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	990	1	Potum of Organization From	ant E-	~~~	Inco	me T	av	OMB No. 1545-004
Form	. 330		Return of Organization Exer	-					2008
	=	1	toer section 501(c), 527, or 4847(a)(1) of the inter- benefit trust or private t	onvestion))		906		Open to Publi
Intern	roment of the Trees. ad Rovenue Service		The organization may have to use a copy of this ret			te repor	ting requ	irements	Inspection
		_	year, or tax year beginning July1	, 2008, g	nd en	ding	Jun	e 30	, 20 09 oyer Identification num
_	Theck if applicables	Pluate use (RS	C Name of organization People of Praise, Incorport Doing Business As People of Praise, Incorport					23	7036494
	Voldress change Varme change	lectual or partest or	Number and street (or P.O. box if mail is not delivered to street	nparan aran	Room	/suite			hone number
_	nitial return	type. See Specific	107 S Greenlawn Avenue		<u> </u>			(574	234-5088
□ τ	ermination	tristruo- tions.	City or town, state or country, and ZIP + 4						
=	unended return		South Bend, IN 46617-3430				<u></u>		receips \$ 5,310,550.
ij A	opplication pending		or principal officer.					•	m for affiliates?⊡Yes b∠ s Included? □Yes □
1	Tax-exempt statu	x [2] 5	i01(c) (3) ◄ (insert no.)						a list. (see instructions)
			w.peopleofpraise.org					vempton m	
_			ration ☐ Trust ☐ Association ☐ Other ▶	L Year	of form	netion:	1971	M State	of legal domicile: [N
	rati Sumn				Tos	china	and tro	ining or	marame to develo
	1 Briefly d	escribe	the organization's mission or most significant	activities			Mamb.		Man include would
R			ership and personal Christian growth for th						
			sats, music ministries and pastoral care. Ev s cities, public revival meetings and confere		outre	racn pi	ogram	are co	inhitsed of MISSIO
ctivities & Governance			if the organization discontinued its operations or d		more ti	han 25%	of its as	sets.	***************************************
امّ ا			ig members of the governing body (Part VI, fir	-				3	<u> </u>
<u>ğ</u>	4 Number	of indep	pendent voting members of the governing box	ly (Part V				. 4	
副	5 Total nu	nber of	employees (Part V, line 2a)					. 5	ļ
-8			volunteers (estimate if necessary)					. 8	
į			dated business revenue from Part VIII, line 12,		C).			7a	190,0
	P (AB) (RULE	areu Di	usiness taxable income from Form 990-T, line		•	T :	Prior Yo	<u>· · · -</u>	Current Year
	8 Contribu	tions <i>en</i>	nd grants (Part VIII, line 1h)					330,436	
Rovenuo			- • •					365,682	
Š	10 investme	nt inco	me (Part VIII, column (A), lines 3, 4, and 7d)	. 🗀	191,334				
-			Part VIII, column (A), fines 5, 6d, 8c, 9c, 10c, a		46.	·		089,869	
\dashv			dd fines 8 through 11 (must equal Part VIII, colum		12)		4,5	977,321 44,985	4,915,1 495,9
			lar amounts paid (Part IX, column (A), lines 1- or for members (Part IX, column (A), line 4)	-		·	44,903		
5			impensation, employee benefits (Part IX, column		-1M		1.4	133,495	
ĕ	16a Professio	onal fund	draising fees (Part IX, column (A), fine 11e)					0	
ā			expenses (Part IX, column (D), line 25) ▶						
- 1	17 Other ex	penses	(Part IX, column (A), lines 11a-11d, 11f-24f)	. 		.		209,963	
			Add lines 13-17 (must equal Part IX, column		:5)	.		88,443	
2 8	IR HEVENUE	HESS BX	penses. Subtract line 18 from line 12	· •. • •	•	Re	liveling o	288,878 1 Yess	1,119,1 End of Year
	20 Total ass	pta (Da	rt X, line 16)					560,025	
Betra			Part X, line 26)		•			744,726	3,740,5
_	22 Net asse		nd balances. Subtract line 21 from line 20.			. [12,8	315,299	13,881,9
Pai		ature l					_		
	Under pe	naities of	perjury, I declare that I have examined this return, including a, correct, and complete. Declaration of preparer (other the	accompany	ing sch	edules an	d statem	ents, and t	to the best of my knowle
C1-	1. ()	A 14 0	- M Seroi CAF# 0301-84				1	2/5	-/10
Sig: Her	1	ature elec	SPect 7				Date	, 7 ~	t
		Jan	nes M. Saroi						
	Тур	or print r	name and title						
	Preparer			Date		Check If self-			Identifying number
Paid	signature			1		embloke	• ▶ 🔲	(see instruc	CHURS
	arer's					r			
Jse (Only Heatf-en	blokac) blokac)					EIN	>	i ,
	address,	and ZIP +				I	Phone no	(, Yes [] •
Van-	the IRC diam	igo shin	return with the preparer shown above? (see I	nem					

1>

CIS78Z57Z2 Form 990 (2008) Part III Statement of Program Service Accomplishments (see instructions) Briefly describe the organization's mission: Teaching and training programs to develop Christian leadership and personal Christian growth for the entire membership. Member activities include youth programs, retreats, music ministries & pastoral care. Evangelical outreach programs are comprised of missionaries to various cities, public revival meetings & conferences. Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ☑ No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ☑ No If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code.) (Expenses \$ 2,779,688 including grants of \$ 495,934.) (Revenue \$ _____ Teaching and training programs to develop Christian leadership and personal Christian growth for the entire member-4b (Code:) (Expenses \$ 263,780 including grants of \$ 0) (Revenue \$ 238,445) Member activities include youth programs, retreats, music ministries & pastoral care.) (Expenses \$ 145,505 Including grants of \$ 0) (Revenue \$ Evangelical outreach programs are comprised of missionaries to various cities, public revival meetings &

Form **990** (2008)

) (Revenue \$

3,188,973 (Must equal Part IX, Line 25, column (B).)

Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶ \$

including grants of \$

Pa	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	 _
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		N
6	Did the organization maintain any donor advised funds or any accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		7
	Did the organization maintain an office, employees, or agents outside of the U.S.?	140		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓_
18	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	_
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	22	7	
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24a		1
	24b–24d and complete Schedule K. If "No," go to question 25.	24b		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
6	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 24d		1
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) 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		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	TIV Checklist of Required Schedules (continued)			
			Y03	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net essets? If "Yes," complete Schedule N, Part II	32		1
13	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		1
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
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	38	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			_
	VI	37		<u> </u>

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ÇIS78Z57Z2

m E	90 (2008)		P	age 5
ar	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- If not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- it not applicable		ĺ	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	<u>-</u>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b	√	
a	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b		Z
	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)?	4a		✓_
	If "Yes," enter the name of the foreign country: ▶			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
c	If "Yes," to question 5a or 5b, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shetter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ъ		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	_	N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		!
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			-
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ΝĮ
f (Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		1
h (For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		
:	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u></u>
1	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		一
	Did the organization make any texable distributions under section 4966?	9b		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	- 30		-
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:	.		
	Gross Income from members or shareholders			
ь (Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a :	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 0	12a		

Form	990 (2003)			age 6
Par	Covernance, Management, and Disclosure (Sections A, B, and C request information aborequired by the Internal Revenue Code.)	out po	olicie	s not
Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	ľ		
	circumstances, processes, or changes in Schedule O. See instructions.	<u> </u>		
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Į	جعر
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Į,
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		!
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓_	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	-√_	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		نجبا	
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓_	<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	1	
40	•			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		1
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	1	
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
_	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓_
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	1	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	18a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶INDIANA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s c	only)	
	available for public inspection, indicate how you make these available. Check all that apply.		•,	
	Own website Another's website 🗹 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► James Sgroi, 107 S. Greeniawn Ave, So. Bend, IN 46617, 574-234-5088, ext. 19			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			6	C)			(D)	(E)	(F)
Name and Title	Average			chec	k ali	that ap	(Viq	Reportable	Reportable	Estimated
	hours per week	Individual trustae or director	institutional trustae	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1098-MISC)	amount of other compensation from the organization and related organizations
Craig Lent Director & President	- 2	/		/				2,000	0	d
Kevin Ranaghan Director	40	1						75,415	0	13,949
Charlie Fraga Director	40	1				_		58,329	0	13,949
Ralph Whittenburg Director & Treasurer	40	1		1				75,415	0	13,949
Hugh Springer Director	- 2	1						2,000	0	O
F. Richard Preuss Director & Secretary	- 2	,		\ \				2,000	0	0
Phillip Monaco Director (term expired on Dec. 1, 2008)	- 20	,					,	10,242.84	0	O
Michael Zusi Director (term expired on Dec. 1, 2008)	- 2	,	_				,	0	0	0
Kerry Koller Director	2	,						2,000	73,295	(
Joel Kibler Director	2	,						2,000	57,910	C
Michael Coney Director	2	1						2,000	0	
Paul Kane Chief Financial Officer	32			1				32,000	8,000	11,159
				\neg						

Form 990 (2008)

art VII Section A. Officers, Directors, Tru	stees. Key	Eme	lovi	B 0 8.	an	d High	hesi	Compensate	d Employees (co.	Pagi ntinued)
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Position (check all or check al				Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
		ndwidual trustee or director	Institutional trustee	COT	employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1098-MISC)	compensation from the organization and related organizations
			_							
			Н				\exists			
										· · · · · · · · · · · · · · · · · · ·
							_		L	
			\Box				7			
						-				_
o Total						<u></u>		261,402	139,205	53,0
Total number of individuals (including those organization ▶ None	in 1a) wh	o rec	eive	ed n	nore	than	\$10		rtable compense	Yes N
Did the organization list any former office employee on line 1a? If "Yes," complete So	-			-	•	•	yee	, or highest c	ompensated	3
For any individual listed on line 1a, is the s the organization and related organizations (individual.	reater tha	n \$ 15	0,0	00?	H "	Yes, "	con	nplete Schedu		4
Did any person listed on line 1a receive (services rendered to the organization? If ")	or accrue	comp	ens	uatic	n f	rom a	ıny	unrelated orga	anization for	5
ection B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	mpensated	d inde	eper	nde	nt c	ontrac	ctor	s that received	d more than \$10	0,000 of
(A) Namo and business add	1853							(B) Description of s	arvices ((C) Compensation
DNE						_	_			
									•	

	VII	Statement of Re	aveline.			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							function revenue	eunaven	excluded from ta under sections 512, 513, or 51
<u>g .</u>	1a	Federated campaigns		1a	0				
릵	b	Membership dues	<u>L</u>	1b	0		j		
틦	c	Fundraising events .	L	1c	51,161	1	Y		
횰	d	Related organizations		1d	98,315		}		
틄	е	Government grants (cont	ributions).	10	0				
è	f	All other contributions, grifts,							
5		and similar amounts not inch		1f	3,387,348				
and other similar amounts		Noncash contributions includ	ed in lines 1a-1	f:\$.		2 522 524	İ		
	n	Total. Add lines 1a-1f		<u> </u>	Business Code	3,536,824			
2	_	Work College & relat	ari art		611600	433.007	433 007		
2	2a	Rent to affiliated&mi		• • • •	532000	133,887	133,887 525,396	0	
	b	Conferences & Train		•	561000	525,396 64,314	64,314	0	
		Vanda -latetar & Con		••••	561000	50,845	50,845	0	
	d	Branch Activities	::P	• • • •	561000	64,593	64,593	0	
	8	All other program serv	ica revenue		561000	7,532	7,532	0	
		Total. Add lines 2a-2f		•		846,567	7,552		
+-				4		0-10,001			
3	3	investment income (income other similar amounts)				323,398	323,398	0	
4	ı	Income from investment				0	0	0	
5		Royalties				0	0	0	
		•	(f) Real		(ii) Personal				
6	la	Gross Rents 5	433	,938	. 0		·		
		Less: rental expenses	395	127	0		İ		
		Rental income or (loss)	38	811	0				
	d	Net rental income or (le	(220		►	38,811	38,811	0	-9-3-4-
7	'a	Gross amount from sales of	(I) Securitie		(II) Other		·		
1		assets other than inventory		,324		1	i		
	Þ	Less, cost or other basis							
		and sales expenses .	<u> </u>			1		j	
		Gain or (loss)	<u> </u>	,324	·	7 224	7 224		
		Net gain or (loss)		٠ ١	· · · · •	7,324	7,324	····	
8	la	Gross income from			1				
		events (not including \$				Ì	i		
		of contributions reported See Part IV, line 18							
1	h			a h			i		
		Net Income or (loss) fro		na ev	vents .				
				Ĭ					
3		Gross income from gam See Part IV, line 19					1		
1 1		Less: direct expenses.		ь					
		Net income or (loss) fro			ties 🕨				
10:	а	Gross sales of inve	entory. les	s [
		returns and allowances		a	925		ļ	}	
		Less: cost of goods so		ь	305				<u> </u>
1	C	Net income or (loss) from		/ento		620	620	0	
\perp		Miscellaneous Reve			Business Code	_			
	а	Realized gain on insta	ument	ļ	525990	161,574	161,574	0	
11:	b		• • • • • • • • • • • • • • • • • • • •						
Ì.				- 1	t t	į.	1	1	
Ì.	C		• • • • • • • • • • • • • • • • • • • •	···· ⊦					
		All other revenue		∵: t					
	8	All other revenue	•	t	▶	161,574			

