE HAVE OVER 350 COVENANT CHURCH BUILDINGS CONSTRUCTED AND MORE UNDER WAY. IN THE VILLAGES WITHIN PRAKASAM DISTRICT, THE LAND FOR A CHURCH WILL OFTEN BE DONATED TO ICM.

4b (Code.) (Expenses $ 104,933. including grants of $ 8,258.) (Revenue $)
CHILDREN'S WELFARE & EDUCATION : SARAH'S COVENANT HOMES
SARAH'S COVENANT HOMES (SCH) WAS STARTED IN JANUARY 2008. WE BELIEVE THAT ALL CHILDREN HAVE A RIGHT TO EXPERIENCE FAMILY LIFE AND TO KNOW THE LOVE OF PARENTS AND SIBLINGS. CHILDREN WITH NEUROLOGICAL AND DEVELOPMENTAL SPECIAL NEEDS ARE THE MOST LIKELY TO BE ABANDONED AND LEAST LIKELY TO BE ADOPTED CHILDREN IN INDIA. AT SCH, WE SEEK CHILDREN WITH SPECIAL NEEDS LIVING IN INSTITUTIONS-CHILDREN WHO HAVE BEEN REJECTED MULTIPLE TIMES FOR ADOPTION. OUR VISION IS TO CREATE "FOREVER FOSTER FAMILIES" FOR THESE CHILDREN-HOMES WHERE THEY CAN LIVE AS LONG AS THEY NEED TO, WITH PEOPLE THEY CAN ALWAYS CALL FAMILY. WE WANT TO MEET EVERY NEED OF THESE CHILDREN, JUST AS IF EACH ONE WERE ADOPTED INDIVIDUALLY INTO A LOVING FAMILY. FOR THIS REASON, UNLIKE MOST

4c (Code:) (Expenses $ 102,434. including grants of $ 37,234.) (Revenue $)
OUTREACH / BENEVOLENCE : MINISTRY TO THE POOR
ICM IS CONTINUING AND INCREASING ITS MINISTRY TO THE POOR OF ANDHRA PRADESH. THERE ARE MANY MILLIONS OF PEOPLE LIVING IN THE STATE OF ANDHRA PRADESH WHO LIVE IN RURAL VILLAGES AND HAVE NO SAFE WATER TO DRINK (AND OFTENTIMES NO WATER AT ALL.), NO ELECTRICITY AND NOT ENOUGH FOOD TO EAT. MANY OF THESE ARE DALITS (PEOPLE FROM THE LOWER CASTES), AND IN ADDITION TO THEIR DAILY HARDSHIPS, THEY ALSO SUFFER FROM DISCRIMINATION AND VIOLENCE. ICM'S HEART IS TO HELP THE POOR OF AP AS MUCH AS POSSIBLE.

IMMEDIATELY AFTER THE TERRIBLE TSUNAMI AT THE END OF 2004 AND FOR MOST OF 2005, ICM WAS PROVIDING FOOD AND BLANKETS TO THOSE AFFECTED IN

4d Other program services (Describe in Schedule O.)
(Expenses $ 235,805. including grants of $ 990,044.) (Revenue $)

4e Total program service expenses ▶ $ 830,757.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	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.*			
•	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*			
•	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*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 in Schedule O See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	3		
b	Enter the number of voting members that are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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?			
a	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 in 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

C. BRADFORD KELLY - (949) 248-1484
33791 CHULA VISTA AVENUE, DANA POINT, CA 92629

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

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. Use Schedule J-2 if additional space is needed

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
C. BRADFORD KELLY DIRECTOR AND PRESIDENT	4.00	X						0.	0.	0.
REV. JAMES REBBAVARAPU DIRECTOR & VICE PRESIDEN	40.00	X						42,000.	0.	0.
BENTON P. BOHANNON, JR. DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH B. KELLY SECRETARY AND TREASURER	4.00			X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								42,000.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(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 ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1,044,028.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f	▶	1,044,028.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	7,691.			7,691.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	215.				
	c Gain or (loss)	<215.>				
	d Net gain or (loss)	▶	<215.>	<215.>		
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	1,051,504.	<215.>	0.	7,691.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	758,349.	758,349.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	42,000.	42,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,000.	20,000.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,530.	1,530.		
11 Fees for services (non-employees):				
a Management				
b Legal	305.		305.	
c Accounting	5,180.		5,180.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	50.		50.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,159.	8,159.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108.	108.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BANK SERVICE CHAGES	630.		630.	
b PAYROLL EXPENSES	507.	507.		
c TELEPHONE	453.		453.	
d PAYROLL PROCESSING	104.	104.		
e ATTORNEY GENERAL REGIST	75.		75.	
f All other expenses	111.		111.	
25 **Total functional expenses.** Add lines 1 through 24f	837,561.	830,757.	6,804.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	56,653.	1	39,628.
	2	Savings and temporary cash investments	479,676.	2	712,367.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b	323.	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,400.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	538,052.	16	751,995.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	538,052.	32	751,995.
	33	Total net assets or fund balances	538,052.	33	751,995.
	34	Total liabilities and net assets/fund balances	538,052.	34	751,995.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.	20-0813055

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	542,529.	456,717.	1042515.	945,437.	1043977.	4031175.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	542,529.	456,717.	1042515.	945,437.	1043977.	4031175.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3004187.
6 **Public support.** Subtract line 5 from line 4						1026988.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	542,529.	456,717.	1042515.	945,437.	1043977.	4031175.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			32,999.	13,676.	7,691.	54,366.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						4085541.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 25.14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☒

