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# AMENDED RETURN

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(HTA)

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

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

Open to Public

A	For the	2009 cal	endar ye	ear, or tax y	ear beginni	ing	10/	1/2009		, and	l endi	ng	9/30	/2010			
В	Check if app	licable	Please	C Name of	forganization	People	to Peopl	le Mınistı	ies, Inc	 >		D	Employer i	dentific	ation number		
	Address c	nange	use IRS label or	Doing Bi	usiness As							34	-1264151				
٦,	Name cha	nae	print or	Number	and street (or	PO box if ma	l is not deliv	ered to stre	et addres	ss)	Room/		Telephone	number			
=	nitial retur		type.		owman Stre			0.00 10 01.1		~			30) 262-16				
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==	Amended		tions	Wooster				UП	-	44091							
$\Box'$	Application	n pending	FN	lame and ac	ddress of pr	ncipal officer					H(	(a) is this	a group retur	n for affi	liates?	Yes X	No
			Lydia S	tahl, Exec	utive Direc	tor, 454 E	Bowman S	Street, W	looster,	<u>, OH 4</u>	<u>146</u> H(	(b) Are all	affiliates incl	uded?	□,	Yes	No
I T	ax-exem	pt status	X 50	01(c) (	3) <b>◄</b> (ins	entno) [	4947(8	a)(1) or	527	7		If "No,	" attach a list	(see in	structions)		
		▶ N/A			<del></del>		<u> </u>				Π"	(c) Group	exemption n	umber	<b>&gt;</b>		
					7 [	<b>7.</b>				Π.,					tate of legal dom	. o.lo	
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	1.	assistar	nce to ec	conomically	y disadvan	taged indivi	duals and	I families	in Way	yne Co	ounty,	, Ohio	During ou	r fisca	ıl year ended		
Activíties & Governance		Septem	ber 30, 2	2010, over	13,000 fa	milies were	assisted										. <b></b>
Ē										<b>_</b> .			<u>l</u>				
Š	2	Check t	his box	▶ if t	he organiz	ation discor	tinued its	operation	ons or d	dispose	ed-of.	mốre th	nan-25% o	f its ne	et assets.		
Ğ	3	Number	of votin	n member	s of the ac	verning hoc	v (Part V	l line 1a	) }		-18	6	700	3			20
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	<u>  b</u>	Net unre	elated bi	usiness tax	xable incor	ne from For	m 990-T,	line 34.	. \%.	<u>سز .                                   </u>	100	11-16.	<u> </u>	7b			0
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						пе 1h) .   .			· · \				1,187			1,212,	<u>,988</u>
Revenue	9	Progran	n service	e revenue	(Part VIII, I	ine 2g)				\	L			0			0
e ve	10	Investm	ent inco	me (Part \	/III, columi	n (A), lines 3	3, 4, and 7	7d)					2	2,964			<u>,676</u>
œ	11	Other re	evenue (	Part VIII, c	column (A)	lines 5, 6d.	8c, 9c, 1	0c, and	11e) .				20	0.800		20,	<u>,794</u>
	12	Total rev	enue—ac	dd lines 8 th	rough 11 (n	ust equal Pa	rt VIII, colu	umn (A), l	ne 12)				1,211	,197		1,242,	<u>,458</u>
						rt IX, colum				· .			1,008	3,774		1,078,	,592
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<u>(</u> 2011)			•	, .	•	yee benefit		•	(A), lin	es 5–1	10)		113	3,485		116.	,469
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						, lines 11a-	•						42	2,127		56	,921
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					es. Subtra	ct line 21 fro	m line 20	)		· ·			20,7	7,933	<del></del>	4/3	<u>,060</u>
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		addr	ess, and Z	<u>'IP + 4</u>	135 North	Broadway,	Medina, (	OH 4425	6			Pi	none no	(330)	722-1944		
Ma	y the IR	S discu	ss this re	eturn with	the prepar	er shown at	ove? (se	e instruc	tions) .						X Yes	; [	] No 2
	<del> </del>					ice, see the		-				-			Form	990 c	2009)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ► 1,202,414

Form 990 (2009)

4d Other program services. (Describe in Schedule O.)

