Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 $$ and ending	JUN 30, 2024						
B c	heck if pplicable	C Name of organization	D Employer identific	cation number					
	Name change	INLAND VALLEY COUNCIL OF CHURCHES Doing business as INLAND VALLEY HOPE PARTNERS 95-2674837							
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	*					
	Final return/	1753 NORTH PARK AVE.	909-622-	3806					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,283,031.					
	Amend return	FOMONA, CA 31/00	H(a) Is this a group re	H(a) Is this a group return					
	Application	F Name and address of principal officer: KAMERON GROSVENOR	for subordinates	? Yes X No					
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No					
17	ax-exe			list. See instructions					
	Vebsit		H(c) Group exemptio						
			ear of formation: 1968 N	A State of legal domicile; CA					
Pa		Summary		0= D=0DI=					
ø	1	Briefly describe the organization's mission or most significant activities: TO ENSUR	E EMPOWERMENT	OF PEOPLE					
anc		IN NEED BY PROVIDING FOOD, SHELTER, AND SUPPO							
Activities & Governance		Check this box if the organization discontinued its operations or disposed of m							
Š	J.	Number of voting members of the governing body (Part VI, line 1a)	contract which is a contract to the contract of the contract o	11					
ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		13					
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		200					
ξį		Total number of volunteers (estimate if necessary)		0.					
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		0.					
—	В	Net unrelated business taxable income nonn ronn 950-1, Farti, intern	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	1,614,934.	2,186,551.					
Revenue		Program service revenue (Part VIII, line 2g)	77,467.	72,708.					
Ver	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,399.	13,234.					
R	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,510.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,701,800.	2,275,003.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	592,091.	610,648.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Kpe	b	Total fundraising expenses (Part IX, column (D), line 25) 107,300.							
Ω	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,289,262.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,881,353.	2,074,983.					
		Revenue less expenses. Subtract line 18 from line 12	-179,553.	200,020.					
Net Assets or			Beginning of Current Year	End of Year					
sset	20	Total assets (Part X, line 16)	2,008,366.	2,741,352.					
et	21	Total liabilities (Part X, line 26)	402,329.	912,145. 1,829,207.					
D:	art II	Net assets or fund balances. Subtract line 21 from line 20	1,000,037.	1,029,207.					
PROMENCE	Maria Cara Cara Cara Cara Cara Cara Cara	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	taments, and to the hest of my	/ knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y Kilowioago alla bolloi, it is					
truc	, 001100	A MILLON TO THE	3/2	5/25					
Sig	n	Signature of officer	Date	7					
Here KAMERON GROSVENOR, PRESIDENT & CEO									
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	i	MARLEN GOMEZ MARLEN GOMEZ	03/25/25 if self-emplo	P01306775					
	parer	Firm's name CLIFTONLARSONALLEN LLP		1-0746749					
	Only	Firm's address 2210 EAST ROUTE 66							
GLENDORA, CA 91740 Phone no. (626) 85									
Mar	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No					