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information See instructions.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

INDIA CHRISTIAN MINISTRIES OPERATES THROUGH ITS NETWORK OF 2,200 COVENANT CHURCHES THROUGHOUT THE STATE OF ANDHRA PRADESH IN INDIA TO ADDRESS THE NEEDS OF THE BROADER COMMUNITY. ICM MEETS NEEDS OF A BROAD SPECTRUM OF PEOPLE IRRESPECTIVE OF THEIR RELIGIOUS OR CULTURAL BACKGROUNDS. EXAMPLES INCLUDE:

- POST TSUNAMI AND FLOOD RELIEF
- PROVIDING FOOD IN TIMES OF FAMINE AND SPECIFICALLY TO AIDS AFFECTED FAMILIES
- OPERATING TEN CHILD DEVELOPMENT CENTERS OFFERING BEFORE AND AFTER SCHOOL CARE, FOOD AND TUTORING FOR THE MOST DISADVANTAGED CHILDREN
- TWO HOMES FOR SEVERELY DISABLED CHILDREN
- TEN SMALL SCALED, VILLAGE BASED ORPHANAGES (THIRTY MORE UNDER CONSTRUCTION)
- CHILDREN'S EDUCATIONAL AND SPORTS EVENTS

IN TWO OF THESE ACTIVITIES, THE ORPHANAGES AND HOMES FOR DISABLED CHILDREN, ICM IS SUBJECT TO REVIEW BY STATE AND LOCAL AUTHORITIES. ICM ALSO IS DIRECTLY ACCOUNTABLE TO SOME OF ITS LARGE DONORS WHO HAVE REQUESTED AND RECEIVE TAILORED UPDATE REPORTS ON HOW THEIR DESIGNATED GIFTS HAVE BEEN APPLIED.

AS FOR FUND RAISING, ICM'S INITIAL SUPPORT BASE WAS BUILT UPON PERSONAL CONNECTIONS AMONG CHURCHES IN OKLAHOMA AND INCREASINGLY ACROSS THE US. CHURCHES AND PARA-CHURCH ORGANIZATIONS WERE ENCOURAGED TO BRING TEAMS TO INDIA TO WORK WITH ICM ON SHORT TERM MISSIONS WITH MANY INDIVIDUAL TEAM MEMBERS BECOMING ACTIVE PRAYER AND FINANCIAL SUPPORTERS AS A RESULT OF THESE VISITS. A DATABASE IS MAINTAINED OF THESE INDIVIDUALS AND ORGANIZATIONS AND PERIODIC MAILINGS ARE CONDUCTED. THIS HAS BEEN MADE

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information See instructions.

CONSIDERABLY MORE EASY IN MORE RECENT YEARS BY THE USE OF EMAIL DISTRIBUTIONS OF UPDATE MATERIALS.

ICM MAINTAINS WEBSITES FOR BOTH INDIA CHRISTIAN MINISTRIES (WWW.INDIACHRISTIANMINISTRIES.ORG) AND THE COVENANT SCHOOL OF WORSHIP (WWW.COVENANTWORSHIPSCHOOL.COM) AS WELL AS ACTIVELY UPDATED FACEBOOK PAGES FOR BOTH AND A BLOG FOR SARAH'S COVENANT HOMES FOR SEVERELY DISABLED CHILDREN (WWW.SARAHSCOVENANTHOMES.BLOGSPOT.COM). THE COVENANT SCHOOL OF WORSHIP TRAINS WORSHIP LEADERS FOR ICM'S 2,200 COVENANT CHURCHES AND SARAH'S COVENANT HOMES IS THE NAME GIVEN TO THE TWO HOMES FOR SEVERELY DISABLED CHILDREN THAT HAVE BEEN ENTRUSTED TO ICM BY THE STATE OF ANDHRA PRADESH. THROUGH ELECTRONIC MEDIA AS WELL AS OCCASIONAL DIRECT MAILINGS, ICM KEEPS ITS SUPPORTERS INFORMED OF ITS ACTIVITIES ON A MORE REAL TIME BASIS. THIS MOVE TO REAL TIME, INTERACTIVE REPORTING TO AND DIALOGUE WITH OUR SUPPORT BASE HAS DRAMATICALLY INCREASED THE EFFECTIVENESS OF OUR COMMUNICATIONS WITH OUR SUPPORTERS. THESE SITES ARE PAIRED WITH A PAYPAL LINK FOR INSTANTANEOUS CONTRIBUTIONS TO FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

RECENTLY, ICM BEGAN TESTING THE EFFICIENCY OF TARGETED ADS ON FACEBOOK TO ATTRACT NEW DONORS. WE CAN SELECT THE PARAMETERS OF THE FACEBOOK USERS WHO WILL BE HIT WITH AN ICM SIDEBAR AD. WE ARE ABLE TO PURCHASE 1,000 IMPRESSIONS FOR LESS THAN A DOLLAR VIA THIS HIGHLY EFFICIENT MEDIUM. ICM'S ACTIVITIES NOW SPAN THE ENTIRE STATE OF ANDRHA PRADESH AND TOUCH THE LIVES OF MANY OF ITS 76 MILLION PEOPLE. WE ARE WORKING TO EXPAND OUR SUPPORT BASE TO MATCH THE GROWTH OF OUR SERVICES.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number: 20-0813055

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____%
- b Permanent endowment ▶ _____%
- c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,051,504.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	837,561.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	213,943.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	213,943.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
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	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number
20-0813055

