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# **N** 0 SCANNED NOV

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50m 990-EZ

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

2009

OMB No. 1545-1150

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending 20 10 July 01 June 30 B Check if applicable C Name of organization D Employer identification number me IRS Address change People of Praise-Muncie, Inc. 35-1440805 label or Name chance print or Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Initial return 3300 W. Moore Road 765-289-8645 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Muncie. IN 47304 Number ▶ Application pending G Accounting Method: ☐ Cash ☑ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► ☐ if the organization is not I Website: ▶ www.peopleofpraise.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 95,562 2 14,529 Program service revenue including government fees and contracts 3 3 3,996 4 Investment income . . . . . . . 4 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ \_\_\_\_\_ of contributions 6b Less: direct expenses other than fundraising expenses . . . . Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6с C Gross sales of inventory, less returns and allowances . . . . . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C RECEIVED 100 8 Other revenue (describe ► Miscellaneous 8 9 114,187 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 854 10 Grants and similar amounts paid (attach schedule) . 11 11 Benefits paid to or for members . . . . . . 66,939 12 12 Salaries, other compensation, and employee benefits . Professional fees and other payments to independent contractors OGDEN: 13 13 Occupancy, rent, utilities, and maintenance . . . . 14 24,361 14 15 735 15 Printing, publications, postage, and shipping . . . . . Other expenses (describe Donation to affiliate to People of Praise, Inc. : \$9,324 34.776 16 16 127,665 17 Total expenses. Add lines 10 through 16 . . . . . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . (13,478) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 228,588 19 20 Other changes in net assets or fund balances (attach explanation) . . . . 20 215,110 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (A) Beginning of year (B) End of year (See the instructions for Part II.) 22 64,890 22 60,504 Cash, savings, and investments . . . . . . 23 163,698 23 154,606 Land and buildings . . . . . . . . . . . . Other assets (describe ▶ 24 24 228,588 25 25 Total assets . . . . 215,110 26 Total liabilities (describe ▶ 26

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

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 106421

Form 990-EZ (2009)

215,110

228,588 27

Par	t III Statement of Program Service Accom	plishments (Se	ee the instr	uctions for Part II	l.)		Expenses				
Wha	t is the organization's primary exempt purpose?	To live as a cov	enant Christ	tian community			ured for section )(3) and 501(c)(4)				
manner, describe the services provided, the number of persons benefited, and other relevant information for											
each	program title.					for ot	a)(1) trusts; optional hers.)				
28	Christian organization that conducts prayer, teachin	o and other mee	tinas plus re	treats to form		1					
	Christian character. Member volunteer services to y		<del>-</del>								
		ou p. og.uo,									
	(O	00-	126,861								
~~	(Grants \$ ) If this amount Materials purchased to share in operation of a soup			eck here	<u> </u>	28a	120,001				
29	materials purchased to share in operation of a soup										
	(Grants \$ ) If this amount	includes foreigr	n grants, ch	eck here	. ▶ 🛄	29a	854				
30	30										
		_									
	(Grants \$ ) If this amount	includes foreign	grants, ch	eck here	. ▶ 🗆	30a					
31											
		includes foreign	orants, ch	eck here	. ▶ □	31a	!				
32	Total program service expenses (add lines 28a					32	127,664				
Par											
		(b) Title and		(c) Compensation	(d) Contribut		(e) Expense				
	(a) Name and address	hours per devoted to	week -	(If not paid, enter -0)	employee bene deferred comp	fit plans &	account and other allowances				
	O-bb-l	devoted to	DOSILION	enter -cj	deletted comp	erisation	Other allowances				
	es Schenkel	President	20		1						
	S. Brittain Ave, Muncie, IN 47304		-	0	<del> </del>	0	0				
	y Spangler	Vice President	10	_	ļ	_					
	W. Mailoy Ct, Muncie, IN 47304			0	0	0					
Tho	mas Schmitt	Secretary 40			1						
5028	B W. Churchill Ct, Muncie, IN 47304	Occiousy		51,961		11,168	0				
Mich	nael Oxley	Treasurer	10								
3710	Oxley Dr, Muncie, IN 47303	lieasurei		0	L	0	0				
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34_		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	1		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>/</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			1
39	Section 501(c)(7) organizations. Enter:			;
а	Initiation fees and capital contributions included on line 9			}
b	Gross receipts, included on line 9, for public use of club facilities			į
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			!
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			'
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed. ▶ INDIANA			
<b>42</b> a	The organization's books are in care of P cames in agree	74-23		
	Located at ► 107 S. Greenlawn Avenue, South Bend, IN ZIP + 4 ►	46617	7-3430	) 
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ne	1.1.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	No
	account)?	42b	├	<b>V</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.	40-		7
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			V	N-
44	Did the consensation maintain any dense advised fundant 16 Was 7 Farm 000 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	-	Ī
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		ļ	-ر
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	l	✓