	O (2023) INLAND VALLEY COUNCIL OF CHURCHES 95-267483	37	Pa	_{je} 3	
n 99	10 (2023) INLAND VALLEY COUNCIL OF COUNCIL O		es	No	
	V Checklist of Required Schedules	- '	<u>es</u>	INO	
	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x		
ls	"Yes," complete Schedule A		X		
lf	"Yes," complete Schedule A	-			
ls	s the organization required to complete Schedule B, Schedule of Contributors? See institution in Section 1997 in the Organization and Section 1997 in the Organization and Section 1997 in the Organization 2007 in the Organ	3		X	
. [bid the organization engage in direct or indirect political campaign activities of the organization engage in direct or indirect political campaign activities, or have a section 501(h) election in effect				•
k	bublic office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, so that the tax year? If "Yes," complete Schedule C, Part II	-			_
(during the tax year? If "Yes," complete Schedule C, Part II	5		X	
. 1	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives the section 501(c)(6), or 501(c)(6) organization that receives the section 501(c)(6), or 501(c)(6) organization that receives the section 5				_
:	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	6		Х	
i	Did the organization maintain any donor advised funds or any similar funds of accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts?				
	provide advice on the distribution or investment of amounts in such tailed by the preserve open space, Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule 5,7 are the structures of the environment, historic land areas, or other similar assets? If "Yes," complete Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X	
3	Did the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization maintain collections of works of art, historical deadures, or example of the organization of th	-		T-	_
	Schedule D, Part III			1	
•	Did the organization report an amount in Fart X, line 21, 15 to appropriate credit repair, or debt negotiation services?			X	
	amounts not listed in Part X; or provide credit counseling, asset in S	9		+	
	If "Yes." complete Schedule D, Part IV	10		x	
0	Did the organization, directly of through a rotated organization.	10		1 2	
	Did the organization, directly or through a related organization, noid assets in donor result of the organization, directly or through a related organization, noid assets in donor result of the organization, directly or through a related organization, noid assets in donor result of the organization of the organization of the organization of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, III, VIII, VIII, IX, or X, III, VIII, IX, or X, III, VIII, VIII, IX, or X, III, VIII, VI				
1	If the organization's answer to any of the following questions of				
	as applicable. as applicable. If "Yes," complete Schedule D,	١	x	-	
а	Did the organization report an amount for land, buildings, and equipment an	11a	 ^	+	
	Part VI Part X line 12, that is 5% or more of its total		X		
b	Did the organization report an amount for investments of the property of the organization report an amount for investments of the organization report an amount for investments of the organization report and amo	11b	┼≏	+	
	assets reported in Part X, line 16? If "Yes," complete Scriedule 2, assets reported in Part X, line 13, that is 5% or more of its total			,	X
c	Did the organization report an amount for investments programme	110	+	+	
	assets reported in Part X, line 167 if "Yes," complete scripture 15 that is 5% or more of its total assets reported in	1	. 2	.	
(Did the organization report an amount for other assets in the state of	110			_
	Part X, line 16? If "Yes," complete Schedule D, Part X	116	-	┶	_
	Did the organization report an amount for other liabilities with far the tax year include a footnote that addresses		Ι,	,	
	Did the organization's separate or consolidated illiancial statement of the organization of the organizati	. 11	+-	<u> </u>	_
	the organization's liability for uncertain tax positions under the organization of the organizati		١.		
12	a Did the organization obtain separate, independent addited interview and the organization obtain separate, independent addited interview.	12	a ·	X.	
	Schedule D. Parts XI and XII				v
	h Was the organization included in consolidated, independent of the Cabadula D. Parts XI and XII is optional	. 12		-+	X
	b Was the organization included in consolidated, independent audited litralicial statements Was the organization included in consolidated, independent audited litralicial statements Was the organization included in consolidated, independent audited litralicial statements Facility Was the organization included in consolidated, independent audited litralicial statements Was the organization included in consolidated, independent audited litralicial statements	. 1		-+	$\frac{2}{2}$
13	Is the organization a school described in section 11-4-7/7/7	. 14	a		
14	Did the organization maintain an office, employees, or agont over the \$10,000 from grantmaking, fundraising, business,			١	
	b Did the organization have aggregate revenues of expenses of the organization have aggregate foreign investments valued at \$100,000				,
	investment, and program service activities outside the ornical states.	. 14	1b		-
	or more? If "Yes," complete Schedule F, Parts I and IV				
1	Fig. Did the organization report on Part IX, Column V 9, 1110 2, 11	-	15		
•	foreign organization? If "Yes," complete Schedule F, Falts if any ten \$5,000 of aggregate grants or other assistance to				
1	6 Did the organization report on Part IX, column (A), and 6, that		16		L
•	or for foreign individuals? If "Yes," complete Schedule 1, 1 and 1 and for professional fundraising services on Part IX,	1			
4	7 Did the organization report a total of more than \$15,000 to separate organizations	_	17		L
	Did the organization report a total of more than \$15,000 of expenses for professional reflections column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions on Part VIII, lines Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	Did the organization report more than \$15,000 total of targets	L	18	X	H
	Did the organization report more than \$15,000 total of fundraising event gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	1c and 8a? If "Yes," complete Schedule G, Part II	L	19		1
	Did the organization report more than \$15,000 of gross income from gaming determined to the complete Schedule G, Part III	L	20a		1
	complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	[20b		1
	20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule 11. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b If "Yes" to line 20a, did the organization attach a copy of grants or other assistance to any domestic organization or	Γ			
	But the experization report more than \$5,000 or granto or such		21		\perp
	21 Did the organization report IV column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Forn	990) (

332003 12-21-23

Page 5

Form 990 (2023) INLAND VALLEY COUNCIL OF CHURCHES
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13	}]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit		1	
	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 contribution	ons or gifts			
	were not tax deductible?	,,,,,,,,,,,	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices 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	s 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 co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h	700000000000000000000000000000000000000	
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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ı İ	Tiple 1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:) I			
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-
а			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	l I			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
			14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				177
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.	at 4at			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	***************************************	17		
	If "Yes," complete Form 6069.				