Form **990** (2008)

Form 990 (2008) 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) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to governments and 489,532 489,532 organizations in the U.S. See Part IV, fine 21 Grants and other assistance to individuals in 6,402 6,402 the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members Compensation of current officers, directors, 261,402 261,402 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 1,053,899 970,163 83,736 Other salarles and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . 321,601 230,768 90,833 9 Other employee benefits 100,797 75,818 10 Payroll taxes 11 Fees for services (non-employees): 527 527 b Legal 8,875 8,875 c Accounting d Lobbying . . . e Professional fundraising services. See Part IV, line 17 30,600 30,600 f Investment management fees 12 Advertising and promotion 105,101 12.635 92,466 Office expenses 13 9,407 6,148 3,259 14 Information technology Royalties . . 15 540,749 537,844 2.905 Occupancy 18 37,756 32,019 5,737 Payments of travel or entertainment expenses for any federal, state, or local public officials 91,664 76,818 14.846 19 Conferences, conventions, and meetings . 132,426 7,078 125,348 20 Payments to affiliates 21 182,594 182,594 22 Depreciation, depletion, and amortization. 68,853 62,605 6,248 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Branch activities & Celebrations 40.411 40,411 Ministries &other related activities 134,420 134,420 69,795 69,795 Training & retreats 64,409 45,255 Property mgmt & Vine/Br. productions 19,154 Miscellaneous 36,668 44,793 8,125 3,188,973 607,040 3,796,013 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

	art X				rayo (1
		Dalance Grisor	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	571	1	397,997
	2	Savings and temporary cash investments	654,367	2	612,324
	3	Pledges and grants receivable, net	0	3_	0
	4	Accounts receivable, net		4	1,984,117
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	1,857,405	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	8	0
इ	7	Notes and loans receivable, net	1,134,035	7	928,313
Assets	8	Inventones for sale or use	6,889	8	6,259
•	9	Prepaid expenses and deferred charges	16,254	9	14,899
	10a	Land, buildings, and equipment: cost basis 10a 11,504,649			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	8,494,449	10c	8,776,348
	11	Investments—publicly traded securities	461,715	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	4,924,652	13	4,872,234
	14	Intangible assets	0	14	0
	15		9,688	15	30,030
	16	Other assets. See Part IV, line 11 Total assets, Add lines 1 through 15 (must equal line 34)	17,560,025	16	17,622,521
	17	Accounts payable and accrued expenses	71,906	17	98,214
	18	Grants payable		18	
-	19	Deferred revenue	891,803	19	746,994
	20	Tax-exempt bond liabilities		20	
ë	21	Escrow account liability. Complete Part IV of Schedule D		.21	
Labilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,781,017	23	2,865,327
	24	Unsecured notes and loans payable	-	24 25	30,000
	25 26	Other liabilities. Complete Part X of Schedule D	4,744,726	28	3,740,535
:63		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	4,144,128	20	3,740,535
ā	27	Unrestricted net assets	12,372,096	27	13,631,152
8	28	Temporarily restricted net assets	443,203	28	250,834
ᅙ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	The state of the s		
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>₹</u>	33	Total net assets or fund balances	12,815,299		13,881,986
	34	Total liabilities and net assets/fund balances	17,560,025	34	17,622,521
Pa	rt XI	Financial Statements and Reporting			
b	Were Were	ounting method used to prepare the Form 990: Cash Accruel the organization's financial statements compiled or reviewed by an Indee the organization's financial statements audited by an Independent acco	untant?		. 2b ✓
C		es" to lines 2a or 2b, does the organization have a committee that assumes r	•	-	
3а	As a	nuclit, review, or compilation of its financial statements and selection of an ind result of a federal award, was the organization required to undergo an a	udit or audits as set		
		. W. 19 4 44		•	3a ✓
	11 11	es," did the organization undergo the required audit or audits?			. 3b