Part	t 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_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or 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		×
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
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide gradit courseling, debt management, gradit report, or debt pagetiation sequence? If "Yes."			ļ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	33.5
	Schedule D, Part VI	144	S	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	,	1	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		73.	A
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7500 V
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	٤٤, ١	7.3	9
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	~ 1 . 		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	:\^(^``	~ ´. ·	- F
12	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	:, 3		<i>::</i>
12	Schedule D, Parts XI, XII, and XIII	12	Х	1
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			AK.
•	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			***
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
	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		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>-</b> ''	<del>                                     </del>	├^
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ť	
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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 lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			۱.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	20-		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	206		
	Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29	X	-^-
30	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete schedule in .  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125	<del>  ^</del> -	
30	conservation contributions? If "Yes," complete Schedule M	30	l	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,	30		<del>  ^</del>
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		<u> </u>
	If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <del></del>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
		34		X
35	III, IV, and V, line 1			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	.04101	<u>-</u>	age e
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	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			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country. ► N/A			
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	î ş	,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	-1.		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l ,
0	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			l ,
a	Did the organization make any taxable distributions under section 4966?	9a		X
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
a h	Initiation fees and capital contributions included on Part VIII, line 12			
b 11				
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a h				
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		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128	<del> </del>	
	1700, Office the amount of tax-exempt interest received of accided duffing the year   120   10/A	L	L	L

Part VI

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	20			
b	Enter the number of voting members that are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relation business relationship or a business relation business relationship or a business rela	ations	hip with		li	
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or u	nder t	he direct			
	supervision of officers, directors or trustees, or key employees to a management company or			3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a material diversion of the organization			5		Х
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or r	nore r	nembers			
	of the governing body?			7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her pe	ersons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unde					
	the year by the following		_	gi x		
а	The governing body?			8a	Ϊx	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule			9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the		rnal			
	enue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of	of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization		N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body by	efore	filing the			
	form?			11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	ould give			
	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po-	icy? I	f "Yes,"			
	describe in Schedule O how this 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					
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation	and decision?		_	
а	The organization's CEO, Executive Director, or top management official		•	15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, 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 a	arrang	ement			
	with a taxable entity during the year?			16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization					
	its participation in joint venture arrangements under applicable federal tax law, and taken step	ps to s	afeguard			
	the organization's exempt status with respect to such arrangements?		N/A	16b		
Sect	ion C. Disclosure					
17	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, an	nd 990	)-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	ments.	conflict of interes	est		
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the b	ooks	and records of the	ne		
	organization ► Lydia Stahl, Executive Director		(330) 262-16	62		
	454 E Bowman Street, Wooster, OH 44691-3540					

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 compe  (A)	(B)				(C)			(D)	(E)	(F)
		Pos	tion (			that ap	olv)			
Name and Title	Average hours per week	or director		_		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Pam Basinger Secretary		ı x		x				0	0	0
Charles Brain Treasurer		ı x		x				0	0	0
Jean Brazee Trustee		<u>. x</u>						0	0	0
Lisa Haberbusch Trustee		<u> </u>						0	0	0
Matt Hochstetler Trustee	1	ı x						0	0	0
Karen Holt Trustee	1	ı x						0	0	0
Daniel Hostetler Trustee	1	X						0	0	0
Martha Junkin Trustee	1	X						0	0	0
Roger Kienzle President	1	. x		x				0	0	0
Jım Lytle Trustee	1	. x			;			0	0	0
Cameron Maneese Trustee		. x						0	0	0
Ron Maxwell Trustee	1	X						0	0	0
Joe Miller Trustee	` 1	X						0	0	0
Nancee Morgan Vice President	1	x		x				0	0	0
Karen O'Brien Trustee	1	X						0	0	0
Pat Petsch Trustee	1	×						0	0	0

	(A)	(B)			•	C)	<b>-</b>		(D)	(E)		(F)	
	Name and title	Average hours per week	or director	_	Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	)	Estima amoun othe compens from to organiza and relaced	nt of er sation the ation ated
<u>Anit</u>	a Plumly tee	1	X						0		0		0
Jill S	Shafer tee	1	х						0		0		0
	Wellington	1	x						0		0		0
	Zoller	1	x						0		0		0
	ın Sharp ıınıstrative Asst	40			х				24,959		0		0
Lydı	a Stahl cutive Director	40			х				39,723		0		0
LAC	Surve Director	40			^				39,723		1		
											1		
1b	Total			·				<b>•</b>	64,682	1	0		0
2	Total number of individuals (including but no reportable compensation from the organization)						ho re	ceiv	ed more than \$1	00,000 in			
												Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>										3_		x
4	For any individual listed on line 1a, is the su the organization and related organizations of												
_	ındıvıdual										4_		х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								rganization for		5	70.0 7	X.
	tion B. Independent Contractors	<del></del>				<del></del>		<del></del> -					
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	in \$100,000 of			
	(A) Name and business a	address							(B) Description of sen	vices C	ompe	(C) ensation	
	N	IONE											
						<del></del>		-					
	Tatal annulus of salar lands							Ļ					
2	Total number of independent contractors (in more than \$100,000 in compensation from the state of			ea to	tnos	se lis	sted a	abov	e) wno received				