332005 12-21-23

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	box	not c	ss pe	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAMERON GROSVENOR	50.00	X		x				101,500.	0.	9,408.
PRESIDENT/CEO (2) RON BOLDING	2.00	^	_	^	-		├—	101,500.	U •	9,400.
CHAIR	2.00	x		х		ŀ		0.	0.	0.
(3) DR. DONNA BERNARD	2.00	^	\vdash	^	_	 	_	1	0.	
VICE CHAIR	2.00	x		х				0.	0.	0.
(4) REV. MICHAEL FRONK	2.00	-		-				V.		
TREASURER		x		х		l		0.	0.	0.
(5) TONY SOTO	1.00		T	-	 	1	T			
SECRETARY		x		x				0.	0.	0.
(6) CRAIG CHISOLM	2.00									
MEMBER		X						0.	0.	0.
(7) KATHERINE HAGE	1.00					1				
MEMBER		X						0.	0.	0.
(8) DR. MASSIE HAZEGH	2.00]								
MEMBER		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(9) JUDITH B. MUSSATTO	4.00		ł							
MEMBER		X				_		0.	0.	0.
(10) DAIN PANKRATZ	2.00							_	_	_
MEMBER		X	<u> </u>	<u> </u>		ļ	ļ	0.	0.	0.
(11) EHMANDAH RAMSEY	2.00	 								
MEMBER	1	X	ļ	<u> </u>	<u> </u>		_	0.	0.	0.
(12) MARK RAMSEY	2.00	١.,								
MEMBER		X	 	├		├	├	0.	0.	0.
		1								
		1			_					
		\vdash	\vdash	_	-	-	\vdash			
		1_		<u> </u>	<u> </u>					
		-								
		T	T			T		•		
			<u> </u>	Ц	<u> </u>		1			ļ

95-2674837

Fal	LV	111		Р				
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	54,123. 592,124. 540,304. 573,673.	2,186,551.			Sections 312 - 314
				Business Code				
a	2	а	FARMER'S MARKET	624200	60,708.	60,708.		
Š	_		SHARED FACILITY FEE	624200	12,000.	12,000.		
E e				021200	12,000.	12,000.		
n G		С						
E S		d						
Program Service Revenue		е						
ا تە		f	All other program service revenue					
		g	Total. Add lines 2a-2f		72,708.			
	3		Investment income (including dividends, interes					
			other similar amounts)		13,234.			13,234.
	4		Income from investment of tax-exempt bond p					
	5		Royalties(i) Real	(ii) Personal				
				(ii) Personai				
			Gross rents 6a				60	
-		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c	<u> </u>				
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a				and the second	11 (11 (11 (11 (11 (11 (11 (11 (11 (11
		h	Less: cost or other basis					100
اه			and sales expenses 7b					
립				1	All the second second			
Revenue			. , , , , , , , , , , , , , , , , , , ,	<u> </u>				
			Net gain or (loss)	T				
her	8	а	Gross income from fundraising events (not		Fig. 10 Strangers and the second			
₽			including \$ 54,123. of			1124000		A 15 10 10 10 10 10 10 10 10 10 10 10 10 10
-			contributions reported on line 1c). See			44.0	1,000	
			Part IV, line 188a	- 				de Personal de la Company
		b	Less: direct expenses8b	8,028.				
		С	Net income or (loss) from fundraising events		0.			
			Gross income from gaming activities. See					
			Part IV, line 19					
		h	Less: direct expenses 96			W ₁		
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	Ю	а	· 1					
1			and allowances 10a					
			Less: cost of goods sold101	<u> </u>				
		С	Net income or (loss) from sales of inventory .					
<u>"</u>				Business Code				
ğ ,	11	а	CREDITS	900099	2,510.			2,510.
Ē		b						
≘ 9		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d	L	2,510.			
		-	Total revenue. See instructions		2,275,003.	72,708.	0.	15,744.
	12		I DIGI TEVETINE. DEC HISH UUHIOHS	*******	<u>,_,</u> _,_,	1 /2//00.	, ,	<u>,,,</u>

