HENJES CONNER & WILLIAMS PC PO BOX 1937 DAKOTA DUNES, SD 57049

EQUIPPING THE PERSECUTED 600 4TH STREET SUITE 221 SIOUX CITY, IA 51101

hhimillinillininillini

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

EQUIPPING THE PERSECUTED 600 4TH STREET SUITE 221 SIOUX CITY, IA 51101

PREPARED BY:

HENJES CONNER & WILLIAMS PC PO BOX 1937 DAKOTA DUNES, SD 57049

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form 8879-TE		IRS E-file Signat for a Tax E	ture Authorization xempt Entity	n	OMB No. 1545-0047
	For calendar year 2	023, or fiscal year beginning	, 2023, and ending	, 20	2022
Department of the Treasury		Do not send to the IR	S. Keep for your records.		2023
Internal Revenue Service		Go to www.irs.gov/Form88	79TE for the latest information		
Name of filer					
		PERSECUTED		85-2	702281
Name and title of officer or pe	erson subject to tax				
Part I Type of I	Roturn and R	DIRECTOR eturn Information			
			d antar the applicable amount if	f any from the ratio	
Form 5330 filers may enter or 10a below, and the amo	r dollars and cent ount on that line f	s. For all other forms, enter who or the return being filed with thi	ble dollars only. If you check the s form was blank, then leave line	e box on line 1a, 2a e 1b, 2b, 3b, 4b, 5	ı, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🔣 🛛	b Total revenue, if any (F	orm 990, Part VIII, column (A), li	ne 12)	1b <u>1,039,121.</u>
2a Form 990-EZ che	eck here	b Total revenue, if any (F	orm 990-EZ, line 9)		2b
3a Form 1120-POL	check here	b Total tax (Form 1120-P	DL, line 22)		3b
4a Form 990-PF che	ck here		ent income (Form 990-PF, Part		4b
5a Form 8868 check	here	b Balance due (Form 886	8, line 3c)		5b
6a Form 990-T checl	k here		Part III, line 4)		
7a Form 4720 check	here	b Total tax (Form 4720, P	art III, line 1)		7b
8a Form 5227 check		b FMV of assets at end o	f tax year (Form 5227, Item D)		. 8b
9a Form 5330 check	here	b Tax due (Form 5330, Pa	art II, line 19)		9b
10a Form 8038-CP ch			ent requested (Form 8038-CP,		10b
			fficer or Person Subject		
			•	-	
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification nun PIN: check one box only	ution account ind it the entry to this prior to the payn re confidential infi nber (PIN) as my	icated in the tax preparation so account. To revoke a payment ent (settlement) date. I also aut ormation necessary to answer in signature for the electronic retur	tware for payment of the federa I must contact the U.S. Treasu horize the financial institutions i inquiries and resolve issues relat in and, if applicable, the consen	al taxes owed on thi Iry Financial Agent a involved in the proc red to the payment.	is return, and the at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
X I authorize HE	NJES CONN	IER & WILLIAMS P	2	to enter my	PIN 28791
		ERO firm name			Enter five numbers, but
with a state age on the return's c As an officer or p return. If I have i	ncy(ies) regulating disclosure conser person subject to indicated within t	charities as part of the IRS Fe t screen. tax with respect to the entity, I	will enter my PIN as my signatu Irn is being filed with a state age	e the aforementione ure on the tax year 2	ed ERO to enter my PIN 2023 electronically filed
Signature of officer or person subject	ct to tax			Dat	te
Part III Certifica	tion and Aut	nentication			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	4612122 Do not enter		
-			ne 2023 electronically filed retur Modernized e-File (MeF) Informa		
ERO's signature			Date	11/12/24	
			Form - See Instructions		
For Privacy Act and Pape		n Act Notice, see instructions	IRS Unless Requested	10 00 00	Form 8879-TE (2023)
LHA 302521 01-05-24					20 2023 EIN or SSN 85-2702281 In the return. Form 8038-CP and ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete more 1b 1,039,121. 2b

** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information.



Depai Intern	rtment o al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and th	-	•	Open to Public Inspection
			ar year, or tax year beginning and e	ending	_	
	heck if pplicab	le: C Name o	forganization		D Employer identifica	tion number
	Addre		PPING THE PERSECUTED			
	Name Chang		usiness as		85-270228	1
	Initial			Room/suite	E Telephone number	
	 Final return	600	4TH STREET SUITE 221		712-870-83	189
	terminated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,039,121.
	Amen		X CITY, IA 51101		H(a) Is this a group retu	
	Applie distance	^{ca-} F Name a	nd address of principal officer: JUDD SAUL		for subordinates?	
	pendi	^{ng} 134 W	EST CREEK DRIVE, LAWTON, IA 51030		H(b) Are all subordinates inclu	ded? Yes No
ΙТ	ax-ex	empt status:		r 📃 527		
J۷	Vebsi	te: EQUI	PPINGTHEPERSECUTED.ORG		H(c) Group exemption	number
ΚF	orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 2020 M	State of legal domicile: IA
Pa	rt I	Summary				
•	1		e the organization's mission or most significant activities: ${{ m TO}}$ ${ m SU}$	JPPORT	CHRISTIANS]	N NIGERIA
nce		WITH TR	AINING AND SUPPLIES.			
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net asset	S.
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			3
ۍ ح	4		lependent voting members of the governing body (Part VI, line 1b)			3
es {	5		of individuals employed in calendar year 2023 (Part V, line 2a)			0
viti	6		of volunteers (estimate if necessary)			11
Acti			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		665,009.	1,039,121.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		665,009.	1,039,121.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25) 54,22		655,252.	1,063,826.
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		655,252.	1,063,826.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,757.	-24,705.
 	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assats /	Port V line 16)		26,723.	2,018.
Asse Bala	20 21	Total assets (F			0.	0.
let /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		26,723.	2,018.
	rt II	Signature			40,1430	2,010.
_		_	I declare that I have examined this return, including accompanying schedules	and stateme	ents and to the best of my ki	nowledge and helief it is
	•		Declaration of preparer (other than officer) is based on all information of whi			

Sign	Signature of officer	Date
Here	JUDD SAUL, DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer	
Paid	ANNETTE GOETSCH	
Preparer	Firm's name HENJES CONNER & WILLIA	IAMS PC Firm's EIN 48-1292483
Use Only	Firm's address PO BOX 1937	
	DAKOTA DUNES, SD 57049	49 Phone no. 605 - 242 - 3900
May the I	RS discuss this return with the preparer shown above? See	ee instructions X Yes No
LHA For	Intervised JUDD SAUL, DIRECTOR Type or print name and title Type or print name and title Print/Type preparer's name Preparer's signature ANNETTE GOETSCH Date Firm's name HENJES CONNER & WILLIAMS PC Firm's address PO BOX 1937 DAKOTA DUNES, SD 57049 Phone no.605-242-3900	

Form	990 (2023) EQUIPPING THE PERSECUTED	85-2702281	Page 2
Pa			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO SUPPORT CHRISTIANS IN NIGERIA WITH TRAINING AND SUPPL	IES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		nd
4a	(Code:) (Expenses \$109,776 . including grants of \$) (Reven	nue \$)
		PROVIDING	
	FINANCIAL ASSISTANCE, PROTECTIVE VESTS AND RADIOS AND IN		
	VILLAGE-WIDE ALARM SYSTEMS TO ALERT RESIDENTS OF APPROAC	HING THREATS	•
4b	(Code:) (Expenses \$64,255. including grants of \$) (Reven)
	INTERNALLY DISPLACED PERSONS SUPPORT. PERFORM MEDICAL I		,
	PROVIDE SUPPLIES SUCH AS FOOD, CLOTHING, BLANKETS, ETC. WATER WELLS AND OTHER LIFE SUPPORT.	AND PROVIDE	
	WATER WELLS AND OTHER LIFE SUFFORT.		
4c	(Code:) (Expenses \$724,072. including grants of \$) (Reven)
	BUILDING PROJECTS. STARTED CONSTRUCTION ON AN ORPHANAGE	AND A SCHOOL	L
	BUILDING INSIDE AN INTERNALLY DISPLACED PERSONS CAMP.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 43,957. including grants of \$) (Revenue \$) Total program service expenses 942,060.)	
<u>4e</u>	Total program service expenses 942,060.	Eorm 9	90 (2023)
332002	2 12-21-23	Form	(2023)
	2		