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ANDHRA PRADESH, INDIA	0	2	PROGRAM SERVICES	CHRISTIAN MINISTRY SERVICES	758,349.
Totals ▶	0	2			758,349.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2009**

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02-01-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ X

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ANDHRA PRADESH, INDIA	THERE IS ONLY ONE ORGANIZATION TO WHICH GRANTS WERE MADE, INDIA CHRISTIAN	758,349.	WIRE TRANSFERS TYPICALLY ARRANGED MONTHLY	0.	DOUG KELLY WORKED AS AN ASSISTANT TO REV. REBBAVARAPU, HE	OTHER

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

PART II, COLUMNS (D) AND (H):

REGION: ANDHRA PRADESH, INDIA

(D) PURPOSE OF GRANT: THERE IS ONLY ONE ORGANIZATION TO WHICH GRANTS WERE MADE, INDIA CHRISTIAN MINISTRIES. ITS PURPOSE, AND OURS, IS TO ESTABLISH AND SUPPORT CHRISTIAN CHURCHES THROUGHOUT THE STATE OF ANDHRA PRADESH, AND THROUGH THE CHURCHES TO ASSIST THE DISADVANTAGED IN THE BROADER COMMUNITY THROUGH ESTABLISHING CHILD DEVELOPMENT CENTERS AND ORPHANAGES, AND ASSIST IN TIMES OF NEED AND CRISIS.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DOUG KELLY WORKED AS AN ASSISTANT TO REV. REBBAVARAPU. HE COORDINATED THE SCHEDULES OF VISITING CHURCH GROUPS AND WAS THEIR PRIMARY POINT OF CONTACT. HE ADDITIONALLY WORKED TO TRAIN UP ADDITIONAL WORSHIP LEADERS AND ASSISTED IN LEADING WORSHIP AT LARGE EVENTS AND TRAINING SESSIONS. LISA AND BRAD KELLY CONDUCT ALL THE OFFICE WORK OF FICM. ADDITIONALLY, THEY VISIT ICM IN INDIA ONCE OR TWICE EACH YEAR, TO INSPECT PROGRESS WITH CHURCH AND OTHER CONSTRUCTION PROJECTS AND TO CONDUCT TRAINING SESSIONS FOR PASTORS AND OTHER CHURCH WORKERS.

WE HAVE NOT ATTEMPTED TO VALUE NON CASH ASSISTANCE AS IT CONSISTS ENTIRELY OF STAFF TIME AND EFFORTS. THERE WERE NO HARD GOODS OR OTHER ITEMS TRANSFERRED IN KIND IN 2009.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number: 20-0813055

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(ICM), AN INDIGENOUS ANDHRA PRADESH, INDIA BASED SOCIAL ORGANIZATION TO FOUND, EQUIP AND ENCOURAGE CHRISTIAN CHURCHES WHICH TRAIN AND EQUIP THEIR MEMBERS TO SERVE THE BROADER COMMUNITY IN MULTIPLE WAYS. OUR EFFORTS FALL INTO THREE BROAD CATEGORIES: 1) CHURCH PLANTING, CONSTRUCTION & PASTOR DEVELOPMENT, 2) CHILDREN'S WELFARE AND EDUCATION AND 3) OUTREACH TO THE BROADER COMMUNITY. THESE ACTIVITIES ARE DETAILED IN SCHEDULE O. FOR A MORE DETAILED DESCRIPTION OF THE MUTLIFACETED ACTIVITIES OF ICM, SEE WWW.INDIACHRISTIANMINISTRIES.ORG. THERE IS A SEPARATE WEBSITE FOR THE NEW SCHOOL OF WORSHIP: WWW.COVENANTWORSHIPSCHOOL.COM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HAS REJECTED, ESPECIALLY THE POOR AND THE ORPHANS. TO PROCLAIM FREEDOM FOR THE CAPTIVES, FREEDOM FROM OPPRESSION AND EXPLOITATION, AND RELEASE FROM DARKNESS FOR THOSE ENSLAVED. TO PROCLAIM THE YEAR OF THE LORD'S FAVOR, STRENGTHENING OUR LOCAL CHURCHES AS THEY IN TURN STRENGTHEN THEIR COMMUNITIES. TO COMFORT ALL WHO MOURN, TANGIBLY DEMONSTRATING THE LOVE OF CHRIST THROUGH OUR OUTREACH AND RELIEF PROGRAMS. TO BESTOW ON THEM A CROWN OF BEAUTY INSTEAD OF ASHES, A GARMENT OF PRAISE INSTEAD OF THE SPIRIT OF DESPAIR, RESTORING HOPE AND BRINGING PEOPLE INTO THE FULLNESS OF LIFE IN CHRIST.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN THE NEW DISTRICTS, THE SYSTEM IS A LITTLE DIFFERENT.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number: 20-0813055

WE HAVE TWO DIFFERENT TYPES OF CHURCH BUILDINGS THAT WE ARE CONSTRUCTING. THE FIRST IS A ONE STORY BUILDING THAT WE CAN BUILD FOR $10,000. THIS WOULD BE USED FOR CHURCH MEETINGS ON SUNDAYS AND THROUGHOUT THE WEEK. THE SECOND KIND OF BUILDING IS A TWO STORY BUILDING THAT IS USED NOT ONLY FOR CHURCH SERVICES, BUT ALSO TO HOUSE OUR COVENANT CHILDREN'S HOMES AND HCDC'S AS WELL.