SCHEDULE A	D.	iblic Charity S	tatue	and C	Public	Sunn	ort	L	OMB No 1545-0047				
(Form 990 or 990-EZ)	1	•	Status and Public Support tion 501(c)(3) organizations and section 4947(e)(1)										
Department of the Treasury		nonexe	empt char	ttable tru:	sts.				Open to Public				
Internal Revenue Service	<u> </u>	Attach to Form 890 or F	Form 990-	EZ. ►Se	e separat	e Instructi			Inspection				
Name of the organization							1 : :	rer identific	ation number				
People of Praise, In Part I Reason		harity Status (All o	manizat	ions mu	st comp	lete this	23 :	ee instri	7036494 uctions)				
		ndation because it is:						ice indu	301101131				
		urches, or association						(A)(I).					
2 A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	ttach Sch	nedule E.)	i								
		hospital service organ											
	_	ation operated in contate:	•		-				1)(A)(iii). Enter th				
_ '		r the benefit of a colle							a) unit described				
_	(b)(1)(A)(iv). (Co		ogo or an			-po. 0.00	e, a go						
6 🔲 A federal, si	tate, or local gov	remment or governme	ental unil	describe	d in sec	tion 170(b)(1)(A)(·	<i>(</i>).					
_		y receives a substant	•	f its supp	ort from a	a governn	nental un	iit or from	the general publi				
_		(1){A}(vi). (Complete I d in section 170(b) (1)	-	Complete	Port II \								
		y receives: (1) more th				m contri	outions, r	nembersk	nio fees, and cros				
		ed to its exempt func											
		ent income and unre						n 511 tay	() from businesse				
	ū	n after June 30, 1975.				•	•						
		nd operated exclusive and operated exclusive											
		blich supported orga											
		it describes the type											
_ a ☐ Type						integrate			Type III-Other				
e By checking	this box, I cer	bify that the organization	tion is no	ot contro	lled direc	tly or inc	directly b	y one or	more disqualifie				
	section 509(a)(2)	n managers and othe	r tran on	e or more	s publicly	supporte	a organı	zations di	escribed in sectio				
		a written determinate	ion from	the IRS	that it is	a Type	I. Tvoe II	l. or Type	a III supporting				
	, check this box												
		the organization acce	epted an	y gift or c	contributi	on from a	any of the	9					
following per		r indirectly and all	-146					h	Yos No				
		r indirectly controls, onling body of the supp				un persor	is descri	Decin (II)	119(1)				
• •		rson described in (i)	•						11g(ii)				
		of a person described							11g(iii)				
(i) Name of supported	(II) EIN	ation about the organ		tne organ organization		upports.	A-0	ls the	(vii) Amount of				
organization	(ii) Liiv	(described on lines 1-9	in col. (i) f	sted in your	the orga	nization in	organizat	tion in cal.	support				
		above or IRC section (see instructions))	governing	document?		of your part?		ked in the S?	ļ				
			Yes	No	Yes	No	Yes	No					
			i	1	ļ	{	ł		İ				
			 	 	 -	 	ļ	 	 				
			<u> </u>		L			1					
	-												
				-		<u> </u>		<u> </u>					
Ì			ľ			1		i 1					
						 							
			L	<u> </u>		i							
otal l													

Cet. No. 11285F

Schedulo A (Form 990 or 990-EZ) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

							43.401.4
	rt II Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
_	tion A. Public Support						
Ça	elendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200B	(f) Total
1	Gifts, grants, contributions, and membership tees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either pald 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 1-3					ļ <u> </u>	
5 6	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						
Sec	tion B. Total Support						
_	itendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10					ļ	<u> </u>
12	Gross receipts from related activities, etc.	-	-			12	
13	First five years. If the Form 990 is for to organization, check this box and stop her	<u> </u>	<u> </u>	id, third, fourth	-		on 501(c)(3)
sec	tion C. Computation of Public Sur	port Percei	ntage			 	
4	Public support percentage for 2008 (line 6		•			14	
5	Public support percentage from 2007 Sch	edule A, Part I	V-A, line 26f			15	9
Ba	33%% support test-2008. If the organization qualifies						
þ	331/3 % support test—2007. If the organization qual box and stop here. The organization qual						
7a	10%-facts-and-circumstances test - 200 more, and if the organization meets the "facts-and-circums"	X8. If the organi cts-and-circum	ization did not o	check a box on i	line 13, 16a, or and stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
b		If the organizat	ion did not chec stances" test, c	ck a box on line theck this box a	13, 16a, 16b, o nd stop here.	r 17a, and line 1 Explain in Part	5 is 10% or IV how the

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
Pa					a)(2) 		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "urusual grants.")	2,992,508	1,736,960	2,416,855	3,330,436	3,536,824	14,013,583
	furnished in any activity that is related to the organization's tax-exempt purpose	ļ					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)	14,013,583				
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	46,620	46,855	34,346	91,857	52,715	272,393
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5.000.						
c	Add lines 7a and 7b	46,620	46,855	34,346	91,857	52,715	272,393
		·					•
	line 6.)					عبست	13,741,190
	tion B. Total Support	,				,	
C	lendar year (or fiscal year beginning in)						(f) Total
9	Amounts from line 6	2,992,508	1,736,960	2,416,855	3,330,436	3,536,824	14,013,583
102	payments received on securities loans, rents, royalties and income from similar	124,047	239,942	289,260	191,334	323,398	1,167,981
	section 511 taxes) from businesses						
	· .						2,329,080
	Add fines 10a and 10b	423,352	650,612	865,927	799,834	757,336	3,497,061
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						17,510,644
14	organization, check this box and stop	here			n, or fifth tax y	ear as a section	n 501(c)(3) ▶□
Sec	tion C. Computation of Public Su	pport Percen	rtage				
15			•		(1)		78.47 %
18				<u>9</u>	<u> </u>	16	75.59 %
						47	19.97 %
17	• •	•	• • •	-	olumn (f)) .		19.97 % 5.14 %
18 19a	• •				nd line 15 is ~		
1 22	17 is not more than 331/4 %, check this be	anization dig no ox and stop ho	ne. The omeni:	zation oualities	n siciliduqa sa	Deported organ	nization ▶ ☑
b	331/2 % support tests—2007. If the organ line 18 is not more than 331/2 %, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	3/3 %, and
20	Private foundation. If the organization	-	_				
					Sche	dule A (Form 990	or 990-EZ) 2008

CIS Image Case #: CIS78Z57Z2

Emp #: 0441648454

(Form 990 or 990-EZ) 2008 Pag	Page 4
Supplemental Information. Complete this part to provide the explanation required by Part II, line 10 Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	10;
	•••••
	 -
······································	
	
	 -
	.
	·

People of Praise, Inc. 7/1/08-6/30/09 Form 990 23-7036494

art I, Line 1d, Total Contributions & Schedule B	Part I	
Name	Address	<u>Amount</u>
eı		72,491
e ₁		66,210
e		115,635
e		15,375
h		6,768
la		16,000
lr.		7,441
Ar.		12,185
r.		6,000
Ar.		6,435
nr.		7,380
fr.		7,248
fr.		5,250
Mr.		42,136
Ar.		16,500
r.		29,100
Mr.		5,400
Ar.		7,160
Mr.		6,000
Mr.		8,980
Ar.		39,213
Ar.		10,500
Λr		6,143
Λr		19,900
Λr		6,500
Λr		6,000
Лr		6,286
<u>Mr</u>		5,000
Ar		7,280
Dr.		6,200
Ar .		5,000 6,000
Λr 		6,000 17,582
Mi:		307,888
Λr A		10,044
Ar A:		6,000
Ai:		7,260
Ar Ai		25,000
Ai:		5,190
Λr Λr		16,000
Λr Λr		21,000
vii Лi:		6,418
να: Ar		7,560
Ar		5,911
VII		3,311

People of Praise, Inc. 7/1/08-6/30/09 Form 990 23-7036494

art I. Line 1d. Total Contributions & Schedule R. Part I.

