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EXTENSION GRANTED TO 11/15/2012

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

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

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

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

D Employer identification number
20-0813055

E Telephone number
(949)248-1484

G Gross receipts $ 357,905.

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) ☐ 501(c)( )◀ (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 individuals employed in calendar year 2011 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	4
7a	Total 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)	878,485.	355,009.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,682.	2,896.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	885,167.	357,905.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	906,639.	685,849.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,634.	74,074.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,192.	11,800.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,011,465.	771,723.
19	Revenue less expenses. Subtract line 18 from line 12	<126,298.>	<413,818.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	625,697.	211,879.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	625,697.	211,879.

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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 11/7/12
▶ C. BRADFORD KELLY, DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name CHERYL J. SCHAFFER, CPA	Preparer's signature	Date 11/11/12	Check ☐ if self-employed	PTIN P00066920
Firm's name ▶ WRIGHT FORD YOUNG & CO. CPA'S			Firm's EIN ▶	95-3288054
Firm's address ▶ 16140 SAND CANYON AVENUE IRVINE, CA 92618-3715			Phone no.	(949)910-2727

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

132001 01-23-12 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G18

13

SCANNED DEC 06 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

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 [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code) (Expenses $ 369,610. including grants of $ 54,620.) (Revenue $)

CHURCH PLANTING & CONSTRUCTION, PASTOR SUPPORT & DEVELOPMENT:
OUR DEFINING OBJECTIVE BETWEEN NOW AND 2020 REMAINS TO BE SHARING THE LOVE AND WORKS OF JESUS THROUGHOUT THE STATE OF ANDHRA PRADESH AND TO DEVELOP THRIVING CHURCHES, WHICH WILL SERVE AS CONDUITS FOR POVERTY RELIEF WORK, AID, AND CHILDREN'S PROGRAMS CONTRIBUTING TO VILLAGE DEVELOPMENT AND ELIMINATION OF POVERTY, CHIEFLY THROUGH EDUCATION AND OUR ONGOING OUTREACH PROGRAMS.

WE HAVE CURRENTLY DEVELOPED 3640 CHURCHES AND ARE CONTINUING TO ASSIST THEM WITH DISCIPLESHIP AND IN IMPROVING THEIR OVERALL IMPACT. IN THE PAST YEAR, WE HAVE BEEN TRAINING AND SUPPORTING MANY PASTORS. CURRENTLY WE HAVE 1500 PASTORS WORKING WITH US. WE HAVE EXPANDED AND

4b (Code) (Expenses $ 132,786. including grants of $ 50,010.) (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 IN WHICH THEY CAN LIVE WITH PEOPLE WHO THEY WILL ALWAYS SEE AS FAMILY. WE WANT TO MEET EVERY NEED OF THESE CHILDREN, JUST AS IF EACH ONE WERE ADOPTED INDIVIDUALLY INTO A

4c (Code) (Expenses $ 35,602. including grants of $ 35,602.) (Revenue $)

OUTREACH / BENEVOLENCE :
COVENANT WORSHIP
OUR MUSIC SCHOOL, WHICH TEACHES KEYBOARD, GUITAR AND DRUMS TO YOUTH AND YOUNG ADULTS, HAS COMPLETED ITS THIRD YEAR WITH NOW OVER 230 GRADUATES. THE STUDENTS HAVE COME FROM EVERY DISTRICT OF ANDHRA PRADESH TO SPEND SIX MONTHS IN OUR COVENANT SCHOOL OF WORSHIP IN HYDERABAD. SOME OF OUR GRADUATES HAVE GONE ON TO WORK IN OUR COVENANT WORSHIP CENTERS, WHICH HAVE BEEN OPERATING IN FOUR CITIES OF AP SINCE JANUARY, 2012. THE STAFF OF THESE CENTERS WORK TEACHING MUSIC TO OTHER URBAN YOUTH, AS WELL AS PROVIDING POVERTY ALLEVIATION TO THE COMMUNITY THROUGH FOOD DISTRIBUTIONS, SLATE (SMALL BLACKBOARD) DONATIONS TO SLUM CHILDREN AND OTHER HUMANITARIAN RELIEF WORK.

4d Other program services (Describe in Schedule O.)

(Expenses $ 223,027. including grants of $ 214,777.) (Revenue $)

4e **Total program service expenses** ▶ 761,025.

