990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending For the 2021 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: INDIA GOSPEL LEAGUE, INC. N AMERICA Address change Doing business as 31-1423556 Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone number P.O. BOX 356 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated HUDSON OH 44236 3,872,037 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending CLAUDE ROBOLD 207 EDITH DRIVE H(b) Are all subordinates included? MIDDLETOWN OH 45042 If "No." attach a list. See instructions Tax-exempt status: **X** 501(c)(3) (insert no.) 4947(a)(1) or IGWORLD.ORG Website: H(c) Group exemption number X Corporation Trust Other > Year of formation: 1994 Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: FUNDING INTERNATIONAL MINISTRIES WITH EMPHASIS IN SOUTH ASIA AND THE INDIAN Activities & Governance 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 4,369,209 3,870,663 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25 21 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 68,200 1,353 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,437,434 3,872,037 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 3,063,861 2,136,943 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 291,215 294,484 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,438 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 335,040 357,689 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,690,116 2,789,116 747,318 1,082,921 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,407,413 2,488,085 21 Total liabilities (Part X, line 26) 3,066 2,890 22 Net assets or fund balances. Subtract line 21 from line 20 404,347 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 Signature of officer Here CLAUDE ROBOLD PRESIDENT / V. CHAIR Type or print name and title Print/Type preparer's name Check Paid 05/17/22 self-employed Richard K. Warfield, CPA P00041516 Preparer Donovan, Klimczak and Company 34-1695051 Firm's name Firm's EIN ▶ **Use Only** 581 Boston Mills Rd Ste 100 Hudson, OH 44236-1193 330-655-1395 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

For	m 990 (2021) INDIA GOSPEL LEA	GUE, I	NC. N AMERICA	31-1423556	Page 2
P	art III Statement of Program Serv				
		s a respon	se or note to any line	in this Part III	X
	Briefly describe the organization's mission: See Schedule O				
	DCC Deficación				
	• • • • • • • • • • • • • • • • • • • •				

2	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3				
	prior Form 990 or 990-EZ?				Yes X No
_	if "Yes," describe these new services on Sche	aule O.			
3					Yes X No
	If "Yes," describe these changes on Schedule			•••••	Tes 🔼 No
4			ents for each of its three la	rgest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) org				
	the total expenses, and revenue, if any, for ea	ch program s	service reported.		
		12 176			
	HOCENIA MEEDS) (Revenue \$	
•	* * * * * * * * * * * * * * * * * * * *				
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	• • • • • • • • • • • • • • • • • • • •				
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	• • • • • • • • • • • • • • • • • • • •				
		* * * * * * * * * * * * * * * *		•••••	
4b	(Code:) (Expenses \$ 4	13,113	including grants of \$) (Revenue \$	
(CHILD SPONSORSHIP			•••••	
	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •
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	• • • • • • • • • • • • • • • • • • • •				
	•				
4c	(Code:)(Expenses \$ 4	29,198	including grants of \$) (Revenue \$	
	SHARON HOSPITAL			, (normae \$	······································
	• • • • • • • • • • • • • • • • • • • •				
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	• • • • • • • • • • • • • • • • • • • •				
4d	Other program services (Describe on Schedule				
40	(Expenses \$ 1,094,822 included in the control of t	ding grants o) (Revenue \$)
	Total program service expenses	, U U ,	U U 9		

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,"			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	···· -	1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	··· 		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	••••		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? 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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			v
_	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	44.		x
d	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	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a		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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	• •		
	Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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 other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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	I I		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A). line 1? If "Yes," complete Schedule I, Parts I and II	21	I	X

Form 990 (2021) INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556

Part IV Checklist of Required Schedules (continued)

	artive Checklist of Required Schedules (continued)					1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	iale or	,		Γ	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	iais Ui	1		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					1	†
	organization's current and former officers, directors, trustees, key employees, and highest compensations	ated					
	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 tha						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer It	ines 2	4b				
	through 24d and complete Schedule K. If "No," go to line 25a				24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b	ļ	
С	3	e year					
	to defease any tax-exempt bonds?				24c	 	
d 250	3 ,				24d	 	┼
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excetransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ss dei	rent		250		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person i				25a	<u> </u>	
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	•					
	If "Vas " complete Schodule I Part I				25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an				200		†
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trus	tee, ke	 ∍y				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	e					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	ese					
	persons? If "Yes," complete Schedule L, Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sch	edule l	-,				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor? If					v
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28a		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?				28b	 	<u> </u>
Ū	"Voo." complete Schodule I. Port IV				28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul				29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif				1		
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	lule N,	Part i	 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 Reg	ulation	าร				
	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, Par	t II, III,					
25-	or IV, and Part V, line 1				34	X	37
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charital				35b		
•	related organization? If "Ves." 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,				37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b a	nd				
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>			
		Ι.	1 ^		2000000000	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c		663888888
	Toporcione general (generally) minings to prize million:				1 16		