10,300 12,000 5,655 5,440 5,750 6,400 9,200 9,400 5,000 21,000 5,575 12,500 5,200 7,325 13,800 6,995 5,000 5,000 10,600 5,580 5,600 9,750 8,875 17,225 5,517 8,910 21,288 7,500 9,100 9,341 7,595 8,990 6,950 13,473 10,000 10,980 6,100 10,000 5,820 11,450 9,365 5,225 12,525 7,169

6,050

People of Praise, Inc. 7/1/08-6/30/09 Form 990 23-7036494

rt I. Line 1d. Total Contributions & Schedule B, Part I

6,320 7,500 9,452 10,450 6,096 5,000 7,500 8,300 5,580 1,867,125

3,361,411

Schedule D (Form 990) 2008

Cat. No 52283D

	HEDULE D rm 990)	Supple	mental Financial S		2008	
Dener	iment of the Tropisury	► Attach t	o Form 990. To be completed	by organizations	that	Open to Public
ton	d Revenue Service		Yes," to Form 990, Part IV, line	B, 7, 8, 5, 10, 11,		tification number
	e of the organization ople of Praise, Inc				23	7036494
	de Organiz	ations Maintaining Do	nor Advised Funds or O	ther Similar Fu	inds or Acco	unts. Complete if
	the orga	inization answered "Yes	" to Form 990, Part IV, lin	ne 6		/V_/Y
			(a) Donor advised fun	ds	(b) Funds an	d other accounts
1		end of year				
2		(butions to (during year)				
3		s from (during year)				
4		at end of year	donor advisors in writing the	at the senate boli	d in donor advi	ead
5	funds are the or	ganization's property, subj	ect to the organization's exc onors, and donor advisors in	lusive legal conti	rol?	. L Yes L No
6	used only for ch	aritable purposes and not	for the benefit of the donor	or donor advisor	or other	·
	impermissible p	nvate benefit?				. Yes No
Pai			plete if the organization ans		Form 990, Pa	irt IV, line 7.
1	Purpose(s) of co	onservation easements held	d by the organization (check			
				_	-	important land area
	Protection of			☐ Preservation	of certified his	tone structure
•	Preservation		d a qualified conservation co	ntribution in the fo	orm of a consen	vation easement
2	on the last day		u a quanteu conservation con	I I I I I I I I I I I I I I I I I I I	ATTO A COLICE	ation odsoment
	,				Sales He	eld at the End of the Yea
а	Total number of	conservation easements .			2a	
ь			asements		2b	
C	Number of cons	ervation easements on a d	pertified historic structure inc	luded in (a)	2c	
d			ed in (c) acquired after 8/17/			
3		ervation easements modifi	ied, transferred, released, ex	linguished, or ter	minated by the	e organization during
4			to conservation easement is			
5	enforcement of	the conservation easemen	y regarding the periodic morests it holds?			
6	Staff or voluntee	er hours devoted to monito	oring, inspecting, and enforci	ng easements du	inng the year	
7			g, inspecting, and enforcing			
8	170(h)(4)(B)(i) an	d section 170(h)(4)(B)(ii)? .	d on line 2(d) above satisfy t			Yes No
9	balance sheet, a		reports conservation easem the text of the footnote to the			
Pai			ections of Art, Historical	Freasures, or C	ther Similar	Assets. h //
			wered "Yes" to Form 990, F			N/F
1a	art, historical tre	asures, or other similar ass	nder SFAS 116, not to report ets held for public exhibition, te to its financial statements	education, or res	earch in further	alance sheet works of ance of public service
b	historical treasur provide the follo	res, or other similar assets wing amounts relating to t		ducation, or rese	ærch in furthera	ance of public service
			/iii, line 1 , , , ,			
	THE DECOME INCHA	Too in Form OOD Port Y			- S	·
2	If the organization	on received or held works	of art, historical treasures,	or other similar a		
	If the organization	on received or held works its required to be reported		or other similar a these items:	assets for finar	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

ched	ule D (Form 690) 2008					Page 2
Parl	III Organizations Maintaini	ng Collections	of Art, Historic	al Treasures,	or Other Similar	Assets (continued)
	Using the organization's accession items (check all that apply):	and other record	s, check any of	the following th	nat are a significant	use of its collection
а	Public exhibition		d 🔲	Loan or exchar	nge programs	
ь	Scholarly research		• L	Other		
C	Preservation for future general					
	Provide a description of the organiz Part XIV.	ation's collection	s and explain ho	w they further	the organization's e	xempt purpose in
·	Dunng the year, did the organization sassets to be sold to raise funds rather	r than to be maint	ained as part of t	he organization	s collection?	Yes No
ar	Trust, Escrow and Custo Part IV, line 9, or reported	odial Arrangement on	ents. Complete Form 990, Part	f organization X, line 21.	answered "Yes" t	o Form 990,
	Is the organization an agent, trusted included on Form 990, Part X?					not Yes No
	If "Yes," explain the arrangement in					
_				_		Amount
c	Beginning balance				1c	
ď	Additions during the year				1d	
	Distributions during the year				10	
	Ending balance				1f	
a b	Did the organization include an amount "Yes," explain the arrangement in	ount on Form 990 Part XIV.), Part X, line 21	?		Yes No
'ar	V Endowment Funds. Co	mplete if organi	zation answere		om 990, Part IV, I	
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years ba	ck (e) Four years back
а	Beginning of year balance,					
	Contributions					
C	Investment earnings or losses				· 'Z	<u> </u>
d	Grants or scholarships		<u> </u>			
	Other expenditures for facilities and programs					
	Administrative expenses End of year balance					
:	Provide the estimated percentage of	f the year end ba	lance held as:			
	Board designated or quasi-endowm	•				
	Permanent endowment >					
	Term endowment ▶96					
	Are there endowment funds not in th		ne organization th	nat are held and	administered for th	
	organization by:		-			Yes N
	(i) unrelated organizations					3a(i)
						3a(ii)
	If "Yes" to 3a(ii), are the related org					. 3 b
	Describe in Part XIV the intended us				4 V. Pro 40	
arı	VI Investments-Land, Bu	ildings, and Eq				
	Description of Investment	(a) Cost or of		ost or other sis (other)	(c) Depreciation	(d) Book value
a	Land	1,695,	725			1,695,725
_	Buildings	9,247,	225		2,276,118	6,971,107
	Leasehold improvements					
d	Equipment	561,6	99		452,182	109,517
	Add lines 1a-1e. (Column (d) should e	Curl Form 900 On		ino 10(e) l		8,776,348