WE HAVE SENT OUT MANY PASTORAL FAMILIES AS MISSIONARIES IN 23 DISTRICTS. THEY ARE CONTINUALLY HOLDING OPEN AIR MEETINGS IN THE IMPORTANT MANDALS IN THEIR DISTRICTS ON A WEEKLY AND MONTHLY BASIS. THEY ARE ALSO BEGINNING TO BRANCH OUT INTO THE VILLAGES TO HOLD NIGHTLY MEETINGS.

WE ARE CONTINUING TO BUILD NEW CHURCH BUILDINGS, AND ARE BEGINNING TO BUILD THEM LARGER, AS MANY OF OUR CONGREGATIONS ARE EXPERIENCING GROWTH. SOME LOCAL CHURCHES ARE GIVING EXTRA TITHES TO BE ABLE TO HAVE A LARGER BUILDING. THE LOCAL CHURCHES ARE ALSO PUTTING MORE OF THEIR CREATIVE TOUCHES ON THE BUILDINGS. MANY STI11 LOOK LIKE OUR COVENANT CHURCHES OVERALL, BUT SOME DEFINITELY HAVE A UNIQUENESS SPECIAL TO THE BELIEVERS IN A PARTICULAR VILLAGE.

ICM HAS RELEASED ALMOST 1,000 NEW PASTORS IN 2007 & 2008. EACH OF OUR REGIONS IS INVOLVED IN THE WORK OF RECRUITING POTENTIAL CANDIDATES WHO WILL ATTEND OUR SCHOOL OF APOSTOLIC MINISTRY TO RECEIVE PASTORAL TRAINING. AT PRESENT, WE ARE CONDUCTING OUR SAM'S IN DIFFERENT REGIONS THROUGHOUT THE YEAR. IN ADDITION, WE HOLD MONTHLY MEETINGS IN EACH OF

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.	20-0813055

THE THREE REGIONS TO TRAIN AND ENCOURAGE OUR CURRENT PASTORAL STAFF.

WE CONTINUE TO HAVE MONTHLY MEETINGS FOR ALL OUR PASTORS TO ENCOURAGE AND EQUIP THEM. WE HOLD A VARIETY OF OTHER CONFERENCES DURING THE YEAR TO TRAIN AND EQUIP OUR PASTORS AND THEIR WIVES, PLUS OTHER MEN, WOMEN AND CHILDREN. WE INVITE GUEST SPEAKERS FROM ALL OVER THE WORLD TO COME AND IMPART THE WISDOM AND ANOINTING GOD HAS GIVEN THEM THROUGH THEIR YEARS OF SERVICE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THIRD-WORLD ORPHANAGES, SCH DOES NOT OPERATE OUT OF A POVERTY MENTALITY OR ON A BARE-MINIMUM BUDGET -WE DELIGHT IN BLESSING THE CHILDREN, AS WE KNOW THAT WHATEVER WE DO FOR THEM, WE ARE DOING FOR OUR KING AND FOR THE "FATHER OF LIGHTS" FROM WHOM WE RECEIVE EVERY GOOD AND PERFECT GIFT. WE ARE EXPECTING THAT GOD WILL DO AMAZING MIRACLES AND THAT JESUS WILL BE GLORIFIED BY HEALING, RESTORING, LIFTING UP, AND USING THESE PRECIOUS ONES.

PROGRESS TO DATE

SO FAR, WE HAVE GATHERED 43 CHILDREN, ALL OF WHOM WERE ABANDONED AT BIRTH OR SUBSEQUENTLY, AND ALL OF WHOM HAVE BEEN DIAGNOSED AS WITH MENTAL RETARDATION AND/OR OTHER NEUROLOGICAL SPECIAL NEEDS (EPILEPSY, CEREBRAL PALSY, HYDROCEPHALUS). THE CHILDREN, RANGING IN AGE FROM TWO TO TWENTY YEARS, LIVE IN TWO LOCATIONS, IN THREE FAMILY-STYLE FLATS ON CHURCH PROPERTY. THEY ARE PARENTED BY THE LOCAL PASTORAL FAMILIES. THEY

RECEIVE PHYSICAL THERAPY, SPECIAL EDUCATION, EARLY INTERVENTION, AND MEDICAL/SURGICAL CARE IN ADDITION TO LOTS OF HUGS, PRAYER, AND LOVE. ALL OF THE CHILDREN ARE VERY HAPPY, ARE ATTACHING WELL TO THE FAMILIES WHO CARE FOR THEM AND ARE DEVELOPING PHYSICALLY, MENTALLY, & SPIRITUALLY.

CHURCH CHILDREN'S HOMES

UNICEF ESTIMATES THAT THERE ARE OVER TWENTY-FIVE AND A HALF MILLION ORPHANS UNDER THE AGE OF 17 LIVING IN INDIA. THERE ARE MORE ORPHANS IN INDIA THAN THERE ARE PEOPLE LIVING IN TEXAS OR NEW YORK. ONLY ABOUT 60% OF ORPHANS AGED 10-14 GO TO A SCHOOL OF ANY KIND, MANY ARE LEFT TO FEND FOR THEMSELVES.