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1a	Federated campaigns 1a	150,514			İ	
Contributions, gifts, grants and other similar amounts	b	Membership dues	0				
. g	C	Fundraising events 1c	0				
ifts	ď	Related organizations	0				
s, g	e	Government grants (contributions) 1e	0				
Sin	f	All other contributions, gifts, grants, and	<del></del>				
er iti	'		4 000 474				
등 등		similar amounts not included above . 1f	1,062,474				
<u> </u>	9	Noncash contributions included in lines 1a-1f \$	636,556				1
<u>2 e</u>	<u>h</u>	Total. Add lines 1a–1f		1,212,988	····		
9			Business Code				-
ě	2a						
æ	b						
į	c						
Šen	d						
Ĕ	l e						
Program Service Revenue	f	All other program service revenue					
Ę	l a		▶				
	3	Investment income (including dividends, interest, an	d	0.070			0.070
	١.	other similar amounts)		8,676	0	, 0	8,676
	4	Income from investment of tax-exempt bond proceed	ds. ►				ļ
	5	Royalties	<b>&gt;</b>		· · · · · · · · · · · · · · · · · · ·		
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory .					
	b	Less cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	<b>•</b>			1	-
	8a	Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				1
e	04	<u> </u>					
Ē		events (not including \$					
ě		of contributions reported on line 1c).	00.000				
œ	١.	See Part IV, line 18	22,382				
Other Revenue		Less direct expenses b	1,588				
ō		Net income or (loss) from fundraising events	<b>•</b>	20,794			····
	9a	Gross income from gaming activities.					
	1	See Part IV, line 19 <b>a</b>				1	
	b	Less direct expenses . <b>b</b>					
	С	Net income or (loss) from gaming activities	. •				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	Ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory	<b></b>				1
		Miscellaneous Revenue	Business Code			· · · · · · · · · · · · · · · · · · ·	
	11a					1	1
	ь						
	C		<del>-</del>	-			<del>                                     </del>
	d	All other revenue	<del></del>			<del>                                     </del>	<del></del>
		Tatal Add has 44a 44d			<del></del> -	<del>                                     </del>	<del>                                     </del>
	e	Total. Add lines 11a–11d		4 040 450		<u> </u>	
	12	Total revenue. See instructions	_	1,242,458	0	0	8,676

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) (C) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . 1,078,592 1,078,592 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and key employees . . . 39,723 29,792 9,931 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 0 7 68,179 Other salaries and wages 41,589 26,590 0 . . . . 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 0 0 9 Other employee benefits 0 0 0 0 3.099 10 Payroll taxes . . . 8,567 5.468 0 11 Fees for services (non-employees). Management . . . . . . 0 а 0 b Legal 0 0 0 0 Accounting 0 0 0 0 C 0 0 Lobbying 0 0 d Professional fundraising services See Part IV, line 17 0 0 f Investment management fees . 0 0 0 0 0 0 Other . . . . . . . . 0 0 g Advertising and promotion 12 0 0 0 0 3.734 13 Office expenses . . . . . 4,149 415 0 Information technology . . . . 14 0 0 0 0 15 Royalties 0 0 0 0 Occupancy . . 16 14,997 13,498 1,499 0 17 Travel 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 0 0 0 0 20 Interest . . . 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 12.310 11.079 1.231 0 Insurance . . 23 500 0 500 0 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) Miscellaneous 4,230 4.230 0 0 7,506 7,095 0 Repairs 411 Office Cleaning 377 377 0 d Printing 5,356 4,820 536 0 Postage 7,496 6,747 749 е f All other expenses O 0 Total functional expenses. Add lines 1 through 24f 1,251,982 1,202,414 49.568 25 Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing. 0 1 0 2 2 Savings and temporary cash investments 57,129 57,579 3 Pledges and grants receivable, net 3 0 0 4 Accounts receivable, net 0 4 . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 0 Notes and loans receivable, net . . . 0 7 0 O Inventories for sale or use 8 0 Prepaid expenses and deferred charges ol 125 9 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 10c 264,558 Ol Investments—publicly traded securities 150,804 11 162,638 11 12 Investments—other securities. See Part IV, line 11. ol 12 0 13 Investments—program-related See Part IV, line 11 O 13 0 14 Intangible assets. 0 14 0 15 Other assets See Part IV, line 11. 0 0 15 207,933 484,900 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses . 17 11,840 0 18 Grants payable ol 18 0 19 0 19 0 Deferred revenue . . . . . . Tax-exempt bond liabilities . . . 20 ol 20 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 이 21 \_iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities. Complete Part X of Schedule D 0 0 25 26 Total liabilities. Add lines 17 through 25. 0 26 11,840 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 202,151 463.409 28 Temporarily restricted net assets 5,782 28 9,651 Permanently restricted net assets . 0 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 0 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund. ol 31 0 32 Retained earnings, endowment, accumulated income, or other funds 0 32 0 Total net assets or fund balances . . . . . . . . . 33 207,933 33 473.060 Total liabilities and net assets/fund balances 207,933

Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
2-	Schedule O	-	<del> </del>	<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	ļ. —	X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			T
	Schedule O.		,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			<b>'</b> ''
	X Separate basis Consolidated basis Both consolidated and separate basis	. 2		_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  N//	3b		
	The state of the s		rm 990	(2000

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

# **Public Charity Status and Public Support**

20**09** 

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspe

Name of the organization
People to People Ministries, Inc. See Separate instructions. Inspe

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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 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). 7 l x l 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) 8 9 An organization that normally receives. (1) more than 33 1/3 % 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 33 1/3 % 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) 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. Type II c Type III-Functionally integrated Type III-Other By 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) 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 following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? . 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (I) Name of supported (ii) EIN (described on lines 1-9 in col (i) listed in your the organization in organization in col noggue organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes

Total

Par	(Complete only if you checked to				1)(A)(iv) and	170(b)(1)(A)(	(VI)
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	1,088,033	1,056,582	1,139,505 0	1,187,433 0	1,212,988	5,684,541 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 5	Total. Add lines 1 through 3  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)	1,088,033	1,056,582	1,139,505	1,187,433	1,212,988	5,684,541
6	Public support. Subtract line 5 from line 4				·		5,684,541
Sect	ion B. Total Support	l ,				. " L	0,00 ,,0
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,088,033	1,056,582	1,139,505	1,187,433	1,212,988	5,684,541
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	-0-			-		
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or	707	671	1,402	403	8,676 0	11,859
	loss from the sale of capital assets (Explain in Part IV)	0	0	0	o	o	0
11	Total support. Add lines 7 through 10						5,696,400
12	Gross receipts from related activities, etc. (s	see instructions	) <u> </u>			12	0,000,400
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c	
<u>C4</u>	<u> </u>						
	ion C. Computation of Public Support	Percentage		(0)		44	00.70%
14 15	Public support percentage for 2009 (line 6, or Public support percentage from 2008 School Public support percentage from 2008 School Public support percentage from 2008 School Public support percentage from 2009 (line 6, or Public support percentage from 2008 School Public support percentage fro			column (t))		14	99 79%
16a	33 1/3% support test–2009. If the organiza and stop here. The organization qualifies as	tion did not che	ck the box on		e 14 is 33 1/3%	6 or more, che	
b	33 1/3% support test–2008. If the organization qualification and stop here. The organization qualification qualification and stop here.	tion did not che	ck a box on lin	ie 13 or 16a, ar	nd line 15 is 33	3 1/3% or more	► X , check this ►
17a b							
18	Private foundation. If the organization did not ch					_	<b>▶</b> □

20

001100	reopie to reopi	e wiii iisti es, iii	U			34-120413	rage J
Par	t III Support Schedule for Organiz	ations Desc	ribed in Sect	ion 509(a)(2)	)		
	(Complete only if you checked t	he box on line	9 of Part I )				
	tion A. Public Support						
Cal	endar 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") .						<del></del>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's		-				
	benefit and either paid to or expended on						
-	its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	···					
7a	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 \$5,000 or 1% of the						
	amount on line 13 for the year						
С 8	Add lines 7a and 7b .  Public support (Subtract line 7c from						
0	line 6)						
Sec	tion B. Total Support	<u> </u>		L	L	l	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)		· · · · · · · · · · · · · · · · · · ·		<b></b>		
13	Total support. (Add lines 9, 10c, 11,						
14	and 12)	annization's fire	t cocond thir	d fourth or fiftl	h toy your on o	section 501(s)	(2)
	organization, check this box and stop here	ganization's ills	st, second, triir	u, iourtii, oi iiiti	n lax year as a	section 50 r(c)	(3)
Sec	tion C. Computation of Public Support	Porcentage		•		· · · · · · · · · · · · · · · · · · ·	·
<u>15</u>	Public support percentage for 2009 (line 8, co		nd by line 13 c	olumn (fl)	<del></del>	15	
16	Public support percentage from 2008 Schedu		•	O.G. (1 <i>))</i> .		16	
	tion D. Computation of Investment Inc			<del></del>	<u> </u>		<del></del>
17	Investment income percentage for 2009 (line			e 13, column (	(f))	17	
18	Investment income percentage from 2008 Sc	hedule A, Part	III, line 17		• •	18	
19a	33 1/3% support tests-2009. If the organization						
	not more than 33 1/3%, check this box and s	•	-		• • •	-	▶
Þ	33 1/3% support tests-2008. If the organization d						. —
	line 18 is not more than 33 1/3%, check this box ai	na <b>stop nere.</b> Th	ie organization q	ualifies as a pub	iliciy supported o	rganization	▶∟

