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#### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Th

e organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 10/01, 2008, and ending 09/30, 2009 A For the 2008 calendar year, or tax year beginning D Employer identification number B Check if applicable Please C Name of organization PEOPLE TO PEOPLE MINISTRIES, use IRS 34-1264151 label or Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite type. Instial return See <u>454 E BOWMAN ST</u> (330)262-1<u>662</u> Specific City or town, state or country, and ZIP + 4 Amended G Gross receipts \$ WOOSTER, OH 44691-3540 212,897 return F Name and address of principal officer H(a) Is this a group return for Yes Х H(b) Are all affiliates included No Tax-exempt status If "No," attach a list. (see instructions) 501(c) ( 3 (insert no ) 4947(a)(1) or Website: H(c) Group exemption number L Year of formation 1978 M State of legal domicile Type of organization Corporation Trust Other > Association Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS IN NEED Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 21 Total number of employees (Part V, line 2a) 6 1,229 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T-line 34 **Prior Year Current Year** Contribution and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

AUG - Pig 1,187,433 NONE Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4818 10 276 2,964. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 20,800. 22,335 Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line (12) 1,162,116 1,211,197. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,000,549 1,008,774. Benefits paid to or for members (Part IX, column (A), line 4) . . . . NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 111,079 113,485. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . . . . . . 47,578 42,127. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,159,206 1,164,386. Revenue less expenses Subtract line 18 from line 12 . . . . . . 2,910 46,811. o Beginning of Year End of Year Total assets (Part X, line 16) 207,933. 185,553 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20, 207,933. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge /it is true, correct, and/complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign es) Here SEP Treasuror Type or print name and title Date Check if Preparer's identifying number Preparer's <u>U</u>ģaid (see instructions) signature employed > Sereparer's Firm's name (or yours EIN Άse Only if self-employed), address, and ZIP + 4 Phone no May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . |x |

	-
d Other program services (Describe in Schedule O ) SEE STATEMENT 1	
(Expenses \$ 418,191. including grants of \$ 309,652. ) (Revenue \$	)
e Total program service expenses ▶\$ 1,117,313. (Must equal Part IX, Line 25, column (B))	
A 1020 1 000	Form <b>990</b> (2008
144 1 000	

Part	IV 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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>x</u>
5	Sections 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		
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_x
9	Did the organization report an amount in Part X, line 21, 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,"			1
	complete Schedule D, Part IV	9		x_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		,	ļ
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		İ	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u></u>	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 29 if "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		X
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	1		
	24b-24d and complete Schedule K If "No," go to question 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<b>-</b>	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ		
	to defease any tax-exempt bonds?	24c	-	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	i		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	1	i	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ĺ	1	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u>_x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
10:	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
JSA 8E1021	1 000	Form	990	(2008

#### Part IV Checklist of Required Schedules (continued) Yes No 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. 28a Х Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х 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 37

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ĺ '
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			_ ;
	gaming (gambling) winnings to prize winners?	1c		<u>x</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ŀ		!
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	_		ļ '
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		-	- :
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	ا ا		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	5a		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	75		
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
62	Did the organization solicit any contributions that were not tax deductible?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			ű
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	`		, ,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	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	8		
9	organization, have excess business holdings at any time during the year?			
э a	Did the organization make any taxable distributions under section 4966?	9a	-	- ~
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
· . а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		<u> </u>
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			1

Part VI (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sect</u>	ion 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		ŀ	
	circumstances, process, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3_		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	,	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The governing body?	0		
a b	Each committee with authority to act on behalf of the governing body?	8a	<u>X</u>	
9a	Describe assessment as here level the start because as afficient	8b 9a	Х	v
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	Jd		X
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	30		<del> </del>
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O howthis is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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			1
a	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
4.6	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			
L	with a taxable entity during the year?	16a		_X
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			
Cook	the organization's exempt status with respect to such arrangements?	16b		l
<u>Sect</u> 17	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	e only		
	available for public inspection. Indicate how you make these available. Check all that apply	o uriy	'	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	reet		
	policy, and financial statements available to the public	1631		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	he		
	organization >LYDIA STAHL 454 E BOWMAN ST WOOSTER, OH 44691-3540			
	330-262-1662			

# 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

Check this box if the organization did not compensate any officer, director, trustee, or key employee											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			chec		that app	ply)	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SEE SCHEDULE J-2											
									<u> </u>		
					_						
										<u> </u>	
	-										

_	rt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and H	lig	hest Compensat	ed Employ	ees (c	ontinued)
	(A)	(B)			((				(D)	(E)	Ì	(F)
	Name and title	Average hours per week	Individual trustee	institutional truste	Officer	al Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ited ions	Estimated amount of other compensation from the
			stee	rustee		0	pensated		(00-271099-10113C)			organization and related organizations
									!			
1 b	Total  Total number of individuals (including those organization ► NONE	e in 1a) v	vho r	ece	ivec	 d m	ore th	nar	39,723. \$100,000 in re	portable co	NONE mpens	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											Yes No
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	00?	If "Y	es,	" complete Sched			4 X
5	Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or acci	ue c	omp	ens	satio	on fro	m	any unrelated of	organization	for	5 X
Sec	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization	compensa	ted ir	ndep	ene	den	t cont	trac	ctors that receive	d more th	an \$10	00,000 of
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
								+				
_								+				
_								T				
2	Total number of independent contractors ( compensation from the organization ▶	including t	hose	ın	1) \	who	rece	eive	ed more than \$10	00,000 in		