P	art V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 12	Canada (1990)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	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	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	-			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country	t- (CDAD)			
. .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	•			v
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 ?	<u>5a</u> 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ni:	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	• • • • • • • • • • • • • • • • • • • •		<u> </u>	
ou	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods			
	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		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	• • • •	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u> 9b</u>		
10	Section 501(c)(7) organizations. Enter:	ا م			
a	***************************************	0a 0b			
ь 11	Section 501(c)(12) organizations. Enter:	ODI			
''a	Cross income from members or charabalders	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1a			
~	against amounts due or received from them.)	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1		12a		10000000000
		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	3b			
С	Enter the amount of reserves on hand	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 6)	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.	on or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16	***********	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		85888888
	If "Yes." complete Form 6069.				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management

<u> </u>	Clon A. Governing body and management				Т	T
4	Enter the number of voting members of the governing heady at the and of the tay year	14-	1 7		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	,	_	1	
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h		1b	5			
р 2	Enter the number of voting members included on line 1a, above, who are independent		<u> </u>	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					X
•	any other officer, director, trustee, or key employee?			2		_ A
3	Did the organization delegate control over management duties customarily performed by or under the direct					v
4	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	ar		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		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u>-</u> .		- T
L	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,					v
	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.	ear by tr	ne 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 on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnai R	evenue Co	ae.)		Γ
					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 filin	g the fo	rm?	11a	X	20000000
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					1
	describe on 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?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		l
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		•			
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest pol	icy, and			
	financial statements available to the public during the tax year.	•				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				

SCOTT PFEIFFER

571 BOSTON MILLS ROAD STE 500

OH 44236

888-352-4451

HUDSON

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

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

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

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X 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	bo off	ix, unle ficer a	Pos check ess pe nd a c	rson i	than one is both a or/trustee	in e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JIM GRESSETT	0.00									
BOARD MEMBER	0.30	X						o	o	0
(2) JIM LYON										
CUSTINAN	0.30	x		х				0	_	
CHAIRMAN (3) TODD MULLER	0.30	<u> ^</u>				\vdash		0	0	0
(0) 2022 22022	1.00									
SECRETARY	0.00	X		X				0	0	0
(4) MARK RETZLAFF										
BOARD MEMBER	0.30	x						O	0	o
(5) CLAUDE ROBOLD									<u> </u>	
	0.30									
PRESIDENT / V. CHAIR	0.00	X		X				0	0	0
(6) SAMUEL STEPHENS	0 00									
BOARD MEMBER	2.00	x		x				0	0	0
(7) PAUL WIDES										
	0.30								_	
TREASURER	0.30	X		X			_	0	0	0
(8)										
• • • • • • • • • • • • • • • • • • • •							İ			
(9)										
(10)							\dashv			
/11)		\vdash					_			The state of the s
(11)										

(VVIGE 03/1//2022 10									
Form 990 (2021	INDIA	GOSPEL	LEAGUE,	INC.	N	AMERICA	31-1	.4235	56

(A) (B) Name and title Avera hour per we (list a			(d bo	o not ox, unli	Pos check ess pe	C) sition more erson	than o	one n an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
· · · · · · · · · · · · · · · · · · ·											
d Total (add li	ontinuation she nes 1b and 1c)	ets to Part VII, S	ecti mite	on A	<u></u>			bov	e) who received more than	\$100,000 of	
employee on 4 For any indiviorganization individual	line 1a? If "Yes," idual listed on line and related organ	complete Sched a 1a, is the sum of dizations greater to	ule of rea	J for porta \$15	<i>sucl</i> able 0,00	n ind com 0? II	ividu pens "Ye:	al atio s," c	n and other compensation of complete Schedule J for such	from the	3 X 4 X
5 Did any perso	endered to the or	a receive or accr ganization? <i>If</i> "Ye	ue c	omp	ensa	nous	ILOIL	ı an	y unrelated organization or	individual	5 X
1 Complete this	s table for your fiv n from the organia	re highest compe zation. Report co	nsa mpe	ted ir ensat	ndep tion f	end or th	ent c	ontr lenc	actors that received more t lar year ending with or withi	in the organization's tax ye	
	Name and	(A) business address	***************************************						Descripti	(B) ion of services	(C) Compensation
								-		***************************************	
					· · · · · · · · · · · · · · · · · · ·						
2 Total number	of independent	ontro de se disse	4:	h	200			41-	se listed above) who		