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► See separate instructions.

	e to People Ministries, Inc		34-1264151
Par			ar Funds or Accounts. Complete if
	the organization answered "Yes" t		
_	Total accepts a stand of case	(a) Donor advised 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 5	Aggregate value at end of year .		be held in denot advised
3	Did the organization inform all donors and of funds are the organization's property, subje	<del>-</del>	
6	Did the organization inform all grantees, do		
U	used only for charitable purposes and not for	<del>_</del>	<del>-</del>
	purpose conferring impermissible private be		Yes No
Par			
1	Purpose(s) of conservation easements held	-	
	Preservation of land for public use (e g		vation of an historically important land area
	Protection of natural habitat	Preserv	vation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation cor	ntribution in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		. <u>2a</u>
b	Total acreage restricted by conservation ea		2b
C	Number of conservation easements on a ce	• •	·
d	Number of conservation easements include		<u>2d</u>
3	Number of conservation easements modified	d, transferred, released, extinguished	i, or terminated by the organization
4	during the tax year Number of states where property subject to	consequence executed	_
5	Does the organization have a written policy		nection handling of
•	violations, and enforcement of the conserva	· · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitor		
	<b>&gt;</b>	ming, inopositing, and officioning contoc	Transfer education is defining the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	on easements during the year
	<b>▶</b> \$	, ,	<b>,</b>
8	Does each conservation easement reported	on line 2(d) above satisfy the require	ements of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIV, describe how the organization r	eports conservation easements in its	revenue and expense statement, and
	balance sheet, and include, if applicable, th		on's financial statements that describes
	the organization's accounting for conservati		
Par		ons of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted und	•	
	art, historical treasures, or other similar ass service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
-	historical treasures, or other similar assets		
	service, provide the following amounts relat		·
	(i) Revenues included in Form 990, Part VI	II, line 1	
	(ii) Assets included in Form 990, Part X .		► \$ ► \$
2	If the organization received or held works of	art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported u	nder SFAS 116 relating to these items	s:
а	Revenues included in Form 990, Part VIII, I	ne 1	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

Pan	Urganizations Maintaining	Collections of	Art, HIS	orical i	reasures,	or Utn	er Similar Ass	sets (Co	วทนทน	<u>ea)</u> _
3	Using the organization's acquisition use of its collection items (check all		ther reco	ds, chec	k any of the	e followi	ng that are a sig	ınıficant		
а	Public exhibition		d $\square$	Loan	or exchange	e nroara	me			
_			- H		or exertaing	o progre	11113			
b	Scholarly research	ations	e	Other						
С	Preservation for future genera									
4	Provide a description of the organiz Part XIV	ation's collections	and expla	ıın how tl	ney further	the orga	anization's exem	pt purp	ose in	
5	During the year, did the organization assets to be sold to raise funds rath							∏ Y€	es 🗀	No
Part	IV Escrow and Custodial Ar	rangements. Co	mplete	f the org	anization	answei	red "Yes" to Fo	rm 990	), Par	t
	IV, line 9, or reported an ar	_	•	_	•					
1a	Is the organization an agent, trustee					ns or ot	her assets not			
	included on Form 990, Part X? .			,				☐ Ye	es 🗀	No
b	If "Yes," explain the arrangement in	Part XIV and com	nlete the	following	table <sup>.</sup>	• •		ш.		
•	ii res, explain the arrangement in	Tare Art and com	picto tiio	ionown ig	tabio.	Γ	T A	mount		
_	Roginning halance					1c	<del>                                     </del>	inount		
C C	Beginning balance .	• •	•			1d				
d	Additions during the year		•							
e	Distributions during the year	•	•	•		. <u>1e</u>				
f	Ending balance	•	•			1f	1			
2a	Did the organization include an amo	ount on Form 990,	Part X, III	ne 21? .		•		Y	es 🔙	No
b	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	plete if the organ	ization a	nswered	d "Yes" to	Form 9	90, Part IV, lin	e 10		
		(a) Current year	(b) Prid	r year	(c) Two year	rs back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance.	168,702		190,396						
b	Contributions			0	• •					
С	Net investment earnings, gains,									
	and losses .	-5,872		-1,694						
d	Grants or scholarships	0,072		0						
e	Other expenditures for facilities							1		
C	and programs	o		20,000		-				
		192	_	20,000				+		
f	Administrative expenses .							+		
g	End of year balance	162,638		168,702						
2	Provide the estimated percentage of	•		as:						
а	Board designated or quasi-endown	ent P	100%							
b	Permanent endowment	-								
С	Term endowment									
3a	Are there endowment funds not in t	he possession of t	he organi	zation th	at are held	and adı	ministered for th	e	7	
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Χ
b	If "Yes" to 3a(ii), are the related org	anizations listed a	s required	on Sche	edule R?.		N/A	_3b		
4	Describe in Part XIV the intended u	ses of the organiza	ation's en	dowmen	t funds					
Part		dings, and Equ	ipment.	See For	m 990, Pa	art X, Iır	ne 10			
	Description of investment	(a) Cost or ot			st or other		Accumulated	(d) Bo	ok valu	e
	F	(investm			(other)		preciation	, ,		
1a	Land		0		0					0
b	Buildings		0		0	<del></del>	0			0
C	Leasehold improvements		0		321,561		65,554		25	6,007
-	Equipment	~	0		30,943		22,537			8,406
d			0						'	•
e Total	Other	(d) much1 C		n# V == 1	1,450	10/51	1,305		20	145
ota	I. Add lines 1a through 1e (Column	<u>u) must</u> equal ⊢or	ווו <u>990, P</u>	art X, COI	urriri (B), III	ie TU(C)	<u>).                                    </u>		20	4,558