Form	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
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		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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, VII, 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,			х
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- 23
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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? If "Yes," complete			
12u	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	12-21-23	Form	990	(2023)

332003 12-21-23

Form	990	(2023)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		x
-	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule 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 contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
30		20		x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
07		37		x
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	31		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	L
Fai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
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	Х	
332004	12-21-23	Form	990	(2023)
	4			. ,

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the field for the calendar year enting with or within the year covered by this return. 2a 0 3b Define the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the second secon	Form	990 (2023) EQUIPPING THE PERSECUTED		85-2702	281	Р	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tas Statements. 2a 0 bit at least one is reported on line 2a, did the organization file at required feat-rel encloyment tas returns? 2b 3a bit We required to number of mom 900 T for this year? 3b 3b Xb Xb bit We required to number of mom 900 T for this year? 3b Xb Xb Xb bit We required to number of mom 900 T for this year? 3b Xb Xb Xb bit We required to number of mom 900 T for this year? 3b Xb Xb Xb See instruction to a tweep country (such as a bark account, a contribution to required to number of mom 900 T for this year? 3c Xb bit Wes, 'to as in the organization that we not use organization tas 'to as on a port to a prohibitet as sheller transaction? 3c Xb bit Wes, 'to as a construction tas we not use description to a structure or tas cells. 3c Xb bit Wes, 'to as a constructure or as a construction and ergeneration a structure or as a construction are provide at explore transaction? 3c Xb bit Wes, 'to as a constructure or as a construction are asset as any to a constructure or tas 'to asset as a constructure or asset as a constructure or asset as a constructure or asset as a	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
tild of tribe calendar yvær ending with or within the year covered by this return La 0 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3c X 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3c X A An year the organization in bar organization have an interest in, or a signature or other authority ore, a financial account? 4a X 3c N Sa X X 3c N Sa <		Statements Regarding Other IRS Filings and Tax Compliance (continued) a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return				Yes	No
b If a least one in exponted on line 2a, did the organization file all required federal employment tax returns? 25 3b Differentiation have unrequired business grows forcend of 31 000 or more during the year? 36 X 4b At any time during the calendar year, differentiation and some an interest in, or a signature or other authority over, a financial account in a foring requirements for Fining equations for fining requirements for Fining equations that was or is a party to prohibited tax sheler transaction at early time during the tax year? 56 5a Was the organization have multigeness requires that are normally greater than \$100,000, and did the erganization solid any comparisation have multigeness requires that are normally greater than \$100,000, and did the erganization have multicable with every solidization an experime statement that such contributions or gifts were not tax deductible accharitable contributions? 66 0 11 ****** (****************************	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 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 Form 990 (2023)		If "Yes," see the instructions and file Form 4720, Schedule N.					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10 332005 12-21-23 Form 990 (2023)		If "Yes," complete Form 4720, Schedule O.					
If "Yes," complete Form 6069. Image: Complete Form 900 (2023) 332005 12-21-23 Form 990 (2023)	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	8			1
332005 12-21-23 Form 990 (2023		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 F			Form	1 990	(2023)

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Form 990 (2023)

EQUIPPING THE PERSECUTED

85-2702281 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				Yes	N
12	Enter the number of voting members of the governing body at the end of the tax year	1a	3	105	
ıd			-		
h		16	3		
-			_		
2			2		X
2					
3					X
-			··· – -		
	Did the survey institute to survey an end of the labor of				
6	 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? <i>II "Yes," provide the names and addresses on Schedule O</i> ection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code</i>.) Da 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? Ta Has the organization provided a complete copy of this Form 990 to all members of its governing body Botor filing the form? D bescribe on Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? <i>II "No," go to line 13</i> b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written document policy? d Did the organization have a written document policy? b Did the organization have a written document retention and destruction policy? b Id the organization have a written document retention and destruction policy? b Id the organization have a written document retention and destruction and decision? a The or		. 6	_	
7a			_		
			. 7a		<u>X</u>
b		ockholders, or			
_			. 7b		X
8			_	37	
				X	+
-			. <u>8b</u>	X	-
9					_
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)			
				Yes	_
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10 k		_
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12 t		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		. 120	:	
3	Did the organization have a written whistleblower policy?		. 13		X
4	Did the organization have a written document retention and destruction policy?		. 14		X
5	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			. 15a		X
b	Other officers or key employees of the organization		. 15k		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a		nent with a			
			. 16a		X
b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16		
ec					
7	List the states with which a copy of this Form 990 is required to be filed IA				
8		d 990-T (section 501(c	(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
9		,	and fina	ncial	
20		ks and records			
	134 WEST CREEK DRIVE, LAWTON, IA SIUSU				