	art \	Check i		o f Revenue edule O cont	ains a	a response or not	te to any line in th	is Part VIII		The state of the s
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts te	1 a	Federated cam	paigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es		1b					
S, C	C	Fundraising eve	ents		1c					
#5 #5	d	Related organiz	ations		1d					
S, E	е	Government grants (c	ontributio	ns)	1e				100	
i Si] 1	 All other contributions, and similar amounts n 	gifts, gra	ants,	1f	3,870,66	3			
ë	g	Noncash contributions			"	3,870,88	1			
ž č		lines 1a-1f								
<u>ن ټ</u>	i h	Total. Add lines	1a-1	f <u>,</u>		<u></u>	3,870,663			
						Business Cod	le			
<u>8</u>	2a									
ه <u>ح</u>	b	•								
Sey	C									
Program Service Revenue	d									
F.	e									
	i	All other program Total. Add lines				<u> </u>				l
	3	Investment inco							Γ	
	٦	other similar am		-			21			21
	4	Income from inv	estme	nt of tax-exempl	bond	proceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6a	Gross rents	6a				7			
	b	Less: rental expenses	6b				7			
	c	Rental inc. or (loss)	6с							
	_d	Net rental incom	e or (l	oss)						
	7a	Gross amount from sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a							
ne	b	Less: cost or other							5.00	
Ven		basis and sales exps.	7b				_			
Other Revenue		Gain or (loss)	7c			······································	<u> </u>			
her		Net gain or (loss				·····				
ō	8a	Gross income from		ising events						
		(not including \$	<i>.</i>							
		of contributions rep		in line						
		1c). See Part IV, lir			8a 8b		-			
		Less: direct expense or (I								
		Gross income fr		- 1	vents					
	Ja	activities. See P	_	-	9a					
	h	Less: direct expe			9b		1			
		Net income or (le				>				
		Gross sales of in		1	1					
		returns and allow		- 1	10a					
	b	Less: cost of go			10b					
		Net income or (le			ntory .					
S						Business Code				
Miscellaneous Revenue	11a	Gain on Sa	Le of	Asset			1,353			1,353
lan enu	b	* * * * * * * * * * * * * * * * * * * *								
<u>s</u> g	С									
ž Ž		All other revenue								
	е	Total. Add lines	11a-1	1d)	1,353			
	12	Total revenue.	See in	structions			3,872,037	0	0	1,374

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and 2,136,943 2,136,943 foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 242,888 31,566 211,322 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 22,852 2,971 19,881 9 28,744 3,737 Payroll taxes 25,007 10 Fees for services (nonemployees): a Management Legal 12,671 12,671 C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion _____ 12 177,195 105,392 39,897 31,906 Office expenses 13 Information technology 14 15 Royalties 39,161 39,161 16 Occupancy 3,592 724 2,868 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,471 7.471 19 Conferences, conventions, and meetings 20 Payments to affiliates _____ 21 550 550 Depreciation, depletion, and amortization 1,433 1,433 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 89,000 89,000 REGIONAL FIELD REPS 12,534 MERCHANT FEES 12,534 UTILITIES 4,253 4,253 3,913 3,913 TELEPHONE 5,916 193 5,723 All other expenses 2,789,116 2,280,609 377,069 131,438 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