Part VII	Investments—Other Securit	t <b>ies.</b> See Form 990, Part X,	line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valu	ation
	(including name of security)		Cost or end-of-year ma	arket value
Financial of	derivatives .			
Closely-he	eld equity interests			
_				
			<del>                                     </del>	<del></del>
			<del> </del> -	
Total (Column	(b) must equal Form 990, Part X, col. (B) line 12)	<b>•</b>		
Part VIII	Investments—Program Rela	ated. See Form 990, Part X	, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valu	
	<del></del>		<del></del>	···-·
	V			·····
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		<del></del>
Part IX	Other Assets. See Form 990	, Part X, line 15		
		(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
		· · · ·		
	·	<del></del>		
	·	<del> </del>		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	
<del></del>				
Total. (Col	lumn (b) must equal Form 990, Part 2	X, col (B) line 15)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Amount		
			<del></del>	
	<del></del>	<del></del>		
		-		
			$\longrightarrow$	
			<del></del>	
		<u> </u>	<u> </u>	
		+	·	
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)	•	$\dashv$	
			estante financial etatamante (l. 14	ronada Aba
	Footnote. In Part XIV, provide the tex on's liability for uncertain tax positions		ation's iliianciai statements that	reports the

Part XIV Supplemental Information

Add lines 4a and 4b . . . .

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, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

#### Part V Line 4

5

People to People Ministries, Inc 's investment policy is to generate investment income while preserving, or increasing the original principal value of funds invested. This objective typically results in a conservative investment portfolio. Investment income available from Board-designated endowment funds has been authorized by the Organization's Board of Directors to be spent on Board approved activities, in accordance with the Organization's ongoing mission of providing emergency assistance to those in need. The Organization's current endowment spending policy does not currently provide for the spending of the principal portion of the endowment funds

0

1,251,982

4c

5

Part XIV Supplementa

Supplemental Information (continued)

#### Part X, Line 2 FIN 48 (ASC 740) Footnote

The Organization is a private non-profit corporation and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. None of the Organization's present or anticipated future activities are subject to taxation as unrelated business income. Therefore, no provision for income taxes has been made in the accompanying financial statements.

During the year ended September 30, 2010, the Organization adopted the provisions of FASB ASC 740-10-25 (formerly FASB Interpretation No. 48) Accounting for Uncertainty in Income Taxes that requires the disclosure of uncertain tax positions. There have been no interest or penalties recognized in the accompanying Statements of Financial Position or the Statements of Activities relating to uncertain tax positions. Additionally, no tax positions exist for which it is reasonably possible that the total amount of unrecognized tax benefits will significantly increase or decrease during the next 12 months. The Organization evaluates uncertain tax positions, if any, on a continual basis.

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ See separate instructions Name of the organization Employer identification number People to People Ministries, Inc. 34-1264151 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h f Phone solicitations X Special fundraising events C g d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name of individual (II) Activity (iii) Did fundraiser have (IV) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2009