Par	t VIII	'Statement of Revenue		34-1264151		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections [512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a 117,902.  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f 1,069,531.  Noncash contributions included in lines 1a-1f \$ 596,663.	-			
	h	Total. Add lines 1a-1f	1,187,433.			
Program Service Revenue	2a b c d	Business Code			-	
rog	f	All other program service revenue			· · · · · · · · · · · · · · · · · · ·	
<u> </u>	3	Total. Add lines 2a-2f	2,964. NONE			2,964.
	4 5	Royalties · · · · · · · · · · · · · · · · · · ·	NONE			
	6a b	Gross Rents				,
	đ	Net rental income or (loss)	NONE			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses				
	С	Gain or (loss)				J
Other Revenue	d 8a	Net gain or (loss)	i			
the	l	Less direct expenses	1			
O	9a	Net income or (loss) from fundraising events . STMT 3▶  Gross income from gaming activities  See Part IV, line 19	20,800.	20,800.		
	b c	Less direct expenses	NONE			
	10a	Gross sales of inventory, less returns and allowances				
		Less cost of goods sold	NONE	ì		
	ļ	Miscellaneous Revenue Business Code	-			-
	11a					<del> </del>
	b		<del> </del>		<del></del>	<del> </del>
	C .	All				
	d	All other revenue	NONE	-	-	
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	NONE			<u> </u>
		9c, 10c, and 11e	1,211,197.	20,800.		2,964.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple		not required to comp	piete columns (B), (C),	, and (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	1,008,774.	1,008,774.		
3	Grants and other assistance to governments,				-
	organizations, and individuals outside the			1	
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			<del></del>
5	Compensation of current officers, directors,	, on B			
-	trustees, and key employees	39,723.	29,792.	9,931.	
6	Compensation not included above, to disqualified	7	==,:==,	-,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salanes and wages	65,152.	45,541.	19,611.	
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	8,610.	6,018.	2,592.	
11	Fees for services (non-employees)				
а	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
g	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	14,748.	13,273.	1,475.	
14	Information technology	1,249.		1,249.	·
15	Royalties	NONE			
16	Occupancy	14,323.	12,891.	1,432.	
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE		_	
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22		NONE			
23	Insurance	500.		500.	
24	Other expenses Itemize expenses not	1	İ		
	covered above (Expenses grouped together	j			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
	MISC	4,490.		4,490.	
	PAYROLL_SERVICE	1,463.	1,024.	439.	
	OFFICE_CLEANING	4,933.		4,933.	
đ	OFFICE_SECURITY	421.		421.	
е					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,164,386.	1,117,313.	47,073.	
26	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				
Te A	solicitation				

Pa	ırt X	Balance Sheet					
			(A) Beginning of year			B) of year	
	1	Cash - non-interest-bearng		1			
	2	Savings and temporary cash investments	32,989.	2		57,1	129.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		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		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
⋖	"	Prepaid expenses and deferred charges		9			
	1	Land, buildings, and equipment cost bass 10a					
	b	Less accumulated depreciation Complete					
	l	Part VI of Schedule D	<u> </u>	10c			
	11	Investments - publicly traded securities STMT- 4	152,564.			150,8	<u> 304</u>
	12	Investments - other securities See Part V, line 11		12	•••		
	13	Investments - program-related See Part V, line 11		13			
	14	Other assets See Part V, line 11 · · · · · · · · · · · · · · · · · ·		14			
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	105 552	15 16		207	
	17	Accounts payable and accrued expenses	185,553.	17		207,9	933.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
w	۱.,	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				-	
ig		highest compensated employees, and disqualified persons Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.					
and	27	Unrestricted net assets		27			
Bai	28	Temporarily restricted net assets		28			
2	29	Permanently restricted net assets		29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.					
		Capital stock or trust principal, or current funds	25,939	30		50,	013
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	7,050	31		7,	116
t A	32	Retained earnings, endowment, accumulated income, or other funds	152,564.	32		150,	804
ž	33	Total net assets or fund balances	185,553.	33		207,	<u>933</u>
	34	Total liabilities and net assets/fund balances	185,553	. 34		207,	<u>933</u>
Pa	ırt XI	Financial Statements and Reporting					
_						Yes	No
1		ounting method used to prepare the Form 990 X Cash Accrual Other					
2a		e the organization's financial statements compiled or reviewed by an independent account				<del>  </del>	X
b		e the organization's financial statements audited by an independent accountant?		• • •	· · · <u>2b</u>	<del>                                     </del>	X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	*		_		
3~		t, review, or compilation of its financial statements and selection of an independent accounts of a federal award was the expensation required to underso as sudit or sudits as		• • •	· · ·   2c_	┼┤	
Jd		result of a federal award, was the organization required to undergo an audit or audits as Single Audit Act and OMB Circular A-133?			3-		v
h		es," did the organization undergo the required audit or audits?				<del>  </del>	<u>X</u>
	- 11 11	co, and the organization undergo the required adult of adults'	<u> </u>	• • •		- 99n	(0000