				(A)		(B)
1	Cook non interest hooring			Beginning of year 1,396,021	1	End of year 2,464,594
2	Cash—non-interest-bearing				2	10,971
- 1						10,911
3	A				3	
5					4	
3	trustee, key employee, creator or founder, substan	· ·	ES			
		•	T T		_	
6	controlled entity or family member of any of these				5	
	Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in				6	
ets					7	
Assets	La contrata de contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del contr					
l °					9	7,232
9				3,402	9	1,232
10	a Land, buildings, and equipment: cost or other	100	50 032			
.	basis. Complete Part VI of Schedule D	1 444 1	50,032 44,744	7,910 1	•	E 200
- 1	b Less: accumulated depreciation				0c	5,288
11					11	
12	· · · · · · · · · · · · · · · · · · ·				12	
13	1				13	
14				· · · · · · · · · · · · · · · · · · ·	14	
15	***************************************				15	2 400 005
16	9 1		16	2,488,085 2,890		
17			17	2,690		
18			18			
19	Deferred revenue		19			
20					20	
21	Escrow or custodial account liability. Complete Par			2	21	
Liabilities 22						
≝	trustee, key employee, creator or founder, substan		35%	_		
<u>ia</u>	controlled entity or family member of any of these p				22	
_ 23					23	
24					24	
25						
	parties, and other liabilities not included on lines 17	-24). Complete Pa	irt X	_		
					25	0.000
26				3,066 2	26	2,890
S	Organizations that follow FASB ASC 958, check	here ► X				
2	and complete lines 27, 28, 32, and 33.			474 500		1 010 414
<u>k</u> 27				474,500 2		1,012,414 1,472,781
<u>m</u> 28	Net assets with donor restrictions			929,847 2	28	1,4/2,/81
<u> </u>	Organizations that do not follow FASB ASC 958	, check here ▶				
Net Assets or Fund Balances 25 28 29 30 31 32	and complete lines 29 through 33.					
o 29	Capital stock or trust principal, or current funds			2		
5 30	Paid-in or capital surplus, or land, building, or equip	ment fund			10	
8 31	Retained earnings, endowment, accumulated incor	ne, or other funds	· · · · · · · · · · · · · · · · · · ·	3 404 045		0 402 442
	Total net assets or fund balances			1,404,347 3		2,485,195
33	Total liabilities and net assets/fund balances			1,407,413 3	3	2,488,085

Form **990** (2021)

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

X

SCHEDULE A (Form 990)

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.

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I

INDIA GOSPEL LEAGUE, INC. N AMERICA

Employer identification number 31-1423556

The	orga	nization is no	t a private foundation becaus	se it is: (For lines 1 through 12,	check on	ly one box	:.)	
1		A church, co	onvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(1)(A)(i).	
2				(A)(ii). (Attach Schedule E (Forr				
3			,	ice organization described in se)(b)(1)(A)(iii).	
4	H			ed in conjunction with a hospital			-	ospital's name
	<u>i</u>	city, and sta	to·					ioopitai o mairio,
5		3 ·		of a college or university owned				
Ŭ	ئــــا	_	(b)(1)(A)(iv). (Complete Part		ог орста	ica by a g	overnmental and described in	
6				governmental unit described in s	ection 1	70/h\/1\/A	WW	
7	X			substantial part of its support fr				•
′	41	_	section 170(b)(1)(A)(vi). (C		oni a gov	emmenta	runit or from the general public	j
8		A community	y trust described in section :	170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultur	al research organization des	scribed in section 170(b)(1)(A)(ix) opera	ted in conj	unction with a land-grant colle	ge
		or university	or a non-land-grant college	of agriculture (see instructions).	Enter the	e name, ci	ty, and state of the college or	
		university:						
10		-) more than 33 1/3% of its supp			•	SS
		•		npt functions, subject to certain	•			
			-	nd unrelated business taxable ir 80, 1975. See section 509(a)(2)	,		•	
11				exclusively to test for public safe				
	H	Ŭ	•	, ,	•		` ' '	of
12	لــا	-	-	exclusively for the benefit of, to tions described in section 509(a				
				scribes the type of supporting or				Olleck
	а		-	erated, supervised, or controlled	-		•	na
	u			wer to regularly appoint or elect	-			ng
				complete Part IV, Sections A a		y or allo dil	cotoro di tradicos di tric	
	b			pervised or controlled in connec		its suppo	rted organization(s), by having	
	-	Taxanian III		rting organization vested in the s				ed
				Part IV, Sections A and C.			3- m	
	С			supporting organization operated structions). You must complete				ith,
	d	7		d. A supporting organization ope				n(c)
	u			e organization generally must sa				
				nust complete Part IV, Section				300
	е	Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is		
	_			n-functionally integrated support	ting orgar	lization.		Γ
	f		mber of supported organizati					
	g		T	ne supported organization(s).	Ι			
(i)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1 ' '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	0.9	juri Edilori		above (see instructions))	1 .	ment?	instructions)	instructions)
					Yes	No		
(A)								
				•				
(B)								
(C)								
•							į	
(D)				. ,				
_ •								
(E)								
. ,								
otal								