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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.

• 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior	l than c	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	st con yee	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JUDD SAUL	1.00		_							
BOARD MEMBER		x						0.	0.	0.
(2) CARY GORDON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) STEVE FISHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) FAITH PACE	1.00									
SECRETARY				Х				0.	0.	0.
(5) JOY KREI	1.00									
TREASURER				Х				0.	0.	0.
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		1								
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										Form 990 (2023)

7

Form 990 (2023)

	990 (2023) EQUIPPING	; THE PE	RS	EC	UT	ED)			85-27	022	281	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box,	not ch unles	s per	ition nore son is	l than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	۱	am	(F) timate ount o 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)	(W-2/1099-MIS(1099-NEC)		com fro orga anc	pensation om the anization relate	e on ed
											_			
											_			
											-			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.0.0.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization								ceived more than \$100,0	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	ich individual								•		3		X
4 5	For any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" coi	mple	ete S	Sche	edule	J fo	or such individual			4		X
Sec	rendered to the organization? If "Yes." comp ion B. Independent Contractors	olete Schedule	e J fo	or su	ch p	perso	on .				<u> </u>	5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t		-								ensati	ion fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of se	ervices	C	(C omper	;) nsatior	1
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lin	nited	l to t	thos (ted	above) who received mo	ore than			200	

Form **990** (2023)

332008 12-21-23

Check if Schedule C contains a response or note to any line in the Part VII. (A) (B) (C) (Presided) I a Frederated campaigns is is is (A) (B)			2023) EQUIPPING T	HE PEF	SECU	ΓED		85-2702	281 Page
Image: second	Part	VII	Statement of Revenue						
age of the Federated campaigns 1a 1a 1b 1b 1b 1b 1c			Check if Schedule O contains a respor	nse or note	to any lin	(A)	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Business Code Business Code<	ts	1 a	Federated campaigns 1a						Sections 512 - 51
Business Code Business Code<			· · · · · · · · · · · · · · · · · · ·						
Buildings Code Buildin	Am								
Business Code Business Code<	liar I		y						
Business Code Business Code<	Si is		5 ()						
Business Code Business Code<	her	•		1,039	,121.				
Portuge Part Hold Business Code Part Hold Part Hold 0	ġ	g							
2 a	ano	h	Total. Add lines 1a-1f			1,039,121.			
Description b				Busin	ess Code				
a Total. Add lines 2a21 a Total. Add lines 11a.11d b Total. Add lines 11a.11d c Total. Add lines 11a.11d	2								
a Total: Add lines 2a21 a Total: Add lines 2a21 a Trestment Income (including dividends, interest, and other similar amounts) a Income from investment of tax exempt bond proceeds F Royalties b Less: rental expenses b Less: rental expenses c Rental income or (loss) c Rental income or (loss) d Not errati income or (loss) c Rental income or (loss) d Not errati income or (loss) d Not erration or (loss) d Not erration or (loss) d Not erration or (loss) d R Gross income from fundraising events (not including \$	ne								
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g Total. Add lines 2a2f		-	All other program service revenue						
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9000000000000000000000000000000000000			,						
6 a Gross rents 6 a (i) Personal b Less: rental expenses 6 b		4	-	-					
6 a Gross rents 6a 6b 6c b Less: rental expenses 6c 6c 6c c Rental income or (loss) 6c 6c 6c 7 a Gross amount from sales of assets other than inventory 7a 7a 7a b Less: cost or other basis and sales expenses 7b 7b 7c c Gain or (loss) 7c 7c 7c d Net gain or (loss) or (loss) or (loss) or (loss) or (loss) g Gross income from fundraising events or (loss) or (loss) or (loss) or (loss) g Gross income from gaming activities ga ga ga ga g Gross income from gaming activities ga ga ga ga g Gross income from gaming activities ga ga ga ga g Gross income from gaming activities ga ga ga ga ga g Gross income or (loss) from gaming activities </td <td></td> <td>5</td> <td>Royalties</td> <td>(::) D</td> <td></td> <td></td> <td></td> <td></td> <td></td>		5	Royalties	(::) D					
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12 Total revenue. See instructions [1,039,121.] 0.] 0.]	-		Total. Add lines 11a-11d				-	-	-
	1	2	Total revenue. See instructions			1,039,121.	0.	0.	0 Form 990 (202