Pa	rt II			nization answered "Yes			r repo	rted				
		more than \$15,000	on Form 990-EZ, line 6 (a) Event #1	a List events with gros	ss receipts greater than (c) Other events	Γ	-					
			Music Recital	Rummage Sale	NONE	(d) Tot (add col	al events (a) throu					
			(event type)	(event type)	(total number)	col	(c))					
Revenue	1	Gross receipts	21,865	517	0		2	2,382				
Re	2	Less Charitable contributions Gross income (line 1	0	0	0	-		0				
		minus line 2) .	21,865	517	0	<u> </u>	2	2,382				
	4	Cash prizes	0	0	0			0				
"	5	Noncash prizes	0	0	0			0				
ense	6	Rent/facility costs .	0	0	0			0				
Direct Expenses	7	Food and beverages	0	0	0			0				
Dire	8	Entertainment	0	0	0			0				
	9	Other direct expenses	1,588		0	,		1,588 1,588)				
	10 11	Direct expense summary.  Net income summary Coi						20,794				
Pa	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a											
		than \$15,000 on Fo	rm 990-EZ, line 6a	Γ	Г							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total (						
Re	1	Gross revenue .		·				0				
ses	2	Cash prizes						0				
Exper	3	Noncash prizes .						0				
Direct Expenses	4	Rent/facility costs .						0				
	5	Other direct expenses .						0				
	6	Volunteer labor	Yes% No	Yes%	Yes %		\$					
	7	Direct expense summary.	Add lines 2 through 5 in	column (d)	•	(		0)				
	8	Net gaming income summ	nary. Combine line 1, colu	ımn d, and line 7		<u></u>	Yes	0 No				
9		nter the state(s) in which the the organization licensed to			 ?	9a	165					
b		"No," explain										
10a		/ere any of the organization		ed, suspended or termina		10a						
b	) If	"Yes," explain.										
11		oes the organization operat	-			11		_				
12		the organization a grantor, rmed to administer charitation		a trust or a member of a p	paπnersnip or other entity	12		-				

					Yes	No
13	Indicate the percentage of gaming activity operated in:					
а		13a	9/	ا ا		
		13b	9	<b>⊣</b>		
	·			씩 · !		
14	Enter the name and address of the person who prepares the organization's gaming/	specia	i events books			
	and records					
	Name ▶					
	Address >					
15a	Does the organization have a contract with a third party from whom the organization	receive	es gaming	1.		
	revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$					
_	amount of gaming revenue retained by the third party ▶ \$					
•	If "Yes," enter name and address of the third party.					
C	if Tes, effer hame and address of the tillid party.			*		
	Name N					
	Name ►					}
	Address •			.*		
				•	٠	
16	Gaming manager information				3.	
					<	
	Nama N				,	
	Name ▶					
	C					
	Gaming manager compensation > \$0					
	<b>.</b>					
	Description of services provided					
	Director/officer Employee Independent contract	ctor				
17	Mandatory distributions:			ĺ		
а	Is the organization required under state law to make charitable distributions from the	gamın	g proceeds to	Į.		
	retain the state gaming license?		•	17a		
b	Enter the amount of distributions required under state law to be distributed to other e	xempt	organizations			
	or spent in the organization's own exempt activities during the tax year > \$		• · · · · · · · · · · · · · · · · · · ·			1
	or spent in the organization's own exempt activities during the tax year   \$ \$					

# SCHEDULE (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 200
------------

. X Yes No 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 the selection criteria used to award the grants or assistance?... General Information on Grants and Assistance People to People Ministries, Inc Part

			<b>A</b>
	organization answered "Yes" to	nt received more than \$5,000 Use	
in the United States	the United States. Complete if the	received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	recipient that received more than \$5,0	90) if additional space is needed
ibe in Part IV the organization's proced	Grants and Other Assistance to	Form 990, Part IV, line 21, for any recipient that r	Part IV and Schedule I-1 (Form 990) if additional space is needed
2 Descr	Part II		

rait iv alid ochedue I-1 (roitii 990) ii addiilottai space is needed	88 15101) 1-1 91	o) II addillollal sp	pace is needed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
				0			
			0	0			
			0	0			:
2 Enter total number of section 501(c)(3) and government organizations.	n 501(c)(3) and g	government organ	izations.			•	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Food (e) Method of valuation (book, FMV, appraisal, other) Funds are either paid out on behalf of clients and directed to landlords and utility companies, or vouchers are provided for prescriptions FM< or transportation needs and the organization is billed by the provider of those services. No funds are paid directly to the clients 160,283 (d) Amount of non-cash assistance 9,562 909 78,050 73,128 236,410 43,977 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 3,049 1,445 663 377 32 3,723 417 (b) Number of recipients (a) Type of grant or assistance Special Events Transportation Miscellaneous Part IV Medical Shelter Utilities Part III Part I

People to People Ministries, Inc Schedule I-1 (Form 990) 2009

Schedule I-1 (Form 990) 2009 Part II Continuation of Grants and Other Assistance to	Assistance to Inc	dividuals in the Un	ited States (Schedu	Individuals in the United States (Schedule I (Form 990), Part III)	Page 2
(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
Clothing/Household Items	2,797	0	237,489	Thrift Shop Value	Clothing/Household
Other In-Kind	2,824	0	15,204	Thrift Shop Value	Miscellaneous Items
Special Projects	1,204	0	223,580	Thrift Shop Value	Christmas/Back to School
					Schedule I-1 (Form 990) 2009