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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, Parts II and IV*	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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 (or a family member thereof) 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations 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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI . . . X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, 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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) C. BRADFORD KELLY DIRECTOR	3.00	X						0.	0.	0.
(2) REV. JAMES REBBAVARAPU DIRECTOR	50.00	X						48,000.	0.	0.
(3) BENTON P. BOHANNON, JR. DIRECTOR	1.00	X						0.	0.	0.
(4) ELIZABETH B. KELLY OFFICER	2.00			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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Sub-total ▶								48,000.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								48,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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				
	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	355,009.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f	▶	355,009.			
Program Service Revenue		Business Code				
	2a					
	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)	▶	2,896.			2,896.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a 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	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a 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				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total revenue. See instructions.	▶	357,905.	0.	0.	2,896.

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01-23-12

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	685,849.	685,849.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,238.	72,238.		
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				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,836.	1,836.		
11 Fees for services (non-employees):				
a Management				
b Legal	363.		363.	
c Accounting	7,624.		7,624.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,102.	1,102.		
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				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK SERVICE CHARGES	1,039.		1,039.	
b PAYROLL PROCESSING	780.		780.	
c TELEPHONE	522.		522.	
d POSTAGE AND SHIPPING	186.		186.	
e All other expenses	184.		184.	
25 **Total functional expenses.** Add lines 1 through 24e	771,723.	761,025.	10,698.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	85,148.	1	83,434.
	2	Savings and temporary cash investments	540,549.	2	128,445.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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		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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	625,697.	16	211,879.
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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). 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	625,697.	32	211,879.
	33	Total net assets or fund balances	625,697.	33	211,879.
	34	Total liabilities and net assets/fund balances	625,697.	34	211,879.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	357,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	771,723.
3	Revenue less expenses. Subtract line 2 from line 1	3	<413,818.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,697.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	211,879.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ 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 separate basis, consolidated 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

2011

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									

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1042515.	945,437.	1043977.	878,485.	355,009.	4265423.
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	1042515.	945,437.	1043977.	878,485.	355,009.	4265423.
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)						3254459.
6 **Public support.** Subtract line 5 from line 4						1010964.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1042515.	945,437.	1043977.	878,485.	355,009.	4265423.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,999.	13,676.	7,691.	6,682.	2,896.	63,944.
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						4329367.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	23.35 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	22.62 %

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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. Also complete this part for any additional information (See instructions).

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

INDIA CHRISTIAN MINISTRIES OPERATES THROUGH ITS NETWORK OF 3,600 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 (COVENANT CHILD DEVELOPMENT CENTERS)
- A HOME FOR MORE THAN 100 SEVERELY DISABLED CHILDREN (SARAH'S COVENANT HOMES)
- FORTY SMALL SCALED, VILLAGE BASED ORPHANAGES IN OPERATION OR AWAITING FUNDING (COVENANT CHILDREN'S HOMES)
- 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

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 Also complete this part for any additional information. (See instructions).

ORGANIZATIONS AND OCCASIONAL MAILINGS ARE CONDUCTED. THIS HAS BEEN MADE EASIER IN MORE RECENT YEARS BY THE USE OF EMAIL DISTRIBUTIONS OF UPDATE MATERIALS.

INCREASINGLY, OUR FUNDRAISING AND COMMUNICATION IS VIA WEB BASED MEDIA. 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. ICM MAINTAINS WEBSITES FOR INDIA CHRISTIAN MINISTRIES (WWW.INDIACHRISTIANMINISTRIES.ORG), THE COVENANT SCHOOL OF WORSHIP (WWW.COVENANTWORSHIPSCHOOL.COM), AND COVENANT CHILDREN'S HOMES (WWW.COVENTANTCHILDRENSHOMES.COM). ADDITIONALLY ICM MAINTAINS A FACEBOOK SITE (WWW.FACEBOOK.COM/INDIACHRISTIANMINISTRIES) AND A BLOG FOR SARAH'S COVENANT HOMES FOR SEVERELY DISABLED CHILDREN THAT HAVE BEEN ENTRUSTED TO OUR CARE BY THE STATE OF ANDHRA PRADESH (WWW.SARAHSCOVENANTHOMES.BLOGSPOT.COM). ICM CURRENTLY HAS 6,414 FANS ON FACEBOOK. MOST OF THE SITES HAVE PAYPAL LINKS 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 84.6 MILLION PEOPLE. WE ARE WORKING TO EXPAND OUR SUPPORT BASE TO MATCH THE GROWTH OF OUR SERVICES.