Schedule A (Form 990) 2021

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

	Part III. If the organization	n fails to qualify	under the tests	s listed below,	please complet	e Part III.)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,445,870	3,104,824	3,459,791	4,369,209	3,870,663	18,250,357
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	3,445,870	3,104,824	3,459,791	4,369,209	3,870,663	18,250,357
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)						
6	Public support. Subtract line 5 from line 4						18,250,357
	tion B. Total Support				•		10,230,337
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,445,870	3,104,824	3,459,791		3,870,663	18,250,357
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	394	77	1	25	21	518
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 VI.)			34	68,200	1,353	69,587
11	Total support. Add lines 7 through 10						18,320,462
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop her						>
Sec	tion C. Computation of Public S						
14	Public support percentage for 2021 (line 6	6, column (f) divided	d by line 11, colum	n (f))		14	99.62%
15	Public support percentage from 2020 Sch		e 14			15	99.62%
16a	33 1/3% support test—2021. If the organ		ck the box on line	13, and line 14 is 3	33 1/3% or more, cl	heck this	
	box and stop here. The organization qual						► X
b	33 1/3% support test—2020. If the organithis box and stop here. The organization						>
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa-						
	organization		· ·	•	. , , , ,		>
b	10%-facts-and-circumstances test—202	20. If the organization	on did not check a	box on line 13, 16	Sa, 16b, or 17a, and	d line	hammanad
	15 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances t	est, check this box	x and stop here . E	xplain	
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	ganization qualifie	s as a publicly supp	ported	
	organization						> [
18	Private foundation. If the organization die	d not check a box o	on line 13, 16a, 16b	o, 17a, or 17b, che	eck this box and se	е	
	instructions						▶ □
						·····	

- Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality dilater t	ine teete neteu i	sciow, picase o	ompiete r art i	1.)	•	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				<u> </u>			
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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			-				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202°	1	(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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)		
500	organization, check this box and stop her		<u></u>		<u></u>		<u> </u>	>
	Tublic support researches for 2024 (line 8)			(5)			45	0/
15 16	Public support percentage for 2021 (line 8 Public support percentage from 2020 Scho	, column (1), aivide edule A. Pert III. lii	ne 15	m (i))			15 16	<u>%</u> %
	tion D. Computation of Investme				·····		10	70
17	Investment income percentage for 2021 (li			3 column (f))			17	%
	Investment income percentage from 2020 S		I line 47			ı	18	//
19a	33 1/3% support tests—2021. If the organ							
	17 is not more than 33 1/3%, check this bo							
b	33 1/3% support tests—2020. If the organ				- · · · · -			
	line 18 is not more than 33 1/3%, check th							▶ □
20	Private foundation. If the organization did							

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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3b		
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4a		
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9c	35535555555	
	and the state of t	
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10a		
10a		

Pa	rt IV Supporting Organizations (continued)			
		·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		<u>L</u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	ion of type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		0.00.000.000000
Sect	ion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sect	on E. Type III Functionally Integrated Supporting Organizations	~~~		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nstructions) 1		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		.005365X5055
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b	***************************************	0.000.000.0000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		2021-20-2007-200
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		susceptibilities (Color

Schedule A (Form 990) 2021 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	oorting Organizat	tions	, age o
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on Nov. 20, 1	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting or	ganizations must comp	lete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			1000000
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amoun	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	000000000000000000000000000000000000000		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		***************************************
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		TENNES III	
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Pai	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide del	tails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.	 		
9	Distributable amount for 2021 from Section C, line 6	····		
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2021	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021	<u> </u>		
a	From 2016			
<u> </u>	From 2017			
С	From 2018		35	
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e		2000	
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			200
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			5386.0
4	Distributions for 2021 from			
	Section D, line 7: \$			33000
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			~~~
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		1939	
a	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Fo Part VI	Supplemental Information. Provide the explain. III, line 12; Part IV, Section A, lines 1, 2, 3b, 3d, B, lines 1 and 2; Part IV, Section C, line 1; Part 3a, and 3b; Part V, line 1; Part V, Section B, lines 2, 5, and 6. Also complete this part for an	anations re c, 4b, 4c, t rt IV, Secti ne 1e; Par	5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV ion D, lines 2 and 3; Part IV, Section E, line rt V, Section D, lines 5, 6, and 8; and Part V	, Section s 1c, 2a, 2b,
Part I	I, Line 10 - Other Income Det	tail		
Other	income	\$	34	
PPP Lo	an forgiveness	\$	68,200	
Gain o	n Sale of Investment Assets	\$	1,353	
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Page 8