Schedule D (Form 990) 2008		<u> </u>	Pag
Part VII Investments - Other Securities		X, line 12. (c) Method of value	N/A
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests	ļ		
Otther			
	 		
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments Program Relate	d. See Form 990. Part	X. line 13.	
(a) Description of Investment type	(b) Book value	(c) Method of valua	ition:
		Cost or end-of-year ma	rket value
Net Equity investment in Related Co.			
LaSaile Co. Inc.	4,872,234	End of year market value. Au	dited annually
4315 Raiph Jones Court			
South Bend, IN 46628 FID# 35-13615432			
FID# 33-13613432			
rotal (Column (t) should equal Form \$90, Part X, col. (B) fine 13.) ► Part 1X Other Assets. See Form 990, Part	t V line 15	1	A-
Part A Other Assets. See Form 990, Fa	(a) Description		(b) Book value
Purchased property and at our year end, we ha		ress	30,030
			30,0
Part X Other Liabilities. See Form 990,	Part X, line 25.		30,0
Part X Other Liabilities. See Form 990, (a) Description of liability		— MA	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	- MA	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	- MA	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	MA.	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	MA.	30,0
·	Part X, line 25.	MA.	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.		30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	N/A	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	MA.	30,0
Part X Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.		30,0

Schedule D (Form 990) 2008

Schedulo D (Form 990) 2008

FI	57	2	Z 5	7	72
-1	_,,	u		•	

	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	rts	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,915,11
2	Total expenses (Form 990, Part VIII, column (A), line 25)	2	3,796,01
	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,119,10
	- · · · · · · · · · · · · · · · · · · ·	4	
	Net unrealized gains (losses) on investments	5	
	Donated services and use of facilities	6	
	Investment expenses	7	
	Prior period adjustments	8	(52,41
	Other (Describe in Part XIV)	9	(52,41
)	Total adjustments (net). Add lines 4-8	10	1,066,68
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts Included on line 1 but not on Form 990, Part VIII, line 12:		
:	10-1		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Necoveries of prior year grants		
	Other (Describe in Part Air)	2е	
0	Add lines 2a through 2d	3	
ŀ	Subtract line 2e from line 1	3	
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)	- 	
C	Add lines 4a and 4b	4c	
<u> </u>	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	
ar	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Re	eturn
	Total expenses and losses per audited financial statements	1_1_	.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
-	Donated services and use of facilities		
	Prior year adjustments	_}	
c	Losses reported on Form 990, Part IX, line 25		
ď	Other (Describe in Part XIV)]	
	Add lines 2a through 2d	29	
	Subtract line 2e from line 1	3	
3	1 1	1	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	{ }	
	Tivestrient expenses not included diff offit 330, fact vint into 10		
	Outer (Describe in Fall XIV)	4c	
_	Add lines 4a and 4b	5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	131	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		V, lines 1b
d	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
	t XI line 8: This is the realized loss on investment in the LaSalle Co., Inc. for the period endi	ng June 30,	2009. People
ar			
Par			
	Praise, Inc. owns LaSaile Co. Inc		
	Praise, Inc. owns LaSalle Co., Inc.		
	Praise, Inc. owns LaSalie Co., Inc.		
	Praise, Inc. owns LaSalie Co., Inc.		
	Praise, Inc. owns LaSalie Co., Inc.		
	Praise, Inc. owns LaSalie Co., Inc.		
	Praise, Inc. owns LaSalle Co., Inc.		
	Praise, Inc. owns LaSalle Co., Inc.		
	Praise, Inc. owns LaSalle Co., Inc.		
	Praise, Inc. owns LaSalle Co., Inc.		

chedule D (Form 990) 2008	Page 5
Part XIV Supplemental Information (continued)	
•••••••••••••••••••••••••••••••••••••••	

	Rupplomo	ntal Inf	ormati	on Regardir	nø L	OMB No. 1545-0047
SCHEDULE G Form 990 or 990-EZ)				g Activities		2008
Department of the Treasury	m 890 or Form 890-EZ.	Ment be complet	and the organization	ions that answer "Yes" to I	Form 990, Pert IV, Brass 17, 🕍	Open To Public
rternal Revenue Sovice	18, or 19, and by org	anizations that o	inter more than	\$15,000 on Form 990-EZ, ()	Employer Identif	Inspection cation number
Name of the organization People of Praise, Inc.					23	7036494
Part I Fundraising Activitie	s Complete i	f the orga	nization a	enswered "Yes"	to Form 990, Par	t IV, Ime 17.
Indicate whether the organization Mail solicitations	n raised funds	through a⊓ e ☐	y of the fo	flowing activities. on of non-govern	Check all that applyment grants	y
a U Mail solicitations b D Email solicitations		ř	Solicitati	on of government	grants	
c Phone solicitations		' g □		undraising events		
d In-person solicitations	•					
2a Did the organization have a writte or key employees listed in Form	en or oral agree	ment with a	uny individ	ual (including offic	ers, directors, truste Lituadraising service	es s? Dyes Dho
b if "Yes," list the ten highest pai	d individuals of	ontine (f	undrakers'	mursuant to sore	ements under which	th the fundralser is
to be compensated at least \$5,	000 by the orga	nization. F	orm 990-l	Z filers are not re	equired to complete	this table
	<u> </u>			(N) Gross receipts	(v) Amount paid to	(vi) Amount paid to
(i) Name of Individual or entity (fundraiser)	(II) Activity	custody or control of from activity (or retained contributions?		(or retained by) fundralser listed in col (i)	(or retained by) organization	
		Yes	No			
		+			 	
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					İ	
	<u> </u>	 				
	<u> </u>			<u></u>		
Total			. ▶		1	1
3 List all states in which the organ	· · · · · · · ·	· · · · · ·		solicit france	has been satisfied t	t is event from
registration or licensing.	iizauon is regis	itered or ii	Ceriseo to	SOICH MINGS OF	IMS DOBIT ROUNCE I	t is exempt nom
			· · · · · · · · · · · · · · · · · · ·			
			•••••			
			·			
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CIS78Z57Z2 Schedute G (Form 990 or 990-EZ) 2008 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (d) Total Events (Add col. (a) through col (cj) Dinner/Dance Auction garage sales (total number) (event type) (event type) 33,935 7,299 51,161 9,927 Gross receipts Less: Chantable contributions Gross revenue (line 1 minus line 2) 33<u>,9</u>35 9,927 7,299 51,161 Cash prizes Non-cash prizes . Expen Rent/facility costs Other direct expenses . Direct expense summary. Add lines 4 through 7 in column (d) . O) Net income summary. Combine lines 3 and 8 in column (d) 51,161 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming Revenue bingo/progressive bingo Gross revenue 2 Cash prizes 3 Non-cash prizes . . Rent/facility costs . . Other direct expenses ☐ Yes Yes □ No □ No ☐ No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) . . . Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate garning activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," Explain: Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2008