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

2011

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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
ANDHRA PRADESH, INDIA	0	2	PROGRAM SERVICES	CHRISTIAN MINISTRY SERVICES	685,849.
3 a Sub-total	0	2			685,849.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			685,849.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2011**

132071
01-23-12

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

Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	685,849.	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) 2011

SEE PART V 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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V Supplemental Information

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

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 2011.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2011
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:

DECENTRALIZED OUR TRAINING PROGRAM AND ARE NOW OPERATING THIS THROUGH SENIOR LEADERS IN EVERY DISTRICT. WE ALSO HAVE MONTHLY MEETINGS TO

PROVIDE ADDITIONAL ACCOUNTABILITY, OVERSIGHT, SUPPORT AND ENCOURAGEMENT.

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

LOVING FAMILY. FOR THIS REASON, UNLIKE MOST 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 GOD.

PROGRESS TO DATE

SO FAR, WE HAVE GATHERED 105 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, ETC.). THE CHILDREN, RANGING IN AGE FROM TWO TO TWENTY YEARS, LIVE IN THREE LOCATIONS. WE HAVE OUR PRIMARY LOCATION, WHICH HOUSES THE CHILDREN WITH THE GREATEST MEDICAL CHALLENGES AND TWO APARTMENTS FOR THE HIGHER FUNCTIONING CHILDREN, WHO WE ARE NOW MAINSTREAMING INTO REGULAR SCHOOLS. AT OUR PRIMARY LOCATION, OUR CHILDREN ARE RECEIVING 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 PEOPLE WHO CARE FOR THEM AND ARE DEVELOPING PHYSICALLY, MENTALLY, & SPIRITUALLY.

COVENANT CHILDREN'S HOMES

IN A COVENANT CHILDREN'S HOME, WE CREATE AN ATMOSPHERE OF LOVE AND BELONGING, WHERE LOCAL ORPHANED AND ABANDONED CHILDREN NOT ONLY HAVE THE HOME PARENTS' IMMEDIATE FAMILY TAKING CARE OF THEM IN THE

DAY-TO-DAY, BUT THE ENTIRE COMMUNITY NURTURING THEM AS THEY GROW UP. THIS GIVES THEM A SOLID FOUNDATION EMOTIONALLY, PHYSICALLY AND EDUCATIONALLY. A CHILD IN A COVENANT CHILDREN'S HOME HAS MOVED FROM ORPHANED OR ABANDONED TO:

- A HOME WITH PARENTS AND AN ADOPTED FAMILY.
- A FAMILY-STYLE LIVING ENVIRONMENT WITH NINE BROTHERS OR SISTERS.
- A PRIVATE EDUCATION IN ORDER TO LEARN ONE'S WAY OUT OF POVERTY.
- LIKELIHOOD OF BEING THE LAST OF YOUR BIOLOGICAL FAMILY TO EVER EXPERIENCE POVERTY.

OUR PRIMARY MISSION IS TO MEET THE NEEDS OF ORPHANS AND ABANDONED CHILDREN. LONG-TERM TRANSFORMATION OF INDIA'S AGRICULTURAL STATE OF ANDHRA PRADESH WILL ONLY HAPPEN THROUGH EDUCATION THAT IS INTENDED TO BREAK THE CYCLE OF POVERTY AND GIVE THESE CHILDREN HOPE, DIGNITY AND A PURPOSE FOR THEIR LIVES.

PROGRAM ACHIEVEMENTS

- INCREASED FROM 90-400 CHILDREN IN JUST TWO YEARS.
- OFFERED 200 CHILDREN THEIR FIRST-EVER "SUMMER CAMP" EXPERIENCE.
- RAISED OVER $25,000 IN UNDER TWO YEARS FOR ADDITIONAL NEEDS THROUGH SMALL AND INDIVIDUAL CAMPAIGNS.
- PURCHASED AN ORGANIZATIONAL VEHICLE WITH A FOCUSED FUNDING CAMPAIGN.
- HOSTED MORE THAN TEN TEAMS OF SHORT-TERM VISITORS CONTINUING TO BUILD THE AWARENESS, ADVOCACY AND SUPPORT BASE FOR CCH.
- COVENANT CHILDREN'S HOMES MISSION IS TO NOT JUST HELP ORPHANED AND ABANDONED CHILDREN SURVIVE, BUT THRIVE, WITH A PURPOSE AND A DIRECTION. WITH CAREFUL SELECTION AND COLLABORATION WITH THEIR RESPECTIVE VILLAGES, WE ADOPT THESE CHILDREN INTO ONE OF OUR COVENANT CHILDREN'S HOMES FAMILIES. WE HAVE FORTY HOMES CURRENTLY IN OPERATION WITH

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APPROXIMATELY TEN CHILDREN IN EACH HOME, FIFTEEN OF WHICH ARE STILL IN NEED OF THE BASIC FUNDING OF FOOD AND EDUCATIONAL FEES.