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ 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)? In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **\$** 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

	The percentages on lines 2a, 2b, and 2c should equal 100%.			
3а	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:		Yes	N
	(i) Unrelated organizations	3a(i)		X
	(ii) Related organizations	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements 50,032 44,744 d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,288

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on		ne 11h See Form 990	Page
	(a) Description of security or category	(b) Book value		of valuation:
	(including name of security)		Cost or end-of-y	ear market value
(1) Financial of	lerivatives			
	ld equity interests			
(3) Other				
(A)				
(C)				
(D)	,			
(Ė)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments – Program Related.	- 000 D + 11/4 I	44 0 5 000 1	
	Complete if the organization answered "Yes" on	7		
	(a) Description of investment	(b) Book value	(c) Method of	
(4)			Cost or end-of-ye	ai mainet value
(1)				
(2)				
(3)				******
(4)				
(5) (6)				· · · · · · · · · · · · · · · · · · ·
(7)			·	
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	J		
50450045550000000000000000000000000000	Complete if the organization answered "Yes" on I	Form 990, Part IV, li	ne 11d. See Form 990, I	Part X, line 15.
	(a) Description		<u> </u>	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		÷		
(7)			***************************************	
(8)				
(9)			MANAGEMENT	
	(b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			000 B + 17
	Complete if the organization answered "Yes" on I line 25.	-orm 990, Part IV, III	ne 11e or 11t. See Form	990, Part X,
1.	(a) Description of liability		······································	(b) Book value
	ncome taxes			
(2)				
(3)		····		
(4)				
(5)				
(K)				
(6) (7)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,789,11
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X - FIN 48 Footnote	ĺ	
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER T	HE	CURRENT
PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501 (C) (3).	TH	EREFORE, NO
PROVISION FOR FEDERAL AND STATE INCOME TAXES HAVE BEEN RECOR	DED	IN THE
STATEMENTS. THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGA	NIZ	ATION THAT
IS NOT A PRIVATE FOUNDATION.		
Part XII, Line 2d - Expense Amounts Included in Financials -	Ot	her
Book / Tax Depreciation Difference \$		2,073

Part XIII Supplemental Information (continued)	Schedule D (F	orm 990) 2021	INDIA	GOSPEL	LEAGUE,	INC.	N	AMERICA	31-1423556	Page 5
	Part XIII	Supplemer	ntal Inform	nation (cont	inued)					
										• • • • • • • • • • • • • • • • • • • •
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

INDIA GOSPEL LEAGUE, INC. N AMERICA

Employer identification number
31-1423556

Part I	General Information Form 990, Part IV, line		utside the United States. Co	emplete if the organization answ	ered "Yes" on
other assi	tmakers. Does the organizestance, the grantees' eligit	ation maintain record	s to substantiate the amount of its gassistance, and the selection criteria	used to	Yes X No
_	makers. Describe in Part 'e United States.	V the organization's p	rocedures for monitoring the use of	its grants and other assistance	
3 Activities	per Region. (The following	Part I, line 3 table car	n be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)		:			
13)					
14)					
15)					
16)					
17)					
a Subtotal					·
b Total from continu	ation				
c Totals (add	3h)				

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. INC. N AMERICA 31-1423556 Schedule F (Form 990) 2021 INDIA GOSPEL LEAGUE, Part II

Page 2

~	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
				CHARITY & RELIGIOUS	2,136,943	WIRE TRANSFERS	FERS		
9								VOLUNTEERING	NG
(2)									
63	- 23								
(4)									
(2)									
(9)									
62									
(8)									
(6)									
(10)									
E									
(12)									
(13)									
(14)									
(19)									
10									
2 Enter exem	r total number of rec ipt 501(c)(3) organiz	Enter total number of recipient organizations listed above that are recognized exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel	listed above that a for which the gran	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	n country, recognized 01(c)(3) equivalency le	as a tax etter		•	
3 Enter	total number of oth	Enter total number of other organizations or entities	ntities						