is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer chantable gaming?

che	dule G (Farm 990 or 890-EZ) 2008		_	age 3		
		_	Yes	No		
3	Indicate the percentage of gaming activity operated in: The propriestion's facility.	6	ĺ			
a	The organization of tability	ĺ]			
ь 4	An outside facility	1		1		
•	and records:					
	Name ▶					
	Address ▶		}			
5 a	Does the organization have a contract with a third party from whom the organization receives gaming	15a	_			
	revenue?		 	7		
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$					
c	If "Yes," enter name and address:					
	Nama A					
	Name ▶					
	Address ▶					
_	Gaming manager information:]			
6	Cauring manager information:					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided	F				
	☐ Director/officer ☐ Employee ☐ Independent contractor					
7	Mandatory distributions:					
-	Is the organization required under state law to make charitable distributions from the gaming proceeds to	L				
		17a				

SCHEDULE I (Form 990)		Governm	Other Assistanents, and Indianization answered "Ye	ividuals in the	U.S.		2008 Open to Public
Department of the Treesury Internal Revenue Service			► Attach to	•			Inspection
Name of the organization People of Praise, Inc.						Employer ide	ntification number 7036494
Part I General Information	on Grants and	Assistance					
Does the organization maintain the selection criteria used to a 2 Describe in Part IV the organizer III Grants and Other Assection 990, Part IV, line Part IV and Schedule	n records to substantial the grants of the g	tantiate the amount assistance? It is for monitoring to remments and ipient that received	he use of grant funds Organizations in ti ved more than \$5,0	in the United States.	Complete if the orga	inization answere	Yes No
1 (a) Name and address of organization or government	(b) ⊞N	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partners in Service, Inc. 107 S Greenjawn Ave SoBend, IN	59-2234517		69,532	0			Complete mission
Brotherhood of People of Praise 7709N Denver Portland OR92717	754475-82		15,000	0			Complete mission
Caribbean Relief Fund, Inc. 107 S. Greenjawn Ave. SoBend IN	31-1214006		_8,800	0			Katrins/help/missio
			}				
Oregon not for profit: Registry# - 754475-82/ArchdlocesePortland	Oregon@928						
	•		-				
Trinity Schools, Inc. 197.8	35-1502075		396,200	0			TuitionAssist/memi
				}			
		· · · · · · · · · · · · · · · · · · ·					
			1				
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CIS Image

Case #: CIS78Z57Z2

Emp #: 0441648454

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CI	3	/	o	Z	2	/	L	4

Part III Grants and Other Assistance to in	dividuale in the	United States Co.	molete if the oman	ization answered "Yes"	on Form 990 Part IV line 22.
Use Schedule I-1 (Form 990) if addit	lonal soace is n	eeded	inpicto ir the organ	ization without to	511 1 GH 650, 1 GH 17, INIO 221
(at) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Mathod of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ower:members in hospitals& member funerals		6,402	0		
					
art IV Supplemental Information. Comple	te this part to p	rovide the information	on required in Part	I, line 2, and any other	additional information.
lifts to Partners in Service, Inc. stopped at 6/30/0 udgeted every year by our branches and approve	***************************************				
f the gifts to Partners In Service were budgeted i	n 2008-09 and an	additional portion w	as approved by Bos	ard of Directors due to ne	cessity of situation.
lifts to Trinity Schools are grants which provide t	uition assistance	by People of Praise	to members' childre	en who choose to attend	Trinity School.
		•••••			······
		······································			
	••••••				
				······	

					Schedule (Form 990) 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2008 Open to Public Inspection

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization 23 7036494 PEOPLE OF PRAISE, INC Form 990, Part VI line 10: The process our organization uses to review the 990 is done by our Controller. He often has conversations with their CPA on questions or areas of doubt. Form 990 Part VI line 11: Directors on Part VII whose mailing address is different from organizations mailing address: 1) Charles Fraga, 6765 SW Preslynn Dr., Portland, OR 97225 2) Hugh Springer, 3005 Carlsbad Court, Burnsville, MN 55337 3) F.Richard Preuss, 17818 Prince Albert Ct., Granger, IN 46530 4) Joel Kibler, 601 Riverridge Pkwy, Eagan, MN 55125 5) Michael Coney, 513 Ridgeway Dr., Metairle, LA 70001 Form 990 Part VI line 15a & 15b: Salary compensation for directors has not changed in the last 10 yrs. However the process would be that the Board of Directors would make that decision along with the CFO. For key employees and all employees the CFO and Board would agree on a percent of increase and then pass the increases on to the employees. Form 990 Part V line 3b: The Corporation has an extension due by April 15, 2010, thus it will be filed sometime before that date. Form 990 Part V line6: Yes the organization has 1,882 members as of 6/30/09 in various cities (21). Form 990 Part V line 7s: Members nominate various people who serve a term. The governing body is selected from this group of people. A special election is taken by the existing governing body and those members who have served, have a vote in selecting the new members.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51056K