- OPENING NEW HOMES EVERY JUNE IN CONJUNCTION WITH THE START OF THE SCHOOL YEAR, WE INTEND TO OPEN AN INCREASING AMOUNT OF HOMES WITH EVERY PASSING YEAR TO EVENTUALLY REACH AND SERVE THOUSANDS OF CHILDREN.

COSTS PER HOME

BASIC SPONSORSHIP: $500-PER-MONTH - FOOD AND EDUCATION FEES

SUPPLEMENTAL SPONSORSHIP: $1,250 ANNUALLY - SCHOOL RESOURCES, SUMMER ACTIVITIES, GIFTS

FULL ANNUAL HOME FUNDING: $7,250

PROGRAM STRENGTHS:

- LOCALLY-WELCOMED, INDIGENOUSLY-RUN
- LONG-TERM SUSTAINABILITY: CHILDREN HAVE A CAREER AND PROFESSION AND OFFER SUPPORT TO THE PROGRAM
- EDUCATION-FOCUSED
- 10 CHILDREN OR LESS-PER-HOME IS NOT TOO BIG, NOT TOO SMALL FOR FAMILY-STYLE BELONGING
- STATUS AS A PROGRAM OF A LARGER AND MORE ESTABLISHED ORGANIZATION (INDIA CHRISTIAN MINISTRIES)

COVENANT CHILD DEVELOPMENT CENTERS

COVENANT CHILD DEVELOPMENT CENTERS IS A PROGRAM OF INDIA CHRISTIAN MINISTRIES (ICM), AN INDIGENOUS MINISTRY LOCATED IN THE STATE OF ANDHRA PRADESH. IT IS AN ORGANIZATION DEDICATED TO COMMUNITY TRANSFORMATION WORKING THROUGH COVENANT CHURCHES IN VILLAGES, TOWNS, AND CITIES. THESE CHURCHES FORM A BASE FROM WHICH ICM ENGAGES IN VARIOUS SERVICE

ACTIVITIES AIMED AT IMPROVING THE LIVING CONDITIONS OF THE POOR IN INDIA, IRRESPECTIVE OF CASTE, CREED OR RELIGION. INDIA CHRISTIAN MINISTRIES' PURPOSE IS TO IMPACT EVERY AREA OF PEOPLE'S LIVES IN A POSITIVE AND LIFE CHANGING WAY. WE HAVE INSTITUTED A WIDE RANGE OF PROGRAMS AND EVENTS TO ADDRESS THE NEEDS OF THE POOR IN AREAS SUCH AS HEALTH AND HYGIENE, EDUCATION, FAMINE AND FLOOD RELIEF. WE ARE NOT ONLY ASSISTING THE POOR IN THEIR CURRENT CIRCUMSTANCES, BUT WE ARE TRAINING AND EDUCATING THEM, SO THAT THE CYCLE OF POVERTY MAY BE BROKEN IN FUTURE GENERATIONS. THIS IS THE LONG-TERM VISION OF INDIA CHRISTIAN MINISTRIES.

A SIGNIFICANT ASPECT OF INDIA CHRISTIAN MINISTRIES' WORK WITH THE POOR IS THE CARING FOR ABANDONED CHILDREN, ORPHANS AND CHILDREN IN OTHER TYPES OF CRISIS NEEDING LONG-TERM CARE.

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

VILLAGE DEVELOPMENT

WITH THE SUPPORT OF GLOBAL PARTNERS WE COORDINATE VILLAGE SPONSORSHIP PROJECTS THAT EMPOWER INDIGENOUS PASTORS WITH PRACTICAL RESOURCES THEY NEED TO TRANSFORM THEIR VILLAGE SPIRITUALLY AND PHYSICALLY. WE SHOW VILLAGES HOW TO EXERCISE OWNERSHIP, SUSTAINABILITY, AND ACCOUNTABILITY FOR SOLVING THEIR BIGGEST PROBLEMS. WE HELP PROVIDE CLEAN DRINKING WATER, SANITATION, AND FOOD AS A MEANS OF ADVANCING THE GOSPEL. THIS DEMONSTRATES HOW THEY CAN ADDRESS OTHER PROBLEMS SUCH AS EDUCATION, EMPLOYMENT AND MEDICAL CARE.