Schedule F (Form 990) 2021

RWIGL 05/17/2022 10:30 AM

Schedule F (Form 990) 2021

Page 3 rm 990) 2021 INDIA GOSPEL LEAGUE, INC. N AMERICA 31–1423556

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

ו מולחו סמון אם וויים	addillollal	space is lieeded.					
(a) Type of grant or assistance (b) Region (c) Number of recipients	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							TOTAL PROPERTY.
(4)							
(5)							
(9)							
(1)		To the state of th					
(8)		To the state of th					
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

Schedule F (F)	orm 990) 2021 INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556 Page	9
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and	
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
Part V	- Additional Information	
TRIPS	BY BOARD MEMBERS AND STAFF TO SEE THE WORK COMPLETED, AS WELL AS	
REVIEW	OF DETAILED PROGRESS REPORTS AND PHOTOGRAPHS.	
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• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

INDIA GOSPEL LEAGUE, INC. N AMERICA

Employer identification number 31–1423556

Form 990 - Organization's Mission INDIA GOSPEL LEAGUE, NORTH AMERICA (IGL-NA), IS A NON-PROFIT OHIO CORPORATION, ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES. ITS ARTICLES OF INCORPORATION WERE FILED WITH THE OFFICE OF SECRETARY OF STATE FOR THE STATE OF OHIO ON MAY 5, 1995 Form 990, Part III, Line 4d - All Other Accomplishments VARIOUS PROGRAMS INCLUDING ADOPT A REGION, ADOPT A VILLAGE, BAREFOOT PASTOR, LIFE CENTERS, SHARON HOSPITAL, AND URGENT NEEDS. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 REVIEWED BY PAUL WIDES (BOARD TREASURER), SCOTT PFEIFFER (FINANCE MANAGER) AND THE BOARD PRIOR TO FILING. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED, REVIEWED, AND SIGNED ANNUALLY. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER SALARIES ARE AT THE DISCRECTION OF THE PRESIDENT OF IGL NA, SAM STEPHENS, AND BASED ON INDUSTRY AVERAGES. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL

Schedule O (Form 990) 2021			Page
Name of the organization	1	oyer identification i	number
INDIA GOSPEL LEAGUE, INC. N AMERICA	31	-1423556	
STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND U	PON	REQUEST.	
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Ехр	lanation	
Book / Tax Depreciation Difference		\$ -2	,073
ROUNDING		\$	0
DEPREC - BOOK TO TAX DIFFERENCE		\$	0
ROUNDING		\$	0
Total		\$ -2	,073
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		ge 1 of 1	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 31-1423556

INDIA GOSPEL LEAGUE, INC. N AMERIC	CA				31-1423556	123556
Part I Identification of Disregarded Entities. Complete if the	organization answered "Yes" on Form 990, Part IV, line 33	vered "Yes" on F	orm 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity
(1)	:					
(2)						
	:					
(3)	:					
(4)						
	······································					
(5)						
part II Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had tax year.	ganization answ	ered "Yes" on F	orm 990, Part IV	, line 34, because	e it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) INDIA GOSPEL LEAGUE 48 CHAIRMAN CHINNIAH RD TAMINLNADU, SALEM IN	RELIGIOUS	2	F 0103		8/2	
(2)						4
(3)	·		The state of the s			
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Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021 INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556

Page 2

Schedule R (Form 990) 2021 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes 6 alloc.? Share of end-of-year assets <u>6</u> Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III Ξ Ξ DAA 3 3 4 <u>4</u> 3 3

Page 3

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INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556 Schedule R (Form 990) 2021

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

× × M × × × × × × × × × Yes × Method of determining amount involved 10 19 19 4 4 무 9 유 <u>1</u>9 <u>4</u> 쏫 7 19 18 # ;= - = d Loans or loan guarantees to or for related organization(s) Reimbursement paid by related organization(s) for expenses Lease of facilities, equipment, or other assets to related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) ਉ FAIR VALUE 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2,136,943 Amount involved Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Д l Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid to related organization(s) for expenses Name of related organization r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Sharing of paid employees with related organization(s) INDIA GOSPEL LEAGUE Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ٥ <u>4</u> Ξ 8 3 (2) 9

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Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556