332009 12-21-23

		Check if Schedule O contains a response or n	ote to any	line in this Part X		T	T
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			479,657.	1	258,370.
	2	Savings and temporary cash investments	61,144.	2	189,707		
	3	Pledges and grants receivable, net			153,850.	3	366,344
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current		1 2	750-75		
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			ration countries of
	Ì	controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			SEASON MARKET TO SERVE
	l	under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B) L		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
¥	9					9	
	10a	Land, buildings, and equipment: cost or other					
	ļ	basis. Complete Part VI of Schedule D	10a	1,616,748.			STOCKE STOCKERS
	b	Less: accumulated depreciation	10b	677,093.	923,749.	10c	939,655
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			371,719.	12	403,868
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	18,247.	15	583,408		
	16	Total assets. Add lines 1 through 15 (must ed		i i	2,008,366.	16	2,741,352
	17	Accounts payable and accrued expenses		<u>52,652.</u>	17	74,628	
	18	Grants payable				18	
	19	Deferred revenue			131,097.	19	52,977
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV o	f Schedule D		21	
Ś	22	Loans and other payables to any current or fo	rmer office	er, director,	24990		
Liabilities	ļ	trustee, key employee, creator or founder, sub	ostantial co	ontributor, or 35%			
abi		controlled entity or family member of any of the	ese perso	ns	······································	22	
Ξ	23	Secured mortgages and notes payable to unre	elated third	d parties	200,000.	23	200,000
	24	Unsecured notes and loans payable to unrelate	ted third p	arties	·	24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X		1	
		of Schedule D			18,580.	25	584,540
	26	Total liabilities. Add lines 17 through 25			402,329.	26	912,145
		Organizations that follow FASB ASC 958, c	heck here	X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			1,523,179.	27	1,576,636
Ba	28	Net assets with donor restrictions			82,858.	28	252,571
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
Į		and complete lines 29 through 33.					
Ő S	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or	equipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated	income, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,606,037.	32	1,829,207
_	33	Total liabilities and net assets/fund balances			2,008,366.	33	2,741,352

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2023
Open to Public

Inspection

Name of the organization

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

Employer identification number

	INLA	ND VALLEY (COUNCIL OF CH	IURCHE	ES		9	5-2674837	
Part I	Reason for Public (ee instruction			
The organ	zation is not a private found				*				
1 X	A church, convention of ch)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative		•		(b)(1)(A)(ii	i).			
4	A medical research organiz						(iii). Enter	the hospital's name,	
· •	city, and state:								
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C		,	•	, ,				
6	A federal, state, or local gov	•	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	An organization that norma	•				• •	e general r	oublic described in	
	section 170(b)(1)(A)(vi). (C	•		3			J . 1		
8	A community trust describe		1)(A)(vi). (Complete Part	: 11.3					
9	An agricultural research org				ed in coniu	nction with a	land-grant	college	
•	or university or a non-land-g								
	university:	,	211010 (000 1110110110).			,			
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from ce	ontribution	s membersh	in fees, and	d gross receipts from	
	activities related to its exen								
	income and unrelated busin								
	See section 509(a)(2). (Co		liess section of reasy no	iii busiiice	occo acquii	ica by the org	anization b	intor dance do, 1075.	
11	An organization organized a	,	vely to test for public sat	ety See	section 50	19/a\/4\			
12	An organization organized a		•	•			rny out the	nurnoses of one or	
	more publicly supported or	=	•	•			-		
	lines 12a through 12d that	~	` ` ` `					or took the box of	
a 🗀	Type I. A supporting orga	* *		•			-	aivina	
u	the supported organization	•	•	•	_				
	organization. You must o			majority o	i tiio alloo	toro or tradict	33 01 1110 31	ipporting	
b 🗆	Type II. A supporting org	- · · · ·		ion with its	e sunnorte	d organizatio	n/s) hy hay	vina	
.	control or management o	•				-		=	
	organization(s). You mus			ino porso	110 (110)	naoror manag	go a lo supp	Jortou	
c 「	Type III functionally inte	· ·		in connect	tion with a	and functional	ly integrate	d with	
·	its supported organization	-					iy iiitograto	witti,	
d \square	Type III non-functionally	, , ,	•	•	-	•	ted organis	zation(s)	
u	that is not functionally int	.					-		
	requirement (see instruct	-					an attenti	7011033	
	Check this box if the orga	•	•				II. Typo III		
e	functionally integrated, or					Type I, Type	ii, Type iii		
€ Ente	er the number of supported of	• •		ig Organiz	ation.				
	ride the following information	-	d organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	in your governi	No No	support (see ir	structions)	support (see instructions)	
			above (see instructions))		110				
Total									