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Form 990	(2023)
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EQUIPPING THE PERSECUTED 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 (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 19,401. 21,401. 2,000. Advertising and promotion 12 5,041. 5,041. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 25,370. 23,370. 2,000. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,133. 28,133. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 722,072. 722,072. BUILDING PROJECT SUPPLI а CONTRACTOR COMPENSATION 67,827. 40,000. 27,827. h 46,888. 46,888. TRAINING С 46,888. 46,888. d MEDICAL SUPPLIES 100,206. 74,709. 20,497. 5,000. e All other expenses 1,063,826. 942,060. 67,538. 54,228. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

332010 12-21-23

2023.05000 EQUIPPING THE PERSECUTED 28791001

Form 990 (2023)

18271112 766058 28791002

33

Total liabilities and net assets/fund balances

26,723.

33

2,018.

Form 990 (2023)

Form 990 (2023)	EQUIPPING	THE	PERSECUTEI
Part X	Balance Sheet			

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

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	26,723.	1	1,069.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	949.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥8	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,018.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
ies	22	Loans and other payables to any current or former officer, director,	,		
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	0.	25	0.
	20	Organizations that follow FASB ASC 958, check here		20	
Se		and complete lines 27, 28, 32, and 33.			
ance	27	Net assets without donor restrictions		27	
3ala	28	Net assets with donor restrictions		28	
ΒP		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0.	29	0.
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	2,018.
let	32	Total net assets or fund balances		32	2,018.
~	33	Total liabilities and net assets/fund balances	26.723.	33	2,018,

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 26,723. 5 4 6 -24,705. 7 4 8 -24,705. 9 0. 1 1,063,826. 7 -24,705. 4 26,723. 5 6 6 -7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 2,018. 9 0. 10 2,018. 11 1 12 Accounting method used to prepare the Form 990: 13 Accounting method used to prepare the Form 990: 14 Accounting method used to prepare the Form 990: 15 Cash Accrual Other 16 Indicate explain on Schedule 0. 2a X 17 Accounting method used	Form	990 (2023) EQUIPPING THE PERSECUTED	85-2	2702281	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,039,121. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,063,826. 3 Revenue less expenses. Subtract line 2 from line 1 3 -24,705. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26,723. 5 Net unrealized gains (losses) on investments 5 6 6 7 1 7 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 2,018. 10 2,018. Part XII Financial Statements and Reporting Ves No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Ot	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,063,826. 3 -24,705. 4 26,723. 5 6 7 6 7 6 8 7 8 7 9 0. 10 2,018. 9 0. 10 2,018. 9 0. 10 2,018. 11 Yes 12 1 14 26,723. 5 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. 11 Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990: X 13 Accounting method used to prepare the Form 990: X 14 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,063,826. 3 -24,705. 4 26,723. 5 6 7 6 7 6 8 7 8 7 9 0. 10 2,018. 9 0. 10 2,018. 9 0. 10 2,018. 11 Yes 12 1 14 26,723. 5 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. 11 Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990: X 13 Accounting method used to prepare the Form 990: X 14 Accounting method used to prepare the Form 990:						
3 Revenue less expenses. Subtract line 2 from line 1 3 -24,705. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26,723. 5 Net unrealized gains (losses) on investments 5 6 6 7 1 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XII Financial Statements and Reporting 10 2,018. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26,723. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XIII Financial Statements and Reporting 10 2,018. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XII Financial Statements and Reporting 10 2,018. Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Check if Schedule basis, or both: Image: Check if Schedule basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Investment 1 Accounting method used to prepare the Form 990: X 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Intervent of the year were compiled or reviewed on a separate basis, consolidated basis, or both:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	,72	<u>23.</u>
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 2,018. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:	5		5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XII Financial Statements and Reporting 10 2,018. Check if Schedule O contains a response or note to any line in this Part XII Image: State in the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Image: State in the state i	6	Donated services and use of facilities	6			
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Interference Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Interference Yes No 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Interference Inte	8		8			
column (B)) 10 2,018. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Check and the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Check and the set of	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
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1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Cash in the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Image: Cash in the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Image: Cash in the organization is financial statements compiled or reviewed by an independent accountant? Image: Cash in the organization is financial statements compiled or reviewed by an independent accountant? Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate basis, or both: Image: Cash in the organization is financial statements for the year were compiled or reviewed on a separate	Pa	rt XII Financial Statements and Reporting				
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If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
separate basis, consolidated basis, or both:	2a			2a		X
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
Consolidated basis						
		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?				2c		<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