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

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

	,				5005	בישוים וכלים ולפום		2000000	
	A) (p	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	e 0	managing partner?	ownership
	country)	_	Yes No			Yes		Yes	
(1)									
									.,
(2)									
(3)									
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(11)									

Part VII	Supplementa	INDIA GOSPE al Information. onal information for				Page 5
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Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

(99) Name(s) shown on return Identifying number INDIA GOSPEL LEAGUE, INC. N AMERICA 31-1423556

	less of activity to which this form relate							
	ndirect Depreciat							
P	art I Election To Expe	•	•					
	Note: If you have a		<u>, complete Par</u>	t V before you c	omplete	Part I.		4 050 000
1	Maximum amount (see instruction						1	1,050,000
2	Total cost of section 179 property						2	0 600 000
3	Threshold cost of section 179 pro						3	2,620,000
4	Reduction in limitation. Subtract I						4	
_5	Dollar limitation for tax year. Subtract li		r less, enter -0 If ma				5	
_6	(a) Description	on of property		(b) Cost (business use	only)	(c) Elected cost		
								4
					 			
7	Listed property. Enter the amoun				7		1 .	
8	Total elected cost of section 179						8	
9	Tentative deduction. Enter the sn						9	
10	Carryover of disallowed deduction	-	• •				10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction			2	13			
and the second of the second 	: Don't use Part II or Part III below	······································						
	art II Special Depreciat					listed proper	ty. Se	ee instructions.)
14	Special depreciation allowance for		ther than listed pro	perty) placed in ser	vice			
	during the tax year. See instruction						14	
15	Property subject to section 168(f)						15	
<u> 16</u>	Other depreciation (including ACF					<u> </u>	16	550
Pε	art III MACRS Deprecia	tion (Don't includ			ons.)			·····
		······································	Section	.			T	
17	MACRS deductions for assets pla	aced in service in tax y	ears beginning be	fore 2021			17	0
18	If you are electing to group any assets place							
	Section B—/	Assets Placed in Ser			e General	Depreciation S	system)
	(a) Classification of property	(b) Month and year placed in	(c) Basis for deprec (business/investmen	t use	(e) Conve	ention (f) Met		
19a	O	service	only-see instructio	ns) period			noa	(g) Depreciation deduction
	3-year property	service	only-see instructio	ns) period			noa	(g) Depreciation deduction
b	5-year property	service	only-see instruction	ns) period			nod	(g) Depreciation deduction
b c		service	only-see instructio	ns) period			nod	(g) Depreciation deduction
С	5-year property	service	only-see instruction	ns) period			nod	(g) Depreciation deduction
c d	5-year property 7-year property	service	only-see instruction	ns) period			nod	(g) Depreciation deduction
c d e	5-year property 7-year property 10-year property	service	only-see instruction	ns) period			nod	(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property	service	only-see instruction	period 25 yrs.		S/L		(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property	service	only-see instruction		MM	S/L		(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	service	only-see instruction	25 yrs.		S/L S/L		(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	service	only-see instruction	25 yrs. 27.5 yrs.	MM	S/L S/L S/L	-	(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	service	only-see instruction	25 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L S/L S/L		(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	service		25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L		
c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L		
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c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 30-year 40-year	sets Placed in Servi		25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	MM MM MM Alternativ	S/L	Syste	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 30-year 40-year Summary (See ins	sets Placed in Servi	ce During 2021 Ta	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternativ MM	S/L	Syster	m
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 30-year 40-year Listed property. Enter amount fror	sets Placed in Service tructions.) In line 28 lines 14 through 17, line 18	ce During 2021 Ta	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternativ MM MM	S/L	Syste	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 30-year 40-year Listed property. Enter amount fror Total. Add amounts from line 12,	sets Placed in Service in tructions.) In line 28 Iines 14 through 17, line fyour return. Partnered in service during the	ce During 2021 Ta	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs. column (g), and line rations—see instructer the	MM MM MM Alternativ MM MM	S/L	Syster	m

RWIGL INDIA GOSPEL LEAGUE, INC. N AMERICA 5/17/2022 10:30 AM **Federal Statements** 31-1423556 FYE: 12/31/2021 Cash - EOY Description Amount 2,464,594 Total \$ 2,464,594 Savings - EOY Description Amount Investments 10,971 10,971 Total **Accounts payable - EOY** Description Amount 2,889 Total \$ 2,889