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Nan	ne of t	he organizatio	n						Employe	r identifica	tion number
PE	OPLE	TO PEOP	LE MINISTRI	ES, INC.						34-12	64151
Pa	rt i	Reason fo	or Public Chari	ly Status (All organi	zations m	ust compl	ete this p	oart ) (se	e instruc	ctions)	
The	orga	nization is no	t a private found	ation because it is (Pl	ease check	only one o	rganızatıc	on )			
1		A church, co	onvention of chur	ches, or association o	of churches	described	ın sectioi	n 170(b)(	1)(A)(i).		
2	Ш	A school de	scribed in <b>sectio</b>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3		A hospital o	r a cooperative h	nospital service organi	zation desc	cribed in <b>se</b>	ction 170	(b)(1)(A)(	iii). (Atta	ch Sched	ule H)
4		A medical i	esearch organiz	ation operated in co	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
			ame, city, and sta				. <b></b>	<b></b> _		<b></b>	
5		An organiza	ation operated fo	r the benefit of a coll	lege or uni	versity ow	ned or o <sub>l</sub>	perated b	y a gove	rnmental	unit described in
			(b)(1)(A)(iv). (Co	·							
6			_	ernment or governme							
7	X	-		ly receives a substant		its support	from a g	overnme	ntal unit	or from t	he general public
				1)(A)(vi). (Complete P							
8				l in section 170(b)(1)(							
9				ly receives (1) more							
				ted to its exempt fun							
		• •	•	nent income and uni						511 tax)	from businesses
		•	-	after June 30, 1975							
10	$\vdash$	-	-	nd operated exclusive	-	•	-				
11		_	_	and operated exclusi	_						•
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
			_			g organiza e III - Func					pe III - Other
			_				-	•			•
•		-	-	rtify that the organiz on managers and oth							
					ei tilali on	e or more	publicity s	supportet	ı Organiza	alions de	scribed in section
1			section 509(a)(2	∠) ⊢a written determina	tion from 1	the IDS the	at it is a	Type I	Type II o	r Type III	supporting
•		-	n, check this box		LIOIT HOITI	ine into the	at It 13 a	Type 1,	Type II O	i Type iii	3dpporting
	•	•			 Inted any d		 hution fro	 m anv of	the		
•	9	following pe		the organization acce	pica any g	01 0011111	Dation no	in any or			
				or indirectly controls	either ald	one or tog	ether with	h person	s describ	oed in (ii)	Yes No
				rning body of the sup		_		μοισοιι			11g(i) X
			-	erson described in (i) a	_						11g(ii) X
			•	of a person described		above?					11g(III) X
ı	ה			ation about the organi		•	on suppo	rts			·
(i)	Name	of supported		(iii) Type of organization					(vi) l	s the	(vii) Amount of
٠,		anızatıon	, ,	(described on lines 1-9	n col (i) lis	sted in your	the organ	nization in of your	organizat		support
				above or IRC section (see instructions))	governing	document?		or your	U	S?	
					Yes	No	Yes	No	Yes	No	
_											
			_								
_											
To	tal								]		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,064,500.	1,088,033.	1,056,582.	1,139,505.	1,187,433.	5,536,053.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
4	Total. Add lines 1-3	1,064,500.	1,088,033.	1,056,582.	1,139,505.	1,187,433.	5,536,053.
5	The portion of total contributions by each person (other than a governmental unit or			`			
	publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,536,053.
	tion B. Total Support					<del></del> 1	3,330,033.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,064,500.	1,088,033.	1,056,582.	1,139,505.	1,187,433.	5,536,053.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	949.	336.	481.	276.	2,964.	5,006.
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						5,541,059.
12	Gross receipts from related activities, etc. (\$	See instructions)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here			<del></del>		<u>.</u>	<u></u>
Sec	tion C. Computation of Public Sup					<del>- 1</del>	
14	Public support percentage for 2008 (li		•				99.91 %
15	Public support percentage from 2007						99.90 %
16a	33 1/3% support test - 2008. If the o	-					l l
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the o	-					
47-	box and stop here. The organization q	•		-			
17a	10%-facts-and-circumstances test - 3 is 10% or more, and if the organization	_					
	in Part IV how the organization meets						
	organization			~	` <del>=</del> '		_
ь	10%-facts-and-circumstances test -						
IJ	15 is 10% or more, and if the organization	_					III IC
	Explain in Part IV how the organization						lich
	supported organization						▶□
18	Private foundation. If the organization						
	instructions	<u></u>	<u></u>	<u></u>	<u></u>	<u> <u></u></u>	▶ ∟