Schedule O (Form 990) 2008

578Z57Z2					
SCHEDULE R (Form 990) Related Organiz Attach to Form 990. To be completed by o		1 "Yes" to Form 990, (. 36, or 37.	2008 Open to Public Inspection
Name of the organization				Employe 23	r Identification number 7036494
People of Praise, Inc.					7030494
Part I Identification of Disregarded Entities (A) Name, eddress, and EIN of disregarded entity	(B) Primary activity	(C) Legal domictle (state or toreign country)	(D) Total Income	(E) End-of-year assets	(F) Direct controlling entity
					_ -
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and ETV of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
· Frinity-Schoole, Inc-107-SGreenlawn-AveSeBend, IN · · 35-1502975 -	School	IN	501 (c) (3)	9	NIA
Partners in Service, Inc.197 S. Greenlawn Ave-SoBend, IN	Religious	FL	501 (c) (3)	9	N/A
Garibbean Relief Fund, Inc. 187-8, Greenlawn Ave.	Religious	IN	501 (c) (3)	9	N/A
- Brotherhood of People of Praise 7709N-Denver, Portland, OR	Religious	OR	501 (c) (3)	9	N/A
	<u> </u>				
			<u> </u>		
For Drivery Act and Denounds Reduction Act Notice, see the Instructions for	Enem 000	Cat. No.	50135V	Schedu	te R (Form 990) 200

Part III Identification	of Related Org	enizetion	s Taxable as a	Partnership						-		-	age 2
related organization domicfle (state or foreign country)		(D) Direct controlling entity	Predominant income (related, investment, unrelated)	(F) Share of total income		(Q) Share of end-of-year assets		(H) "Claproportionata abscarbors? 1		f ' amount in box 20 of Schedule K-1 ' [(Form 1085)		(J) seral or raging riner?	
· - : or	` `								Yes	No	<u> </u>	₹ Ve	s No
	,		l								- it	1	
	- 3-										;.t <u>.</u>		1
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***************************************	,+ ` e ,			-		·					Ţ;,	 -	13
				-				<u>`</u>				1	1
Part IV . Identification	of Related Orga	nization	e Taxable as a	Corporation o	r Trust				<u> </u>	٠.	۲.	,-	7.
Name, eddress, and EN	of related organization		(B) Primary activity	(C) Legal domicite	Direct controlling	Type of (C comp. (C or tr.	entity S corp,	Share of total	income	-	Share of end-of-year assets to	Perce	H) entage erahip
LaSeile Co. Inc. 4315 Ralph	Jones-Ct. SoBen	d IN . 466	Textbook Distr	. IN	People praise	C (Cor	rp.)	147,	581.5	5		10	00
35-1365432						_				7	1		_
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				<u> </u>			-	 		= =		' '	

Part V	Transactions With Related Organizations					
Note. Comp	ete line 1 if any entity is listed in Parts II, III, or IV		Yes No			
1 During ti	ie tax year, did the organization engage in any of the following transactions with one or more related organizations listed	in Parts II-IV?				
a Receipt	of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity					
b Gift, gra	it, or capital contribution to other organization(s)		. 15 7			
c Gift, gra	nt, or capital contribution from other organization(s)		10 -			
d Loans o	loan guarantees to or for other organization(s)		· 			
e Loans o	loan guarantees by other organization(s)					
f Sale of	ssets to other organization(s)					
g Purchas	e of assets from other organization(s)					
h Exchance	e of assets					
i Lease o	facilities, equipment, or other assets to other organization(s)					
Lease of	facilities, equipment, or other assets from other organization(s)		. 11144			
k Perform	ance of services or membership or fundraising solicitations for other organization(s)					
I Perform	ance of services or membership or fundraising solicitations by other organization(s)		·			
m Sharing	of facilities, equipment, mailing lists, or other assets					
n Sharing	of paid employees		1n 🗸			
o Reimbui	sement paid to other organization for expenses		. 10			
	sement paid by other organization for expenses		1p /			
r Other to	Insier of cash or property to other organization(s) Insier of cash or property from other organization(s)		19 1 1r 1			
of the ar	ewer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	annuties (ii) royalizes (iv) rent from a controlled entity inbution to other organization(s) it or for other organization(s) or membership or fundrasing solicitations for organization(s) or membership or fundrasing solicitations by other organization(s) in ment, or other assets to other organization(s) or membership or fundrasing solicitations by other organization(s) in ment, and the respective of the reganization or who must complete this line, including covered relationships and transaction threat soliciter organization(s) Soliciter organization(s) Other organization or expenses Other organization for expenses Other organization for expenses Other organization for expenses Other organization for expenses Other organization for expenses Other organization for expenses Other organization for expenses Other organization(s) Name of other organization(s) Name of other organization(s) Formation Name of other organization(s) Name of other organization(s) Name of other organization(s) Solicite organization(s) Name of other organization(s) Name of other organization(s) Termacion Types (c) Termacion Types (c)	ensaction thresholds.			
		Transaction	(C) Amount involved			
LaSalle (1)	Ca., Inc. 35-1365432	rents: 1a	(C) Amount involved 252,000			
La Salle	Ca., Inc. 35-1365432	interest: 1a	114,577			
Trinity (schools, Inc. 35-1502075 (tuition assistance to People of Praise members' children)	scholarship: 1b	396,200			
Partner 4)	tn Service, Inc. 59-2234517	donation: 1b	69,532			
Brother 5)	hood of People of Praise, inc. Registry#754475-82(Oregon NFP/Archidiocese of Portland)	donation: 1b	15,000			
Caribbe	an Relief Fund Inc. 31-1214006	donation: 1b	8,800			

		į,									ege ege
chedule A (Form 990	2008 related Organizations Taxable as a l	Dodnosekia									
	-					- than 6	-1 -1 -1 -	north etc.	on (money mad by 1	ofal as	
rovide the follow r gross revenue)	ing Information for each entity taxed as a partial was not a related organization. See in	parmership dirough which istructions regarding exc	iusion for certain i	rvestme	nt partn	erships	TR OF ICS	acuviu.			
, h	(A) arne, eddress, and EIN of entity	(B) Primary activity	(C) Legal domiche (state or foreign country)	(D) Are all partners section SD1(c)(3) propertizations?		(E) Shere of end-of-year essets	(F) Deproportions a allocations?		(0) Code V—UB) amount in box 20 of Schedule K-1 Form 1085)	(H) General or managing partner?	
			l	Yes	No		Yes	No		Yes	No
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