332012 12-21-23

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.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nan	e of t	he organization					E		identification number
			PPING THE						5-2702281
Pa		Reason for Public (ee instructions.		
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	• •						
6		A federal, state, or local gov							
7		An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from the	general	oublic described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of tr	ie college	or
40	X	university:		than 22 1/20/ of its sum	art from a	ontribution	a mambarabia	face	d areas ressints from
10	23	An organization that norma activities related to its exem	•						
		income and unrelated busir		•	. ,				•
		See section 509(a)(2). (Con				SCS acqui	red by the orga		
11		An organization organized a	• •	velv to test for public sa	fetv. See	section 50)9(a)(4) .		
12	\square	An organization organized a	•					v out the	purposes of one or
		more publicly supported or	-	•	-				
		lines 12a through 12d that	-						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	vith its supporte	ed organiz	zation(s)
		that is not functionally int	0	0 ,				in attentiv	/eness
		requirement (see instructi	-						
е		Check this box if the orga					Type I, Type II,	Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported on vide the following informatior	•						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of n	nonetarv	(vi) Amount of other
	•	organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see inst	,	support (see instructions)
				above (see instructions))	165				
Tota	I								

Schedule A	(Eorm	000)	202
Schedule A		990	2020

Part II

EQUIPPING THE PERSECUTED

85-2702281 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		T	1	1		1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	ļ					
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
	Public support percentage for 2023 (I		•	.,,		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c				d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu						······································
18	Private foundation. If the organizatio	n did not check a	. box on line 13, 16	oa, 160, 1/a, or 17	D, Check this box		
						Schedule A	(Form 990) 2023

EQUIPPING THE PERSECUTED

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		40,457.	160,423.	665,009.	1039121.	1905010.
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
л	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						
	the organization without charge			160 400		1020101	1005010
	Total. Add lines 1 through 5		40,457.	160,423.	665,009.	1039121.	1905010.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000.	63,050.	319,702.	316,025.	708,777.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year		10 000		210 700	216 005	0.
	Add lines 7a and 7b		10,000.	63,050.	319,702.	316,025.	708,777.
	Public support. (Subtract line 7c from line 6.)						1196233.
			(1) 0000	() 000 ((1) 0000	() 0000	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020 40,457.	(c) 2021 160,423.	(d) 2022 665,009.	(e)2023 1039121.	(f) Total 1905010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			100,423.		1039121.	1903010.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		40,457.	160,423.	665,009.	1039121.	1905010.
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y			
Sec	check this box and stop here	ic Support Per	centage				X
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13, c	olumn (f))		15	%
	Public support percentage from 2022		•			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	023 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qualit	fies as a publicly s	upported organizat	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
33202	3 12-21-23		15			Schedule A	(Form 990) 2023

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EQUIPPING THE PERSECUTED

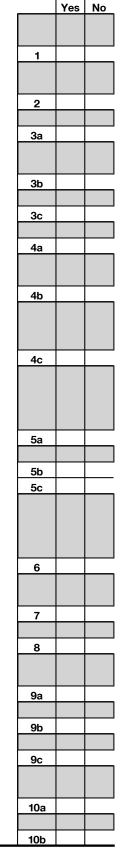
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 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?
- 6 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.**
- 7 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.)