VILLAGES IN INDIA ARE TYPICALLY SUFFERING FROM THE LACK OF:

- CLEAN DRINKING WATER

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- SANITATION

- FOOD

- EMPLOYMENT

- MEDICAL CARE

- EDUCATION AND LITERACY

- CHILDREN CARE & EDUCATION

- SENIOR ADULT CARE

- SOCIAL JUSTICE

NO TWO VILLAGE TRANSFORMATION PLANS ARE THE SAME. THE AVERAGE COST IS $4,000 AND IMPACTS MORE THAN 200 PEOPLE. THIS PROVIDES A WELL OR WATER FILTRATION SYSTEM, LATRINES, AND FAMILY GARDENS OR FRUIT PLANTATION.

VILLAGE SPONSORSHIP ACCOUNTABILITY

WITH SO MANY IMPOVERISHED VILLAGES IN ANDHRA PRADESH, WE HAVE A RESPONSIBILITY TO DEVELOP EACH VILLAGE WITH UTMOST INTEGRITY IN ORDER FOR IT TO BE REPLICATED TO ADDITIONAL VILLAGES. WE ALSO PLACE GREAT IMPORTANCE ON DOCUMENTING PHOTOS OF OUR WORK SO THAT WHEN SOMEONE SPONSORS A VILLAGE, THEY WILL ALSO RECEIVE BEFORE AND AFTER PHOTOS.

OUR SPONSORS WILL KNOW THE:

- NAME OF THE VILLAGE

- DEMOGRAPHICS OF THE VILLAGE

- LOCATION ON GOOGLE MAPS

- DETAILS OF THE VILLAGE TRANSFORMATION PLAN (NEEDS AND SUSTAINABLE SOLUTIONS)

- NAMES OF THE NATIVE PASTOR(S) HEADING UP THE VILLAGE DEVELOPMENT PLAN

- TIMELINE FOR THE PROJECT

CARE FOR THE ELDERLY

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 120 DEGREES FARENHEIT, WITH HIGH HUMIDITY.

CLOTHING DISTRIBUTION

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.

DISASTER RELIEF

EVERY YEAR MANY VILLAGES ARE AFFECTED BY FLOODS AND FAMINE, AND THE PEOPLE LOSE THEIR HUTS AND BELONGINGS. ICM PROVIDES SHELTER IN OUR LOCAL CHURCHES, GIVES OUT NEW CLOTHING, AND FOOD UNTIL THE VILLAGERS CAN GET ON THEIR FEET AGAIN. THE NEEDS IN INDIA ARE SO GREAT, IT IS IMPOSSIBLE TO ADEQUATELY MEET THESE NEEDS, BUT ICM'S HEART IS TO HELP WHENEVER POSSIBLE.

CLEAN WATER

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.

COMMUNITY MEDICAL OUTREACH

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.

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.

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.

CONCLUSION

AT INDIA CHRISTIAN MINISTRIES, WE ARE WORKING TO IMPROVE THE LIVES OF MANY THOUSANDS OF PEOPLE IN THE STATE OF ANDHRA PRADESH THROUGH OUR CHURCH DEVELOPMENT AND CONSTRUCTION, WITH CHILD WELFARE AND EDUCATION PROGRAMS AND THROUGH COMMUNITY OUTREACH AND POVERTY RELIEF WORK. IN LOVING THOSE AROUND US AND BY MEETING THIS ABUNDANCE OF NEEDS, WE HOPE TO SEE ABJECT POVERTY ERADICATED IN THE YEARS TO COME AS PEOPLE RECEIVE EDUCATION, HOPE AND A FUTURE FULL OF PROMISE.

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 AREAS, AT THEIR DISCRETION.
EXPENSES $ 223,027. INCLUDING GRANTS OF $ 214,777. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2: BRAD AND ELIZABETH KELLY ARE HUSBAND AND WIFE. 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

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Employer identification number 20-0813055

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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	FRIENDS OF INDIA CHRISTIAN MINISTRIES, INC.	[X] 20-0813055
	Number, street, and room or suite no. If a P O. box, see instructions P.O. BOX 3925	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions DANA POINT, CA 92629	

Enter the Return code for the return that this application is for (file a separate application for each return) . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2012.

5 For calendar year 2011, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

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 Date ▶