332021 12-21-23

Schedule A (Form 990) 2023 INLAND VALLEY COUNCIL OF CHURC 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	ction A. Public Support	ciow, picade com	pioto i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					1	
	iness under section 513			ļ			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						1
	the organization without charge						
e							
	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		 		 		
E.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				100		
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						ļ
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	*					+	
	Add lines 10a and 10b Net income from unrelated business					+	
• •	activities not included on line 10b,						
	whether or not the business is			1			
	regularly carried on			ļ	 		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				ļ		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (line 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022		· · · · · · · · · · · · · · · · · · ·			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				······································
17	Investment income percentage for 20	023 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from						%
19a	19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	lifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2022. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						
-	23 12-21-23						A (Form 990) 2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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			
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
	Mon 21 Type I capper unit de l'actione		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)		163	NO
2	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		10 (10 m)
	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		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u></u>
	don Divin Typo in Supporting Siguinactions		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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		BONELLY
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	BISC PROMETY WAS CAR	PERSONAL PROPERTY OF PERSONS ASSESSED.
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		
Sec	tion 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 instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruction	1	Т
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	0-		
L	that these activities constituted substantially all of its activities.	2a	100	
D	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		*
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b | Schedule A (Form 990) 2023

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

INLAND VALLEY COUNCIL OF CHURCHES 95-2674837 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ________\$ _____

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

INLAND VALLEY COUNCIL OF CHURCHES

95-2674837

Part I (a) No. rrom Part I (b) FMV (or estimate) (See instructions.) (d) Date rece (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (g) FMV (or estima	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. Torm Description of noncash property given Part I (b) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Date rece (d) Date rece (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) (e) FMV (or estimate) (see instructions.) (for monopart i (g) FMV (or estimate) (see instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) Date rece (for power instructions.) (d) Date rece (e) FMV (or estimate) (see instructions.) Date rece (for power instructions.) Date rece (d) Date rece (e) FMV (or estimate) (see instructions.) Date rece (e) FMV (or estimate) (see instructions.)	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) PMV (or estimate) (See instructions.) (a) No. (c) PMV (or estimate) (See instructions.) (b) PMV (or estimate) (See instructions.) (c) PMV (or estimate) (See instructions.) (d) Date received the property given (c) PMV (or estimate) (See instructions.) (d) No. (e) PMV (or estimate) (See instructions.) (d) No. (e) PMV (or estimate) (See instructions.) (e) PMV (or estimate) (See instructions.) (f) PMV (or estimate) (See instructions.) (g) PMV (or estimate) (See instructions.)				
No. tom Description of noncash property given (a) No. tom Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (a) No. tom Description of noncash property given (C) FMV (or estimate) (See instructions.) (a) No. tom Description of noncash property given (C) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (G) Date received the property given (G) FMV (or estimate) (G) Date received the property given (G) Date re			\$	
(a) No. rom Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (d) No. rom Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (C) FMV (or estimate) (See instructions.)	No. rom		FMV (or estimate)	(d) Date received
(a) No. rom Description of noncash property given (a) No. rom Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (Ge instructions.) (d) Date received the property given (Context) (See instructions.) (a) No. rom Description of noncash property given (Context) (See instructions.) (a) No. rom Description of noncash property given (Context) (See instructions.) (a) No. rom Description of noncash property given (Context) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received the property given (Context) (See instructions.)				
No. rom Description of noncash property given (a) No. (b) (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received the property given (C) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (C) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (C) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (C) FMV (or estimate) (See instructions.) (b) Description of noncash property given (C) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (C) FMV (or estimate) (See instructions.)			\$	
(a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date received (See instructions.) (d) Date received (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	(d) Date received
(a) No. rom Description of noncash property given \$ (c) FMV (or estimate) (See instructions.) Date received the control of noncash property given \$ (c) FMV (or estimate) (See instructions.) Date received the control of noncash property given (See instructions.) Date received the control of noncash property given (See instructions.) Date received the control of noncash property given (C) FMV (or estimate) (See instructions.) Date received the control of noncash property given (C) FMV (or estimate) (See instructions.) Date received the control of noncash property given (See instructions.) Date received the control of noncash property given (See instructions.) Date received the control of noncash property given (See instructions.)				
No. (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.)			\$	-
(a) No. FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received (d) Date received (See instructions.)	No. from		FMV (or estimate)	(d) Date received
(a) No. Tom Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. Tom Description of noncash property given (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (d) Date received (e) Date received (f) Dat				
No. (b) FMV (or estimate) (See instructions.) (a) No. (b) Tom Description of noncash property given (b) FMV (or estimate) (C) FMV (or estimate)			\$	
(a) No. (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) Date rece	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) Date rece				
No. (b) FMV (or estimate) (d) FMV (or estimate) Date received (See instructions.)				
	No. from		FMV (or estimate)	(d) Date received
			\$	

