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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

, 20

B Check if applicable.

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>P4 MINISTRIES</b>	D Employer identification number <b>20 1775897</b>
	Number and street (or P.O. box, if mail is not delivered to street address) <b>PO Box 20247</b>	Room/suite
	City or town, state or country, and ZIP + 4 <b>PORTLAND, OR 97294-0247</b>	F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► **JEFFP4MINISTRIES.COM**

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) —  501(c) (3) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 <b>36,361</b>
	2 Program service revenue including government fees and contract . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) . . . . .	5c
	6 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a
b Less: direct expenses other than fundraising expenses . . . . .	6b	
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a . . . . .	6c	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less: cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a . . . . .	7c	
8 Other revenue (describe ► <b>5/A</b> ) . . . . .	8 <b>36,361</b>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 <b>18,900</b>
	13 Professional fees and other payments to independent contractors . . . . .	13 <b>935</b>
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 <b>90</b>
	15 Printing, publications, postage, and shipping . . . . .	15 <b>127</b>
	16 Other expenses (describe ► <b>5/A</b> ) . . . . .	16 <b>24,579</b>
	17 Total expenses. Add lines 10 through 16 . . . . .	17 <b>44,631</b>
	18 Excess or (deficit) for the year. Subtract line 17 from line 9 . . . . .	18 <b>&lt; 8,270</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 <b>21,464</b>
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 <b>13,194</b>	

## III Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Cash, savings, and investments . . . . .	(A) Beginning of year <b>21,464</b>	(B) End of year <b>22 13,194</b>
Land and buildings . . . . .	23	
Other assets (describe ► <b>5/A</b> ) . . . . .	24	
Total assets . . . . .	25 <b>21,464</b>	
Total liabilities (describe ► <b>5/A</b> ) . . . . .	26	
Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	27 <b>21,464</b>	

Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2007)

G1,7

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## Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? **SHARE THE GOOD NEWS OF JESUS CHRIST**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 **MINISTERED TO CONVICTS, DRUG ADDICTS, ALCOHOLICS, TO APPROXIMATELY 800 TO 850 MEN AND WOMEN**

(Grants \$

**-0-**

) If this amount includes foreign grants, check here



28a

**-0-**

29

(Grants \$

) If this amount includes foreign grants, check here



29a

30

(Grants \$

) If this amount includes foreign grants, check here



30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here



31a

32 Total program service expenses. Add lines 28a through 31a

**-0-**

## Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEFF HOOVER 220 S. FAIRVIEW RD. TYLE VALLEY, OR 97063	PRES. 2 HRS	-0-	-0-	-0-
RICHARD KRANTEV, 12186 SE 108 <sup>th</sup> ST HAPPY VALLEY, OR 97086	V.P 2 HRS	-0-	-0-	-0-
LYNN FRANKLIN, 2519 NE 80 <sup>th</sup> ST. VANCOUVER, UD. 98665	TREAS 2 HRS	-0-	-0-	-0-
SALLY PRILLA PO BOX 20247, PORTLAND, OR 97294	SEC. 2 HRS	-0-	-0-	-0-

## Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ►	37a	<b>-0-</b>
b	Did the organization file Form 1120-POL for this year? <b>N/A</b>	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	

## Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0-

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40e		X

41 List the states with which a copy of this return is filed ► OREGON

42a The books are in care of ► LYNN N FRANKLIN Telephone no. ► (503) 302-4715  
 Located at ► 2519 NE 80TH ST. VANCOUVER, WA ZIP + 4 ► 98665-1139

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	Preparer's SSN or PTIN (See Gen. Inst. X)
	LYNN N FRANKLIN	8/25/10	TREASURER
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
			EIN ►
	Firm's name (or yours if self-employed), address, and ZIP + 4		Phone no. ► ( )

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## **SCHEDULE A**

## **Organization Exempt Under Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust**

OMB No. 1545-0047

2007

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

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**Name of the organization**

**Employer identification number**

20 1775897

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>NONE</i>				

Total number of other employees paid over \$50,000 ►

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

Total number of others receiving over \$50,000 for professional services ►

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services

## FILING RELIEF VCP

## Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

b Lending of money or other extension of credit? . . . . .

c Furnishing of goods, services, or facilities? . . . . .

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

e Transfer of any part of its income or assets? . . . . .

2a X

2b X

2c X

2d X

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3b X

3c X

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► - 0 -

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► - 0 -

- 0 -

- 0 -

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► - 0 -

- 0 -

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► - 0 -

- 0 -

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) **more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) **no more than 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
<b>Total . . . . .</b>					►

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

FILING RELIEF VCP  
P4 MINISTRIES

2007

20-1775897

ATTACHMENT TO FORM 990-EZ

PART I, LINE 16

CONTRIBUTIONS	\$ 4,629
HEALTH INS	13,113
SUPPLIES	127
TAXES/LICENSE	1,176
TRAVEL EXPENSES	5,534
<b>TOTAL OTHER EXPENSES</b>	<b>\$ 24,579</b>