AT INDIA CHRISTIAN MINISTRIES WE HAVE ESTABLISHED CHURCH BASED FAMILY HOMES, TO CARE FOR ORPHANS, ABANDONED CHILDREN AND OTHER CHILDREN IN CRISIS NEEDING LONG-TERM FOSTER CARE. WE CREATE AN ATMOSPHERE OF LOVE AND ACCEPTANCE, WHERE THE CHILDREN NOT ONLY HAVE THE PASTOR'S IMMEDIATE FAMILY TAKING CARE OF THEM, BUT THE ENTIRE CHURCH FAMILY NURTURING THEM AS WELL. THEY MATURE WITH A SENSE OF SELF-WORTH AND CONFIDENCE, WHICH SADLY FEW OTHER CHILDREN IN THEIR POSITION GET TO EXPERIENCE. OUR DESIRE IS TO SEE MANY MORE ORPHANED OR ABANDONED CHILDREN HAVE THE OPPORTUNITY TO GROW UP IN THIS KIND OF ENVIRONMENT.

CURRENTLY WE HAVE BEEN FORTUNATE TO FIND SPONSORS FOR THE CONSTRUCTION OF 33 OF OUR TWO STORY CHURCH CHILDREN'S HOMES. 23 OF THESE ARE UNDER CONSTRUCTION - SOON TO BE COMPLETED, 3 ARE OPERATING WITH CHILDREN AND

ANOTHER 7 ARE COMPLETED AND AWAITING CHILDREN. THE ONLY THING NEEDED NOW ARE SPONSORS FOR THE CHILDREN AND PEOPLE TO HELP COVER THE COSTS OF FURNISHING THESE BUILDINGS TO MAKE THEM INTO HOMES. THESE PARTNERS HAVE ALSO AGREED TO CONSTRUCT MANY MORE OF THESE CHURCH CHILDREN'S HOMES IF WE ARE ABLE TO FILL THE ONES WE HAVE.

EACH CHURCH CHILDREN'S HOME HOUSES ABOUT 10 CHILDREN. THE CHILDREN LIVE AND LEARN ON THE FIRST FLOOR. THE TOP FLOOR IS WHERE THE CHURCH MEETS ON SUNDAYS AND THROUGHOUT THE WEEK. IN THESE BUILDINGS WE MEET BOTH THE PHYSICAL AND SPIRITUAL NEEDS OF THE CHILDREN, WHILE ALLOWING THEM TO BE PART OF AN EVEN GREATER COMMUNITY. A HEALTHY, THRIVING ATMOSPHERE FILLED WITH LOVE, STUDY AND SONGS OF WORSHIP IS FOUND IN EACH CHURCH HOME.

TAKING CARE OF CHILDREN WHO HAVE BEEN ABANDONED BY SOCIETY AND BY THEIR PARENTS IS A PRIMARY PURPOSE OF ICM. WE DO THIS THROUGH OUR NETWORK OF LOCAL CHURCHES, ALLOWING OUR LOCAL PASTORS AND THEIR WIVES TO HELP RAISE THESE ORPHANED AND ABANDONED CHILDREN ALONG WITH THE ENTIRE CHURCH FAMILY.

WE DESIRE TO SEE THE CYCLE OF POVERTY BROKEN THROUGH EDUCATION. THESE CHILDREN CANNOT GROW BEYOND THEIR STATUS IF THEIR BASIC NEEDS ARE NOT BEING MET. BY PROVIDING A HOME, A FAMILY, MEALS, SHELTER, SUPPORT, ENCOURAGEMENT AND AN EDUCATION WE ENSURE THAT THESE CHILDREN WILL BREAK FREE OF THE PERPETUAL CYCLE OF POVERTY AND OPPRESSION WHICH HAS KEPT SO MANY OTHERS FROM REACHING THEIR FULL POTENTIAL.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number: 20-0813055

- TO PROVIDE FOR THE CHILDREN WHO HAVE BEEN ORPHANED OR ABANDONED AND GIVE THEM HOPE, A FUTURE AND A CHURCH BASED FAMILY ENVIRONMENT.

- TO ENSURE THESE CHILDREN REACH THEIR FULL POTENTIAL AND HAVE EVERY OPPORTUNITY AVAILABLE.

- TO BREAK THE CYCLE OF POVERTY THROUGH EDUCATION AND TO MAKE A LASTING INVESTMENT IN THE LIVES OF THESE BEAUTIFUL CHILDREN.

HOPE CHILD DEVELOPMENT CENTERS

FIFTY OF THE POOREST CHILDREN IN THE VILLAGE (FROM EVERY RELIGIOUS BACKGROUND) GATHER AT THE HOPE CHILD DEVELOPMENT CENTER AT THE LOCAL CHURCH FOR TWO HOURS EVERY MORNING AND TWO HOURS EVERY EVENING. THERE THEY ENJOY A HOT MEAL TWICE A DAY. THEY SPEND TIME DOING THEIR HOMEWORK, WITH A TUTOR ON HAND TO HELP WITH DIFFICULT PROBLEMS & QUESTIONS (SOMETHING ILLITERATE PARENTS ARE UNABLE TO DO). AND THEN THEY SPEND TIME IN WORSHIPPING JESUS, IN PRAYER AND IN LEARNING THE SCRIPTURES. IN THIS WAY, ENTIRE FAMILIES ARE BLESSED AND ARE BEING DRAWN TO THE LORD. TAKE A LOOK AT THE ATTACHED PHOTOS OF SOME OF THE INDIVIDUAL CHILDREN WHO ATTEND THE CENTERS. THEY ARE SO LOVEABLE.

FOR LESS THAN $750 A MONTH, WE CAN FEED, TUTOR, & DISCIPLE AROUND 50 CHILDREN, SIX DAYS PER WEEK. IN THIS WAY, THEY CAN GO TO SCHOOL EACH DAY WITH THEIR HOMEWORK DONE, WITH FULL TUMMIES, AND WITH A SONG IN THEIR HEARTS. AS OF THE END OF 2009 WE HAVE 10 HCDCS IN OPERATION, WITH MORE OF THE WAY.