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.

2023
Open to Public Inspection

Name of the organization

INLAND VALLEY COUNCIL OF CHURCHES

Employer identification number 95-2674837

Par	ti T	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or Ac	counts. Complete if the
(organization answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4	Aggre	egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in v	writing that the assets held in donor ad	vised fund	ds
	are th	ne organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can	be used o	nly
	for ch	naritable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpo	se conferri	ing
100					
Par	Service Common Common	Conservation Easements. Complete if the org		0, Part IV,	line 7.
1	Purpo	ose(s) of conservation easements held by the organization			
	닏	Preservation of land for public use (for example, recrea			orically important land area
		Protection of natural habitat	Preservation	n of a certi	fied historic structure
	لــا	Preservation of open space		_	
2		plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	rm of a coi	nservation easement on the last Held at the End of the Tax Year
	-	f the tax year.			5-2-9-2-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
a					2a
b			rations in all ideal on line Co		2b
C		per of conservation easements on a certified historic stru	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	2c
d		per of conservation easements included on line 2c acquintstoric structure listed in the National Register			2d
3		per of conservation easements modified, transferred, rel			
•	year	ser of conservation casements modified, transferred, for	oused, extinguished, or terminated by	ino organi	zation damig the tax
4	•	per of states where property subject to conservation eas	sement is located		
5		the organization have a written policy regarding the per		of	
•		ions, and enforcement of the conservation easements it			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,			
7	Amou	unt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation ea	sements during the year
	L				
8		each conservation easement reported on line 2d above	satisfy the requirements of section 17	'0(h)(4)(B)(i	
9		rt XIII, describe how the organization reports conservati			
		ice sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements th	at describes the
- N	www.mores.com	nization's accounting for conservation easements. Organizations Maintaining Collections of	Art Historical Tracquires or	Other 6	imilar Assata
Fal	†	Complete if the organization answered "Yes" on Form	•	Other 3	illillar Assets.
	16.11				
та		organization elected, as permitted under FASB ASC 95	•		
		, historical treasures, or other similar assets held for put			ice of public
		ce, provide in Part XIII the text of the footnote to its final organization elected, as permitted under FASB ASC 95			a shoot works of
D		istorical treasures, or other similar assets held for public			
	,	de the following amounts relating to these items.	exhibition, education, or research in r	urtilerance	or public service,
		•			\$
		Revenue included on Form 990, Part VIII, line 1			4
2		organization received or held works of art, historical tre	asures, or other similar assets for finar		
2		ollowing amounts required to be reported under FASB A		wai yairi,	provido
а		nue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		\$
		ts included in Form 990, Part X			
		Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