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

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

People to Pe	eople Ministries, Inc							34	-12641	51			
Part I	Excess Benefit Transaction Complete if the organization answ									, line 40	0b		
4	(a) Name of diagnatified person	•				(b) Decompto	t					(c) Cor	rected?
	(a) Name or disquainled person			<u> </u>		(b) Description	i or transa	action				ed (g) W agreer 32 Io Yes  of assistance  (e) Sha organiz	No
													<u> </u>
	W W-A												
							<del></del>						
											\$ s s s s s s s s s s s s s s s s s s s		
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
		ic 2, ab		ilburaca k	y the org	anization .	•		• •				
Part II													
				on Form	990, Part			990-	EZ, Pa	rt V, lıı	ne 38a	1	
(a) Name	of interested person and purpose	, ,			-	(d) Balance	due	(e) In c	default?	by bo	ard or		/ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
								_					
									Ļ		ļ		ļ
		<u> </u>		-									
									-				
						<u></u>						<b></b>	l
Total		·	•		▶ \$						l		<b>!</b>
Part III		_	•			IV, line 27							
(a)		· · · · · · · · · · · · · · · · · · ·				_	(	c) Amo	unt of gr	ant or ty	pe of as	sistance	,
		<u> </u>		organiza	ation		ļ						
	· ····						<del> </del>						
	TE COLO			····									
<del></del>							-						
Part IV													
		answere	d "Yes"	on Form	990, Part	IV, line 28a,	28b, or	28c					
(a)	Name of interested person	ınteres	sted perso	p between (c) A train		Amount of (		(d) Description of transaction			on	(e) Sharing organization revenues?	
					ļ							Yes	No
Mındy Brain		Spouse	of Trea	surer				ymen	<u>t</u>				Х
<u>.</u>	<del></del>			<u>.</u>	<del> </del>	0							
		<b></b>				0 0					<u></u>		
					_	0							_
	· · · · · · · · · · · · · · · · · · ·					0							

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization People to People Ministries, Inc.

Employer identification number 34-1264151

Par	Types of Property							
, ai	Types of Froperty	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) nod of de revenu		9
1	Art—Works of art							
2	Art—Historical treasures						· · · · · · · · · · · · · · · · · · ·	
3	Art—Fractional interests .							
4	Books and publications							
5	Clothing and household							
v	goods	x		237 480	Thrift sho	n valu	_	
6	Cars and other vehicles .	<del></del>		237,403	THIR SH	op valu		
7	Death and town							
8	Intellectual property .	<u> </u>						
9	Securities—Publicly traded .	<u> </u>			<del></del>			
	•							
10 11	Securities—Closely held stock			<del>-</del>				
11	Securities—Partnership, LLC,							
40	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other	<del></del>						
15	Real estate—Residential							
16	Real estate—Commercial .		·					
17	Real estate—Other .							
18	Collectibles							
19	Food inventory	X		160,283	Fair mar	ket valı	ıe	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Special Projects)	X	0	223,580	Thrift sho	op valu	<u>e</u>	
26	Other ► (In-Kind)	X	0	15,204	Thrift sho	op valu	e	
27	Other ► ()		0	0				
28	Other ▶ ()		l	0				
20								
29	Number of Forms 8283 received							
	which the organization complete	ea Form 8	283, Paπ IV, Donee Acknow	leagement	29	-	V	NI.
20 -	Duran Aba was alid Aba sasanii	_4		onto an antart or Dart I times a	00		Yes	No
30 a	During the year, did the organiza			•	-28			
	that it must hold for at least thre	-						.,
	required to be used for exempt			? .		30a		_X
	If "Yes," describe the arrangement							
31	Does the organization have a gi							
	contributions?					31	Х	
32 a	Does the organization hire or us	e third pa	irties or related organizations	s to solicit, process, or sell				
	noncash contributions?				•	32a		Х
	If "Yes," describe in Part II							
33	If the organization did not report	revenues	s in column (c) for a type of p	roperty for which column (a)	IS			
	checked describe in Part II					1		I

#### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 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.

Form 990; Part VI, Section B, Line 11A

The Form 990 is reviewed by the People to People Ministries, Inc.'s Treasurer and Finance committee prior to filing.

Form 990; Part VI, Line 12(c)

People to People Ministries 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

Form 990; Part V, Section B, Line 15

The organization's Board reviews compensation annually for all employees

Form 990 Part VI, Section C, Line 19

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