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Schedule A (Form 990) 2023

16

Schedule A (Form 990) 2023 EQUIPPING THE PERSECUTED

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		
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		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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.	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

			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		

Section E. Type III Functionally Integrated Supporting Organizations

1 C	heck the box next to the method that the ord	anization used to satisfy the Integr	al Part Test during the year	(see instructions).
------------	--	--------------------------------------	------------------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governmer	ntal entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	---------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b 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 these activities but for the organization's involvement.
- **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.**

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.* 332025 12-21-23

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 202
Dart V	Type II	

Form 990) 2023 EQUIPPING THE PERSECUTED Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V Type III Non-Functionally Integrated 509(a)(3) Support 1 Check here if the organization satisfied the Integral Part Test as a qua			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations			
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)
1 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			
(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 amount	, [
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			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			
emergency temporary reduction (see instructions).	6		

7 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) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Part V

EQUIPPING THE PERSECUTED

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

		(-)(-)	Continu	ieu)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
-	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
•	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	, , , , , , , , , , , , , , , , , , , ,				
6	than zero, <u>explain in</u> Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h				
0	-				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				hedule Δ (Form 990) 202

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	EQUIPPING THE P	ERSECUTED	85-2702281 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the explanation, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, lines 2 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V 5, and 6. Also complete this part for any additio	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)			
	_			Oshadula A (Essen 200) 2000
332028 12-21-2	3			Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

	EQUIPPING	THE	PERSECUTED	
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85-2702281	

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
Form 990-PF	501(c)(3) exempt private foundation
	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 for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the year for the ye

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

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

Schedule B (Form 990) (2023)

EQUIPPING THE PERSECUTED

Name of organization

Employer identification number

85-2702281

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 277,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 28,361. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 23,150. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 20,374. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 18,465. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23

Schedule B (Form 990) (2023)

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Name of organization

Employer identification number

85-2702281

EQUIPPING THE PERSECUTED

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,360.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u> 10</u>		\$8,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$8,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

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EQUIPPING THE PERSECUTED

Name of organization

Employer identification number

85-270<u>2281</u>

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 6,268. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 6,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 5,700. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 5,433. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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EQUIPPING THE PERSECUTED

Name of organization

Employer identification number

85-2702281

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 5,405. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 X Person Payroll 5,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 5,300. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll Noncash 5,201. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 5,100. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23

Schedule B (Form 990) (2023)

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Page 2

Name of organization

Employer identification number

85-2702281

EQUIPPING THE PERSECUTED

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll On Complete Part II for noncash contributions.)	
(a) No	(b) Name address and $\mathbf{Z} \mathbf{P} + \mathbf{A}$	(c) Total contributions	(d) Type of contribution	
	Name, address, and ZIP + 4	S	Person Payroll Occupied Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

18271112 766058 28791002

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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EQUIPPING THE PERSECUTED

Name of organization

(a)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

323453 12-26-23

Schedule B (Form 990) (2023)

18271112 766058 28791002

2023.05000 EQUIPPING THE PERSECUTED 28791001

Schedule B (Form 990) (2023)

Employer identification number

85-2702281

Name of o	organization				Employer identification number
POLITO	DING MUE DEDCECUMED				05 0700001
Part III	PING THE PERSECUTED Exclusively religious, charitable, etc., contribution	ons to organizations describ	ed in section 50	1(c)(7), (8), or (10) th	85-2702281 at total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following haritable, etc., contributions of \$1	line entry. For or ,000 or less for th	rganizations ne year. (Enter this info. o	nce.) \$
(-) N	Use duplicate copies of Part III if additional s	pace is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, ar	ess, and ZIP + 4 Re		elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
·	Transferee's name, address, and ZIP + 4 R		elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		R	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee

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Schedule B (Form 990) (2023)

2023.05000 EQUIPPING THE PERSECUTED 28791001

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 85-2702281

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY MEMBERS FOR REVIEW.

EQUIPPING THE PERSECUTED

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23