THE LORD BLESSES THOSE WHO BELIEVE IN HIM SO THAT THEY CAN BE A

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.	20-0813055

BLESSING TO OTHERS. INDIA CHRISTIAN MINISTRIES IS PRIMARILY A CHURCH-PLANTING MINISTRY, BUT WE WANT OUR CHURCHES TO BE A BLESSING TO THEIR COMMUNITIES IN EVERY WAY POSSIBLE AND TO DISPLAY THE GENEROUS HEART OF THE FATHER. TO ACCOMPLISH THIS, WE DO OUR BEST TO EQUIP OUR CHURCHES TO BE DISASTER SHELTERS, DISTRIBUTION POINTS, FEEDING CENTERS AND MORE-BOTH IN THE SPIRITUAL AND IN THE NATURAL.

OUR STATE HAS MORE CHILD LABORERS THAN ANY OTHER STATE IN INDIA. THERE ARE SO MANY GREAT OPPORTUNITIES AVAILABLE TO A YOUNG PERSON WITH A BASIC EDUCATION, WHICH WE ARE HELPING TO PROVIDE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COASTAL VILLAGES. DURING MOST OF 2005 ICM WORKED TO PROVIDE FISHING NETS FOR THE VILLAGE FISHERMEN WHO RELY ON FISHING TO FEED THEIR FAMILIES. THEY WERE ALSO ABLE TO PROVIDE SOME NEW BOATS FOR SOME OF THE VILLAGES.

ON NUMEROUS OCCASIONS, ICM HAS BEEN THE RECIPIENT OF THE BEST CHARITY AWARD FOR THE YEAR IN PRAKASAM DISTRICT BECAUSE OF OUR EFFORTS TO PROVIDE SOCIAL JUSTICE AND RELIEF TO THE POOR. WE HAVE ALSO BEEN GIVEN CERTIFICATES OF MERIT THAT ARE OFTEN PUBLISHED IN THE LOCAL PAPERS. BECAUSE OF OUR WORK ESPECIALLY DURING THE TSUNAMI, ICM HAS CONTINUED TO RECEIVE MANY GOVERNMENT REQUESTS TO HELP THE POOR AND NEEDY IN OUR AREA.

SOME OF THE WAYS ICM HAS BEEN HELPING THE PEOPLE:

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.

Employer identification number: 20-0813055

AFTER A RECENT CYCLONE, ICM RECEIVED A CALL FROM THE DISTRICT MAGISTRATE REQUESTING OUR HELP. WE QUICKLY ESTABLISHED 4 RELIEF CENTERS IN THE SLUMS TO PROVIDE FOOD FOR THE NEEDIEST THAT LOST THEIR SHELTERS TO FLOODING. FOR MANY MONTHS WE COOKED ABOUT 6,000 MEALS A DAY.

RECENTLY WE PARTNERED WITH ONE ORGANIZATION TO GIVE OUT 40 TONS OF RICE FOR THE FEEDING OF SOME OF THE VILLAGES WHO WERE HURT BY FAMINE. ONE DISTRICT WAS THE TOWN OF CHIRALA WHICH IS KNOWN FOR ITS WEAVERS. THEY FACE MANY PROBLEMS SUCH AS STARVATION, SUICIDES, POVERTY, UNEMPLOYMENT, ILLNESS AND DEBTS. BY SHOWING THE LOVE OF GOD TO THE PEOPLE IN THIS WAY, THEY ARE USUALLY OPEN TO HEARING MORE ABOUT JESUS.

ICM REGULARLY DISTRIBUTES FOOD AND BLANKETS TO THE ELDERLY, AS THEY OFTEN HAVE NO ONE TO CARE FOR THEM. WE VISIT THE ELDERLY IN THE SLUMS, NURSING HOMES AND VILLAGES. BLANKETS AND FRUIT ARE DISTRIBUTED, AND ENCOURAGEMENT IS GIVEN. MANY OF THE ELDERLY IN ANDHRA PRADESH DIE DURING THE SUMMERTIME WHEN TEMPERATURES OFTEN REACH 130 AND 140 DEGREES.

ICM DISTRIBUTES CLOTHING TO THEIR PASTORS AND THEIR WIVES ON A REGULAR BASIS. THEY GIVE OUT SARIS TO THE WOMEN AND SHIRTS AND TROUSERS TO THE MEN. FROM TIME TO TIME ICM RECEIVES CONTAINERS FULL OF CLOTHING AND DISTRIBUTES THESE TO THE POOR AND NEEDY. EVERY YEAR MANY VILLAGES ARE AFFECTED BY FLOODS AND FAMINE, AND THE PEOPLE LOSE THEIR HUTS AND BELONGINGS. ICM PROVIDES SHELTER IN LOCAL COVENANT CHURCHES, GIVES OUT NEW CLOTHING, AND FOOD UNTIL THE VILLAGERS CAN GET ON THEIR FEET AGAIN.

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THE NEEDS IN INDIA ARE SO GREAT, IT IS IMPOSSIBLE TO ADEQUATELY MEET THESE NEEDS, BUT ICM'S HEART IS TO HELP WHENEVER POSSIBLE.