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				•		
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						is
	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	_					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						_
	line 6)						
Sec	tion B. Total Support		,		r-·		<del></del>
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6				<u> </u>	ļ	<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
Ь	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975				•		
	Add lines 10a and 10b					<del> </del>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly			İ			
	carried on					<u> </u>	<del>- </del>
12	<b>J</b>				1		
	loss from the sale of capital assets			}			
4.0	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		1 6 4			<u> </u>	24( )(2)
14	First five years. If the Form 990 is for						
500	organization, check this box and stop here tion C. Computation of Public Sur			<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	
15	Public support percentage for 2008 (line 8			mp (fl)		15	%
16	Public support percentage from 2007 Sche						
	tion D. Computation of Investmen					10	
17	Investment income percentage for 2008 (li			13 column (f))		17	%
18	Investment income percentage from 2007						
	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo			•		·	
h	33 1/3% support tests - 2007. If the orga					- • •	· · · · · · · —
	line 18 is not more than 33 1/3 %, check thi						
20	Private foundation. If the organization did						
221.10							m 990 or 990-EZ) 2008

JSA

#### SCHEDULĖ D (Form 990)

# **Supplemental Financial Statements**

2008
Open to Public Inspection

Schedule D (Form 990) 2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization			Empl	oyer identification number
PEC	PLE TO PEOPLE MINISTRIES, INC.				34-1264151
	Organizations Maintaining Donor Advi the organization answered "Yes" to Form		Similar Funds o		
		(a) Donor advise	d funds	(b	) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·			
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor ad	lucare in writing that the	a accate hold in a	donor ad	uscod.
•	funds are the organization's property, subject to the	_			1 1 1
6	Did the organization inform all grantees, donors, an	nd donor advisors in writ	ting that grant fur	nds may	be
	used only for charitable purposes and not for the be	enefit of the donor or do	onor advisor or ot	her	
	ımpermissible private benefit?	<u> </u>	<u> </u>	<u></u>	Yes No
Pa	rt    Conservation Easements. Complete if			Form 99	90, Part IV, line 7
1	Purpose(s) of conservation easements held by the	organization (check all th	nat apply)		
	Preservation of land for public use (e.g., recre	ation or pleasure)	Preservation	of an his	storically importantly land area
	Protection of natural habitat	L	Preservation	of certifi	ed historic structure
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qua	lified conservation cont	ribution in the for	m of a c	conservation easement
	on the last day of the tax year			(····	
					Held at the End of the Year
a	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·		2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified h	nistoric structure include	dın (a)	2 c	
d	Number of conservation easements included in (c)	acquired after 8/17/06		2d	
3	Number of conservation easements modified, trans	sferred, released, exting	guished, or termi	nated by	the organization during
	the taxable year ▶				
4	Number of states where property subject to conser				
5	Does the organization have a written policy regarding				
	enforcement of the conservation easements it holds				
6	Staff or volunteer hours devoted to monitoring, insp		_	-	
7	Amount of expenses incurred in monitoring, inspect	-	•	•	· \$
8	Does each conservation easement reported on line	• •	•		
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				L Yes L No
9	In Part XIV, describe how the organization reports			-	
	balance sheet, and include, if applicable, the text of	_	janization's finan	cial state	ements that describes
Pa	the organization's accounting for conservation ease rt III Organizations Maintaining Collections		acures or Oth	or Simi	lar Accate
Га	Complete if the organization answered	"Yes" to Form 990. P	art IV. line 8.	er Siiiii	idi Assets.
4.0	If the organization elected, as permitted under SFA	<del></del> :			d balanca abankunda af
1a	art, historical treasures, or other similar assets held	d for public exhibition, e	ducation, or rese	earch in f	furtherance of public service.
	provide, in Part XIV, the text of the footnote to its fi	nancial statements that	describes these	tems	
b	If the organization elected, as permitted under SFA				
	historical treasures, or other similar assets held for provide the following amounts relating to these item		ation, or researc	h in furth	erance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X			<i>.</i>	▶\$
2	If the organization received or held works of art, his			s for finar	ncial gain, provide the
	following amounts required to be reported under SI	FAS 116 relating to the	se items		
а	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				▶\$