Page	4
i ayo	-

Form 99	0-EZ (2009)					F	age 4				
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt chari d 51.	xempt charita table trusts m	able trusts only. A ust answer question	ll sec ons 46	tion 3-491	<u> </u>				
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of	or in opposition to		Yes	No				
	candidates for public office? If "Yes," complete \$				46	•	1				
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II										
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a	Did the organization make any transfers to an ex	empt non-chantable relate	d organization?		49a		1				
b	If "Yes," was the related organization a section 5				49b		1				
50	Complete this table for the organization's five hi										
	employees) who each received more than \$100,	· · · · · · · · · · · · · · · · · · ·									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio	n (d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	and				
NONE											
f	Total number of other employees paid over \$100	000	<u> </u>		<u> </u>						
<b>51</b>	Complete this table for the organization's five is \$100,000 of compensation from the organization  (a) Name and address of each independent contractor	n. If there is none, enter "N	one."	ctors who each rec	eived (c) Con						
NONE						<u></u>					
				-							
d	Total number of other independent contractors e	each receiving over \$100,00	00▶								
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and ased on all informat	statements, and to the beston of which preparer has	st of my any kno	knowl wledg	edge e				
Sign Here	Signature of officer Date										
	Uarmes Schenkel President Type or print name and title										
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	e instruc	tions)				
Use On	C Firm's name (or A			EIN ► Phone no. ►							
May th	ne IRS discuss this return with the preparer shown	above? See instructions		▶ [	Yes		No (2009)				

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

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

35 1440805 People of Praise-Muncie, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 a 🗌 Type I **b** Type II **c** ☐ Type III–Functionally integrated d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? US? Yes Yes Yes Total

Par	(Complete only if you check					and 170(b)(	1)(A)(VI) 
	tion A. Public Support		-1				·
Ça	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						N/A
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 through 3					ļ	
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						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						N/A
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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 .		<u> </u>				L
12	Gross receipts from related activities, etc	•	•	-		12	
I3 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				
14	Public support percentage for 2009 (line			1 column (fl)		14	N/A %
15	Public support percentage from 2008 Scl	, ,,	,			15	%
16a	33% % support test—2009. If the organic	•	•		line 14 is 3316	·	
	and <b>stop here.</b> The organization qualifies						<b>►</b> □
b	33% % support test-2008. If the organiz		· -			331/3 % or more	<del></del>
	box and stop here. The organization qua						▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here.	. Explain in Pari	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the

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) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,289	112,671	121,171	108,047	95,562	561,740
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	11,063	13,968	16,329	13,511	14,529	69,400
3	organization's fax-exempt purpose  Gross receipts from activities that are not an unrelated trade or business under section 513	11,000	10,500	10,023	10,011	14,323	03,400
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 through 5	135,352	126,639	137,500	121,558	110,091	631,140
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	75,479	60,583	60,541	56,479	67,475	320,557
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	75,479	60,583	60,541	56,479	67,475	320,557
8	Public support (Subtract line 7c from line 6.)						310,583
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	135,352	126,639	137,500	121,558	110,091	631,140
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,142	8,346	4,140	-2,373	3,996	17,251
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,142	8,346	4,140	-2,373	3,996	17,251
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)	138,494	134,985	141,640	119,185	114,087	648,391
14	First five years. If the Form 990 is for to organization, check this box and stop I	he organizatio				ear as a sectio	
Sec	tion C. Computation of Public Su		ntage				
15	Public support percentage for 2009 (line	e 8, column (f)	divided by line	e 13, column (	(f))	15	47,90 %
16	Public support percentage from 2008 Stion D. Computation of Investment			<del></del>		16	49.11 %
					.1	47	2.66 %
17 18	Investment income percentage for 2009 Investment income percentage from 20			-	olumn (f)) .	17	2.66 % 2.51 %
19a					nd line 15 is m	<del></del>	
b	17 is not more than 331/3 %, check this bo 331/3 % support tests—2008. If the organi line 18 is not more than 331/3 %, check this	ox and <b>stop he</b> szation did not d	<b>re.</b> The organiz	zation qualifies line 14 or line 1	as a publicly s 19a. and line 16	supported orga	nization ► ☑ 33/4% and
20	<b>Private foundation.</b> If the organization of						

Schedule A (Fo	orm 990 or 9	Schedule A (Form 990 or 990-EZ) 2009													Pag			
Part IV	Supple Part II,	men line	<b>tal Inf</b> 17a or	orma 17b;	ation. and	Con Part	nplete III, line	this 12.	part Pro	to pro vide ar	vide th	e explai r additic	nations onal inf	requir	ed b	y Part ee inst	II, line 1 ructions.	0;
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### Form 990-EZ

## People of Praise- Muncie, Inc. 35-1440805

volunteer service.

July 2009 - June 2010

Part I, Line 16: Affiliate Payment	****		•						
People of Praise, Inc. 107 S. Greenlawn Ave. South Bend, IN 46617	\$	9,324							
Part I, Line 16, Other Expenses			•						
Vehicle		1,630							
General Insurance	Í	272							
Telephone	<u> </u>	524							
Internet		1,178							
Travel	<u> </u>	134							
Celebrations		1,346							
Meetings	1	289							
TRS		270							
Support Exec Office		9,324	** see above						
Training & Retreats		10,148							
Leader's Conference		2,040							
Branch Activities		3,972							
Ministries - Youth		982							
Ministries - Music/Sound		348							
Boy Scouts		0							
Public Meetings		718							
Life Together	[	926							
Growth/Outreach		118							
Action Program Office		498							
Miscellaneous		60							
Total		34,776	•						
Part I, Line 10, Grants									
Harvest Soup Kitchen, Muncie, IN		853.73							
Part V, Line 35, Business Activities									
All business related income is within the organization's									
exempt purposes. It is to help pay for Christian retreats,									
travel and food for Christian conferences and youth									