

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization: **FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM**

Doing business as: **FAME**

Number and street (or P.O. box if mail is not delivered to street address): **4545 SOUTHEASTERN AVENUE**

Room/suite: \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code: **INDIANAPOLIS IN 46203**

**D** Employer identification number: **23-7124787**

**E** Telephone number: **317-358-2480**

**G** Gross receipts \$: **2,836,814**

**F** Name and address of principal officer:  
**WILLIAM WARREN**  
**4545 SOUTHEASTERN AVENUE**  
**INDIANAPOLIS IN 46203**

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.FAMEWORLD.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1970**

**M** State of legal domicile: **IN**

**H(c)** Group exemption number: \_\_\_\_\_

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>FAME IS SENDING HELP AND HOPE IN THE NAME OF CHRIST TO THE WORLD THROUGH MEDICAL EVANGELISM.</b>			
	2 Check this box <input type="checkbox"/> 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,004,012	Current Year: 2,809,905
	9	Program service revenue (Part VIII, line 2g)	5,938	8,855
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,737	10,326
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,855
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,011,687	2,816,231
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,712,452	1,531,048
	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)	511,115	516,021
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	201,666	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	474,515	538,234
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,698,082	2,585,303
	19	Revenue less expenses. Subtract line 18 from line 12	313,605	230,928
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,844,490	End of Year: 2,086,276
	21	Total liabilities (Part X, line 26)	41,379	53,476
22	Net assets or fund balances. Subtract line 21 from line 20	1,803,111	2,032,800	

## Part II Signature Block

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

Signature of officer: *William Warren* Date: 11-6-23

**WILLIAM WARREN** EXECUTIVE DIRECTOR

Type or print name and title

Print/Type preparer's name: **MICHELLE L. ZIMMERMAN** Preparer's signature: *Michelle L. Zimmerman* Date: 11/2/23 Check  if self-employed PTIN: **P00266120**

Firm's name: **L. M. HENDERSON & COMPANY, LLP** Firm's EIN: **20-5520612**

Firm's address: **450 E 96TH ST STE 200 INDIANAPOLIS, IN 46240-3797** Phone no.: **317-566-1000**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No