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

Par	Organizations Maintaini	ng Collections of	of Art, Histor	rical Treasure	s, or Oth	ner Similar A	Assets (contin	Jed)
	III Also seeses and I						f. h P l .	
3	Using the organization's accession	and other records	s, cneck any o	of the following	that are a	a significant u	se of its collection	אנ
	items (check all that apply)		. —	٦.				
а	Public exhibition		d	Loan or ex	xchange p	orograms		
b	Scholarly research		e	Other				
C	Preservation for future ge							
4	Provide a description of the organi	zation's collections	and explain	how they furthe	r the orga	anızatıon's ex	empt purpose ir	1
	Part XIV							
5	During the year, did the organization	on solicit or receive	e donations o	f art, historical	treasures	, or other simi	lar	
	assets to be sold to raise funds rat	her than to be mai	ntained as pa	art of the organi	zation's c	ollection?	· · · · TYe	s No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					wered "Yes"	to Form 990,	
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Ye	s No
b	If "Yes," explain the arrangement in	n Part XIV and com	plete the foll	owing table			<del></del>	
						Δ	mount	
C	Beginning balance				1c		•	
đ	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an am	ount on Form 990	), Part X, line	217			Ye	s No
b	If "Yes," explain the arrangement in	n Part XIV						
Par	t V Endowment Funds. Con	nplete if organiz	ation answe	red "Yes" to F	orm 990	, Part IV, line	e 10.	
		(a) Current Year	(b) Prior ye	ar (c) Two y	ears back	(d) Three ye	ars back (e) Fo	our years back
1a	Beginning of year balance	190,396.						
b	Contributions							
С	Investment earnings or losses	-1,694.						
d	Grants or scholarships	2,0511			•			
е	Other expenditures for facilities .							
	and programs	20,000.						
f	Administrative expenses	20,000.						
	End of year balance	168,702.						
2	Provide the estimated percentage					1	<u> </u>	
a	Board designated or quasi-endowr							
b	Permanent endowment ► 88.0		<u> </u>					
c	Term endowment ► 5.0000							
	Are there endowment funds not in		f the organiza	ation that are he	ald and ac	Iministered for	r the	
-	organization by	the possession of	i inc organize	mon mat are ne	ila aila ac	ininistered to		Yes No
	(i) unrelated organizations						3a(i	
	(ii) related organizations							<del>.,</del>
b	If "Yes" to 3a(II), are the related or							<del></del>
4	Describe in Part XIV the intended in	•	•					
-	t VI Investments - Land, Bui				art Y line	10		
r ai					1	- 10	1	
	Description of investment	(inv	t or other basis vestment)	(b) Cost or other basis (other)	er (c	) Depreciation	(d) Book	value
1 a	Land				_			
b	Buildings							
С	Leasehold improvements	-						
d	Equipment							
	Other							
Tota	I. Add lines 1a-1e (Column (d) sho	uld equal Form990	), Part X, colu	ımı (B), line 10(	(c))	<u>.</u> ▶		

Part VII	Investments - Other Securities. See I	orm 990, Part X, Iir	ne 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial der	ivatives and other financial products			
	equity interests			
		<u> </u>		
				—
Total. (Column	n (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See		ne 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Besonption of investment type	(2) Book value	Cost or end-of-year market value	
		<del>  -</del>		
	•			
	n (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX	Other Assets. See Form 990, Part X,	•	[ · · · · · · · · · · · · · · · · · · ·	
	(a	Description	(b) Book value	
-				
		·· -		
	n (b) should equal Form 990, Part X, col (B) line 15)		<b>.</b>	
Part X	Other Liabilities. See Form 990, Part	X, line 25.		,
	(a) Description of liability	(b) Amount		
Federal inco	me taxes		-	
	<del></del>		4	
			4	
			4	
			4	
_		<u> </u>	-{	
		1	4	
		<del> </del>	-	
		<del> </del>	-	
			1	
Total. (Column	n (b) should equal Form 990, Part X, col (B) line 25)	<del> </del>	-	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)

2 Total expenses (Form 990, Part IX, column (A), line 25)

3 Excess or (deficit) for the year Subtract line 2 from line 1

4 Net unrealized gains (losses) on investments

5 Denated sequence and use of facilities

5 5 Investment expenses 6 7 Other (Describe in Part XIV) 8 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.......... Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments Other (Describe in Part XIV) 2e Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4a Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities **b** Prior year adjustments 2b c Losses reported on Form 990, Part IX, line 25 2¢ d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) c Add lines 4a and 4b ..... Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Schedule D (Form 990) 2008

#### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Open To Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
PEOPLE TO PEOPLE MINISTRIES, INC.	34-1264151
Part I Fundraising Activities. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 17.
Indicate whether the organization raised funds through any of the following activities    Mail solicitations	ernment grants nent grants ents  officers, directors, trustees onal fundraising activities? Yes No
	(v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by)
Yes No	
3 List all states in which the organization is registered or licensed to solicit fund registration or licensing	s or has been notified it is exempt from
	<del>-</del>

Pa	Fundraising Events. Comp more than \$15,000 on For					ported	d t
		(a) Event #1 MUSIC RECITAL (event type)	(b) Event #2 NONE (event type)	(c) Other Events  NONE (total number)	(d) Total Eve (a) throug		
Revenue	1 Gross receipts 2 Less Charitable contributions 3 Gross revenue (line 1)					22,	500.
_	minus line 2)	. 22,500.				22,	<u>500</u> .
uses	4 Cash prizes  5 Non-cash prizes						
Direct Expenses	6 Rent/facility costs	•					
Dire	7 Other direct expenses	1,700.				<u>` 1,</u>	700.
Pa	8 Direct expense summary Add lines     9 Net income summary Combine line     Gaming. Complete if the o     than \$15,000 on Form 990	es 3 and 8 in column (d). rganization answered "		<u></u> ▶		20,	<u>00.)</u> 800.
Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gacol (a) thro		
Direct Expenses	2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs						
	5 Other direct expenses						
:	6 Volunteer labor	. No	Yes%	Yes%			
	8 Net gaming income summary Com						
	Enter the state(s) in which the organizal Is the organization licensed to operate If "No," Explain		of these states?		9a	Yes	No
	a Were any of the organization's gamin b If "Yes," Explain		ended or terminated duri	ng the tax year?	10a		
11 12	Does the organization operate gaming ls the organization a grantor, benefici	g activities with nonmemb	ers?	ship or other entity			
	formed to administer charitable gamin				12		

in the organization's own exempt activities during the tax year ▶\$

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE (Form 990) Department of the Treasury

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

2008

OMB No 1545-0047

Open to Public

Employer identification number ► Attach to Form 990.