SOME FRIENDS OF ICM SENT OVER CONTAINERS FULL OF MEDICAL SUPPLIES, BLANKETS AND OTHER USEFUL ITEMS. ICM WAS ABLE TO DONATE THE MEDICAL SUPPLIES TO THE GOVERNMENT HEALTH CARE CENTERS. THE GOVERNMENT HEALTH CARE CENTER HELD A FORMAL MEETING WHICH WAS ATTENDED BY THE MEMBER OF PARLIAMENT FROM ONGOLE AND THE DISTRICT HEALTH OFFICER AND OTHER MEDICAL OFFICERS. THEY ALL SPOKE HIGHLY OF THE EFFORTS OF INDIA CHRISTIAN MINISTRIES TO HELP THE POOR AND THE NEEDY AND THANKED THE AMERICAN AND CANADIAN DONORS WHO SENT THESE IN CONTAINERS.

IN SOME OF VILLAGES, ICM HAS BEEN HELPING THE VILLAGERS BY ARRANGING FOR BOREWELLS TO BE DUG AS A SAFE SOURCE OF WATER. ICM IS HOPING TO DO MORE TO MAKE POTABLE WATER AVAILABLE IN MANY MORE VILLAGES OVER TIME.

BECAUSE OF THE PERSECUTION OF THE CHURCH OCCURRING IN ORISSA AND KARNATAKA, LATELY WE HAVE BEEN DOING A LOT OF WORK TO HELP OUR BROTHERS AND SISTERS IN THESE STATES. MANY OF THEM ARE HOMELESS NOW OR LIVING IN REFUGEE CAMPS AND WE ARE OFFERING WHATEVER SUPPORT WE CAN, BOTH SPIRITUAL AND FINANCIAL, IN HELPING THEM REBUILD THEIR LIVES AFTER BEING DISPLACED FROM THEIR HOMES AND VILLAGES. MANY CHRISTIANS IN THESE STATES ARE LIVING IN CONSTANT FEAR OF CONTINUING MILITANT HINDU ATTACKS AND WE ARE DOING WHAT WE CAN TO HELP.

MINISTRY TO THE SICK

BECAUSE OF THEIR DISTANCE AWAY FROM URBAN CENTERS, IT IS NOT EASY FOR THE VILLAGERS TO OBTAIN MEDICAL CARE OF ANY KIND. THEY WOULD HAVE TO WALK FOR SEVERAL MILES AND THEN CATCH A BUS TO TAKE THEM TO THE NEAREST LARGE TOWN. THIS ASSUMES THAT THEY HAVE MONEY FOR BUS FARE AND MONEY TO SEE THE DOCTOR. MOST OF THE PEOPLE ICM MINISTERS TO DO NOT HAVE THESE KINDS OF FINANCIAL RESOURCES AVAILABLE. THERE IS VERY LITTLE ACCESS TO NORMAL MEDICINES THAT MOST WESTERNERS WOULD TAKE. MANY OF THE POOR IN REMOTE VILLAGES DIE FROM DISEASES THAT ARE CURABLE, BECAUSE OF THE LACK OF AVAILABILITY OF MEDICAL CARE.

MEDICAL CAMPS: ICM ENCOURAGES MEDICAL TEAMS FROM OTHER COUNTRIES AND FROM WITHIN INDIA TO VISIT THE POORER VILLAGES AS OFTEN AS POSSIBLE TO MINISTER TO THE NEEDS OF THE PHYSICALLY INFIRM. EACH MEDICAL CAMP MINISTERS TO MANY HUNDREDS OF PEOPLE. ICM GOES TO THE MORE REMOTE VILLAGES AND ANNOUNCES THAT THEY WILL BE CONDUCTING A MEDICAL CAMP FOR ALL WHO WANT TO COME. ICM PROVIDES TRANSPORTATION TO THE MEDICAL CAMP, SERVES THEM LUNCH, GIVES THEM FREE CONSULTATIONS WITH DOCTORS FROM THE USA AND FROM INDIA, PROVIDES THEM WITH FREE MEDICATIONS, AND HELPS TO ARRANGE ANY FURTHER TREATMENT THAT MIGHT BE NEEDED.

ICM ALSO TELLS THE VILLAGERS ABOUT JESUS AND OFFERS TO PRAY FOR THEIR ILLNESSES. MANY PEOPLE HAVE BEEN HEALED THROUGH THESE CAMPS AND HAVE COME TO KNOW ABOUT JESUS.

ICM HAS CONDUCTED A NUMBER OF THESE TYPES OF SHORT TERM MEDICAL CAMPS

AND WOULD LIKE TO DO MORE. IDEALLY ICM HOPES ONE DAY TO HAVE A FULL TIME MEDICAL STAFF AND A MOBILE HOSPITAL THAT COULD TRAVEL FROM VILLAGE TO VILLAGE TO TAKE CARE OF THE MEDICAL NEEDS OF THE VILLAGERS.

EYE CAMPS: ICM ALSO HOLDS 'EYE CAMPS' FROM TIME TO TIME. OPTOMETRISTS COME AND GIVE FREE EYE EXAMS AND FIT THE VILLAGERS WITH GLASSES, WHICH ARE DONATED FOR THIS PURPOSE. DURING ONE EYE CAMP WE GAVE AWAY ABOUT 1000 PAIRS OF PRESCRIPTION GLASSES AFTER EYE EXAMS AND PERFORMED ABOUT 100 CATARACT SURGERIES.