332051 09-28-23

INLAND VALLE	EY COUNCIL OF	CHURCHES	
Schedule D ii Olin 330/ E323			
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	(c) Method of valuation: Cost or end-of	-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valdation. Cook of	
(a) Description of security of category (meaning			
(1) Financial derivatives			
(2) Closely held equity interests		TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	7NT.IIF
(3) Other	403,868.	END-OF-YEAR MARKET V	ALIOH
(A) INVESTMENTS			
(B)			
(C)			
(D)			
(E)		N. Committee of the com	
(F)	+		
(G)			
(H)	403,868.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes	II on Form 990 Part IV. line	e 11c. See Form 990, Part X, line 13.	
Complete if the organization answered Tes	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(a) Description of investment	(b) Book raise		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
			A0165004
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		11d Soo Form 990 Part X, line 15.	
Complete if the organization answered "Ye	əs" on Form 990, Part IV, li	ne 11d. See Form 556, Factor, mis	(b) Book value
	(a) Description		569,071.
THE RECEIPT OF	PATTNG		1/ 337

Part IX Other Assets	- and Dart IV line 11d See Fo	rm 990. Part X, line 15.
Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 11d. See Fo	(b) Book value
Complete	(a) Description	569,071.
(1) RIGHT OF USE ASSET	- OPERATING	14,337.
(1) RIGHT OF USE ASSET (2) RIGHT OF USE ASSET	- FINANCING	
_ (2) RIGHT OF OSH MODEL		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		583,408.
(9)	art X, line 15, col. (B))	303,4001
Total. (Column (b) must equal Form 990, P.	art X, line 15, col. (b)/	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Part X Other Liabilities	Part A, line 20.
Complete if the organization answered Tes Off Officers, 1	(b) Book value
(a) Description of liability	
(1) Federal income taxes	569,071
TRACE I TARTITUTES - OPERATING	15,469
(2) LEASE LIABILITIES - FINANCING	
(3) LEASE LIABILITIES - FINANCING	
(4)	
(5)	
(6)	
(7)	
(1)	
(8)	584,54
(9) Part X, line 25, col. (B))	ial statements that reports the

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	INLAND	VALLEY	COUNCIL	OF	CHURCHES	95-2674837	Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (con	tinued)					
		(001)	ilinaday					
				· · · · · · · · · · · · · · · · · · ·				
								·
	······································				_			_
***************************************						, u 4 martin		
								
				···				

Schedule G (Form 990) 2023 INLAND VALLEY COUNCIL OF CHURCHES 95-2674837 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 WALK FOR THE HUNGERS	(c) Other events NONE	(d) Total events (add col. (a) through
une			(event type)	(event type)	(total number)	col. (c))
			, ,,,	, , ,		
Revenue	1	Gross receipts	34,050.	26,133.		60,183.
	2	Less: Contributions	28,321.	23,833.		52,154.
	3	Gross income (line 1 minus line 2)	5,729.	2,300.		8,029.
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	4,447.	472.		4,919.
ے	8	Entertainment		794.		794.
	9			1,034.		1,034.
	10		0:			6,747.
	11					1,282.
T.C	HAL I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-E2, line oa.		(b) Pull tabs/instant	······································	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7				
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac 'No," explain:				Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:			ear?	Yes No
			V V			
3220	92.00	9-13-23			Sche	edule G (Form 990) 2023

Schedule G (Form 990)	TUPWND ANTER	COUNCIL OF CHO	RCHES	95-26/4837 Page 4
Schedule G (Form 990) Part IV Supplemental Infor	mation _(continued)			
			,	
	4,005			
				· · · · · · · · · · · · · · · · · · ·
			<u></u>	
		······································		**************************************
				

Schedule M	(Form 990) 2023	INLAND	VALLEY	COUNCIL	OF	CHURCHES	95-2674837 F	age 2
Part II	Supplemental	Information	1. Provide the number of	ne information r	equirec	by Part I, lines 30b, 3	2b, and 33, and whether the organization I, or a combination of both. Also complete	

						· · · · · · · · · · · · · · · · · · ·		
				, , , , , , , , , , , , , , , , , , , ,				
				ye 				

							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					······································			
<u> </u>								
· · · · · · · · · · · · · · · · · · ·						di		
						······································		
				7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				.,,,,,,				
				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
		The state of the s						
332142 09-11-2	23						Schedule M (Form 99	0) 202