å (h) Purpose of grant or assistance X Yes Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 34-1264151 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN PEOPLE TO PEOPLE MINISTRIES, INC Enter total number of other organizations 1 (a) Name and address of organization or government Part II Partl

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

Schedule 1 (Form 990) 2008

Schedule I (Form 990) 2008			34-1264151			Page 2
Part III Grants and Other Assistance to Individuals in the United Use Schedule I-1 (Form 990) if additional space is needed		in the United States.	. Complete if the	Complete if the organization answered "Yes"	"Yes" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
SEE SCHEDULE I-1						
I						
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	ete this part to	provide the info	ormation required		and any other additional information	
PROCEDURES FOR MONITORING GRANT FUNDS	SOND		1                 	                 		
SCHEDIII T DART III						
FINDS ARE ETTHER PAID OUT ON BEHALF OF CLIENTS	LE OF CLIEN	renerated PS DIRECTED	DIRECTED TO LANDLORDS AND	AND		       
THE COMPANIES OF WOLICHERS ARE DROWING	! ←	TO SNOTHALACERA OR	TONS OR			
TRANSPORTATION NEEDS AND THE ORGANIZATION		i-za-darra	IS BILLED BY THE PROVIDER OF	<del></del>		
THOSE SERVICES. NO FUNDS ARE PAID DIRECTLY TO	D_DIRECTLY	<u>ro the clients.</u>	<u></u>			
		1				
	             	             	! ! ! ! ! ! !			; ; ;
						1000

SCHEDULE I-1 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

2008

OMB No 1545-0047

Open to Public Inspection

Schedule I-1 (Form 990) 2008 (h) Purpose of grant or assistance Employer identification number 34-1264151 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance (book, RMV, appraisal, other) (c) IRC Code section if applicable (p) EIN PEOPLE TO PEOPLE MINISTRIES, INC. Enter total number of other organizations (a) Name and address of organization or government Name of the organization

Schedule I-1 (Form 990) 2008		34-1	34-1264151		Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)	Assistance to Ind	ividuals in the U.S	. (Schedule I (Form 9	990), Part III )	
(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HINTITUTE	1 305	214 723			
0111110					
SHELTER	441	80,773.			
MEDICAL	624	61,120.			
TRANSPORTATION	289	6,314.			
MISCELLANEOUS	46	1,438.			
FOOD	12,405		160,007.	FMV	FOOD
CLOTHING/HOUSHOLD ITEMS	2,805	-	238,332.	THRIFT SHOP VALUE	CLOTHING/HOUSEHOLD
OTHER TN-KIND	1.247		14,017.	THRIET SHOP VALUE	MISCELLANEOUS ITEMS
SPECTAL PROJECTS	3,172		232,050.	THRIFT SHOP VALUE	CHRISTWAS/SCHOOL
					E

#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

PEOPLE TO PEOPLE MINISTRIES, INC.

Employer Identification number

34-1264151

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

(A) Name and Title	(B) Average hours	Pare	uon (	chec		that ap	nlv\	(D)	(E) Reportable	(F) Estimated
Name and fide	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEAN_BRAZEE DIRECTOR		x						NONE	NONE	NONE
DAN_HOSTETLER										
DIRECTOR	<del></del>	X	ļ	<b></b>			<u> </u>	NONE	NONE	NONE
KAREN_HOLT										
DIRECTOR		X	-			-		NONE	NONE	NONE
MARY ANN BAILEY		ļ ,,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NONE
DIRECTOR		_X_		-	-		┝	NONE	NONE	NONE
MARTHA JUNKIN DIRECTOR		х			l			NONE	NONE	NONE
CAMERON MANEESE		1^					-	NONE	NONE	NONE
DIRECTOR		x						NONE	NONE	NONE
JOE_MILLER		^						NONE	NONE	NONE
DIRECTOR		x	1		1			NONE	NONE	NONE
TED BOGNER										
DIRECTOR		X						NONE	NONE	NONE
KAREN O'BRIEN										
DIRECTOR		<u> x</u>	_			<u> </u>		NONE	NONE	NONE
PAT PETSCH										
DIRECTOR		X						NONE	NONE	NONE
ANITA_PLUMLY				l						
DIRECTOR		X		<u> </u>		<u> </u>	<u> </u>	NONE	NONE	NONE
ROGER RAMSEYER				1			1			
DIRECTOR		Х			_	-	<del> </del>	NONE	NONE	NONE
JILL SHAFER		1			İ					
DIRECTOR		X	-	<del> </del>	-	ļ	+	NONE	NONE	NONE
BOB_WELLINGTON	,	x						NONE	NONE	NONE
DIRECTOR LISA HABERBUSCH		+^-	╁─	┝	-	-	╁	NONE	NONE	NONE NONE
DIRECTOR		x_						NONE	NONE	NONE
JAMES_WEBSTER		<u>^</u>	-	-	┢		<del>                                     </del>	NONE	NONE	<u> </u>
DIRECTOR		x						NONE	NONE	NONE
PAT ZOLLER										
DIRECTOR		X			1			NONE	NONE	NONE
ROGER KIENZLE										
PRESIDENT				Х				NONE	NONE	NONE
NANCEE MORGAN										· <sup>-</sup>
VICE PRESIDENT		<u> </u>	1	X	$oxed{oxed}$	<u> </u>	_	NONE	NONE	NONE
CHARLES BRAIN		1								
TREASURER		1	igspace	<u>  x</u>	$\vdash$	<u> </u>	-	NONE	NONE	NONE
PAM_BASINGER										]
SECRETARY	Act Notice, see		Ι.	<u> </u>		<u> </u>	Щ.	NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