HIV / AIDS FAMILIES: ICM HAS ALWAYS HAD A HEART FOR THOSE AFFLICTED WITH HIV/AIDS, BUT IN THE PAST SEVERAL YEARS WE STEPPED UP OUR INVOLVEMENT. AP HAS A HIGH INCIDENCE OF HIV CASES. AS A STATE, WE ACCOUNT FOR ABOUT 10% OF ALL HIV / AIDS POSITIVE PEOPLE IN INDIA. PRAKASAM DISTRICT, WHERE OUR HEADQUARTERS IS LOCATED, REPORTED THE HIGHEST INCIDENCE OF HIV WITH 4% IN URBAN AREAS. THE GOVERNMENT LAUNCHED AN AIDS AWARENESS PROGRAM IN ONGOLE AND WE ARE PARTICIPATING IN THIS.

ICM SPENT SEVERAL MONTHS IDENTIFYING MANY WHO ARE AFFLICTED WITH THIS DISEASE. WE HAVE SELECTED 450 FAMILIES THAT WE CAN HELP FEED AND PROVIDE CARE. OUR GOAL IS TO INCREASE THIS TO 1,000 IN PRAKASAM DISTRICT. WE ARE USING OUR CHURCHES AS CENTERS FOR THESE FAMILIES TO COME TO ONCE A MONTH TO GET THEIR SUPPLIES. MANY OF THESE AFFLICTED PEOPLE ARE GIVING THEIR LIVES TO CHRIST.

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THE RELIEF AND FREE MEDICINE PROGRAM: THIS WAS DESIGNED TO HELP THE POOR WHO ARE SUFFERING WITH LEPROSY. MANY FAMILIES IN INDIA STILL SUFFER FROM THE RAVAGES OF LEPROSY. NOT ONLY DO THEY SUFFER FROM THE PHYSICAL PAIN OF THE DISEASE, BUT THEY ALSO SUFFER EMOTIONALLY AS THEY ARE MISTREATED IN SOCIETY. MOST OF THE LEPERS END UP BEGGING ON THE STREETS FOR FOOD TO EAT EACH DAY. ICM BRINGS IN LOCAL DOCTORS WHO EXPLAIN THE DISEASE MORE FULLY TO THE PEOPLE, AND WHAT THE TREATMENT OPTIONS ARE. ICM PURCHASES MEDICINES AND DISTRIBUTES IT TO THE PEOPLE. THEN THEY GIVE THEM SOME FOOD AND BLANKETS AND TRANSPORTATION BACK TO THEIR HOMES. THERE IS ALMOST ALWAYS AN OPPORTUNITY TO SHARE THE LOVE OF JESUS WITH THE PEOPLE.

FESTIVALS

ANOTHER MAIN COMPONENT IN ENCOURAGING GROWTH IS HOLDING LARGE OUTDOOR MEETINGS, CALLED "FESTIVALS". THIS HELPS RAISE SUPPORT AND AWARENESS OF THE MINISTRY ON THE GROUND. THERE ARE MANY COSTS ASSOCIATED WITH THESE EVENTS, AND WE RECENTLY PURCHASED A LARGE SOUND SYSTEM TO HELP OFFSET SOME OF THESE ON GOING EXPENDITURES. OFTEN WE HAVE OVER 80,000 PEOPLE IN ATTENDANCE AT SOME OF THESE MEETINGS, WHICH LAST FOR 3-4 DAYS. IN 2008, WE HELD AT LEAST 4 OF THESE WITH MANY SMALLER GATHERINGS OF A FEW THOUSAND AS WELL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER GRANTS WERE MADE TO INDIA CHRISTIAN MINISTRIES DURING THE YEAR THAT WERE NOT SPECIFICALLY DESIGNATED AT THE TIME THEY WERE MADE BUT WERE TO BE USED IN SUPPORT OF ICM'S WORK WITHIN THE THREE DESIGNATED

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FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.	20-0813055

AREAS, AT THEIR DISCRETION.

EXPENSES $ 235805. INCLUDING GRANTS OF $ 990044. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2: BRAD KELLY AND HIS WIFE, ELIZABETH B. KELLY ARE ON THE BOARD OF DIRECTORS. BRAD IS A DIRECTOR AND PRESIDENT AND ELIZABETH IS A SECRETARY AND TREASURER.

FORM 990, PART VI, SECTION B, LINE 11: IT WILL BE READ AND AGREED BY OFFICERS AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: WE ARE A SMALL ORGANIZATION OPERATING IN CLOSE COMMUNICATION INCLUDING ALMOST DAILY EMAILS, OCCASIONAL TELEPHONE DISCUSSIONS AND PHYSICAL VISITS. ALL SIGNIFICANT DECISIONS ARE TAKEN BY THE THREE DIRECTORS. EVEN ISSUES THAT MIGHT GIVE RISE TO THE APPEARANCE OF CONFLICT ARE DISCUSSED AND AGREED IN ADVANCE.

FORM 990, PART VI, SECTION B, LINE 15: JAMES REBBAVARAPU'S COMPENSATION WAS CONSIDERED AND AGREED BETWEEN THE OTHER TWO DIRECTORS, MESSRS. KELLY AND BOHANNON.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE AT OUR PRINCIPAL OFFICE FOR INSPECTION.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.		Employer identification number 20-0813055
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 3925		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANA POINT, CA 92629		

Check type of return to be filed (File a separate application for each return)

[ ] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [X] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ C. BRADFORD KELLY
  33791 CHULA VISTA AVENUE - DANA POINT, CA 92629
  Telephone No ▶ (949) 248-1484 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ DIRECTOR AND PRESIDENT Date ▶