PEOPLE TO PEOPLE MINISTRIES, INC.

34-1264151

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I (A) (B) (C) (D) (F) Name and Title Position (check all that apply) Reportable Average hours Estimated Reportable compensation compensation amount of Officer Individual trustee or director Highest compensated employee Institutional trustee Key employee from related from other the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations LYDIA\_STAHL\_ EXEC DIRECTOR 40. 39,723. NONE NONE

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

2008
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization			· · · · · ·				Employe	r iden	tification	on nur	nber	
PEOPLE TO PEOPLE MINISTRIES,	INC.							1264	4151			
Part I Excess Benefit Transacations To be completed by organizations	(sectioi that ar	n 501(c nswered	)(3) and sect □"Yes" on Fo	ion 501(c) rm 990, F	)(4) organıza Part IV, lines	ations on 25a or 2	ly) 25b, or Fe	orm 99	90-EZ	, Part	V, ine	e 40b
1 (a) Name of disqualified person				/h	) Description	of transa	ction				(c) Con	rected?
- (a) Name of disqualmed person				,,,	n Description	UI (I di ISd	Clion				Yes	No
							-					
2 Enter the amount of tax imposed on under section 4958									<b></b> -			
3 Enter the amount of tax, if any, on lin	e 2, ab	ove, rei	mbursed by t	he organiz	ation			🕨	<b>&gt;</b> \$			
Part II Loans to and/or From Intere	otod D	0.50000					<del></del>					
To be completed by organization				orm 990.	Part IV, line	26, or F	orm 990	-EZ, P	art V.	ine 3	8a	
(a) Name of interested person and purpose	(b) Loan	to or from anization?	(c) Orig principal a	ginal	(d) Bala			default?	<b>(f)</b> Ap	proved ard or	(g) W agreer	
	To	From					Yes	No	Yes	No	Yes	No
				•								
	ļ	ļ					_					·····
			<del>-</del>			<del></del>						
,						<del>-</del>		-				
Total				▶\$	1,	·· ···	<u> </u>	1				
Part III Grants or Assistance Benefi To be completed by organization	itting lı	nterest	ed Persons		Part IV. line	27	1		ı	-		<u> </u>
(a) Name of interested person			ip between int organizal	erested per		1	mount of	grant	or typ	e of as	sistano	ce
		-										
Part IV Business Transactions Invol To be completed by organization					Part IV, line	s 28a, 2	8b, or 28	BC .				· · · · · · · · ·
(a) Name of interested person			hip between rson and the zation		nount of saction	(d) D	escription	n of tra	ansacti	on	organi	aring of zation's nues?
											Yes	No
MINDY BRAIN	SPOUSE	E OF TRE	ASURER		14,176.	EMPLOYM	ENT					х
												<u> </u>
	<del> </del> -	-					<del></del> -	_				
	<del> </del>					<del> </del>						-

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

Schedule L (Form 990 or 990-EZ) 2008

#### SCHEDULE M (Form 990)

#### **Non-Cash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE TO PEOPLE MINISTRIES, INC.

Employer identification number

34-1264151

Par	Types of Property				Ι			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	( <b>d)</b> deteri enues	mınıng	l
1	Art-Works of art		<u> </u>					
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	x		251, 292	THRIFT SH	OP V	ALUF	3
6	Cars and other vehicles			201,232.	11111211 011	<u> </u>	11201	
7	Boats and planes				-		-	
8	Intellectual property			,				
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
•	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
• •	contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other			<u> </u>				
18	Collectibles			<del> </del>				
19	Food inventory		750	138.383	FAIR MARK	ET I	/AT.[]]	 F.
20	Drugs and medical supplies			130,303.				
21	Taxidermy		····					
22	Historical artifacts		<del></del>					
23	Scientific specimens		•					
24	Archeological artifacts			· -				
25	Other ►( <u>STMT 5</u> )		500.	206,989.				
26	Other ►()		500.	200,303.	<del>-</del>			
27	Other ►()				<del> </del>			
28	Other ►()				<del> </del>			
29	Number of Forms 8283 received b		zation during the tay year f	for contributions for	<del> </del>	-		
23	which the organization completed f	-			29			
	Which the organization completed i	01111 0200,	r art IV, Donee Acknowled	igement	L <u></u> 1	_	Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any pror	perty reported in Part I lin	ne 1-28 that			
<b>50</b> a	it must hold for at least three year							
	used for exempt purposes for the e					30a	,	x
h	If "Yes," describe the arrangement	-	j penou,					
31	Does the organization have a		tance nation that require	os the soulow of any	non standard			
31						31	l .	
32-	contributions?					<del>                                     </del>	_ X	_
J∠d	<del>-</del>	•	<del>_</del>	•		32a		х
<b>L</b>	contributions?					324		
33	If "Yes," describe in Part II  If the organization did not report re	0.000,000,000	column (a) for a time of an	anarty for which column /a	) is shocked			
	describe in Part II	evenues III (	column (c) for a type of pro	operty for which column (a	y is checked,			

	Form 990) 2008	34-1264151	Page 2				
Part II	Supplemental Information. Complete this pa 32b, and 33 Also complete this part for any ac	rt to provide the information require	d by Part I, lines 30b,				
			· <b></b>				
			•======================================				
	~						
·							
	<del></del>						
		·					
<b>-</b>							
	<u></u>						
<b></b>							

#### SCHEDULE,O (Form 990)

### **Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number 34-1264151 PEOPLE TO PEOPLE MINISTRIES, INC. OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D DONATED FOOD, ASSISTANCE WITH UTILITY BILLS, MEDICAL EXPENSES, TRANSPORTATION AND OTHER VARIOUS NEEDS. REFER TO STMT 1 FOR NUMBER OF FAMILIES ASSISTED. COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS UPDATED ANNUALLY BY ALL BOARD MEMBERS AND EMPLOYEES. A SIGNED ACKNOWLEDGEMENT FORM CONFIRMING THE BOARD MEMBER'S RECEIPT AND UNDERSTANDING OF THE POLICY IS KEPT ON FILE. PROCESS USED TO REVIEW THE FORM 990 FORM 990, PART VI, SECTION A, LINE 10 THE FORM 990 IS REVIEWED BY THE TREASURER AND MEMBERS OF THE FINANCE DETERMINING COMPENSATION POLICY FORM 990, PART VI, SECTION B, LINE 15 THE ORGANIZATION'S BOARD REVIEWS COMPENSATION ANNUALLY FOR ALL AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION FORM 990, PART VI, SECTION C, LINE 19

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

2018
Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Additional information for responses to sp
Form 990 or to provide any addition

Name of the organization

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
ALL DOCUMENTS CAN BE VIEWED AT THE ORGANIZATION'S OFFICE.
·
·
·
·
·
·
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

REVENUE		
EXPENSES	160,007. 80,773. 61,120. 7,752.	418,191.
GRANTS	160,007. 80,773. 61,120. 7,752.	309, 652.
DESCRIPTION	DONATED FOOD, ASSISTED 12,405 INDIVIDUALS PARTIAL PAYMENT OF UTILITIES TO AVOID SHUT OFFS ASSISTANCE WITH MEDICAL EXPENSES, 624 FAMILIES TRANSPORTATION & MISC ASSISTANCE, 335 FAMILIES OTHER MISC EXPENSES ALLOCATED TO PROGRAM SERVICES	TOTALS

FORM 990, PART VIII -. INVESTMENT INCOME

EXCLUDED . REVENUE 2,964.	UNRELATED BUSINESS REV.	(B) RELATED OR EXEMPT REVENUE	(A) TOTAL REVENUE 2,964.	DESCRIPTION INTEREST TOTALS
2,964.			2,964.	NTEREST
# # # # # # # # # # # # # # # # # # #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REVENUE	BUSINESS REV.	EXEMPT REVENUE	REVENUE	ESCRIPTION
EXCLUDED	UNRELATED	RELATED OR	TOTAL	
(D)	(C)	(B)	(A)	

EVENTS
FUNDRAISING
- IIIA
, PART
RM 990

DIRECT NET EXPENSES INCOME	1,700. 20,800.	1,700.
GROSS INCOME	22,500.	22,500.
DESCRIPTION	PHYSICIAN'S RECITAL	TOTALS

ო

#### FORM' 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_\_

ENDING COST
BOOK VALUE OR FMV DESCRIPTION ENDOWMENT FUND 150,804. FMV TOTALS 150,804. 

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

(D) METHOD OF DETERMINING	THRIFT SHOP VALUE	
(C) REVENUES REPORTED	206,989.	206,989.
(B) NUMBER OF CONTRIBUTIONS	200	500.
(A) CHECK	×	
DESCRIPTION	ITEMS FOR CHRISTMAS PROJECT	TOTALS

91710W 5744