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SCANNED JUN 0 1 2015

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

\blacktriangleright	Information	about Form	990 and its	instructions	is at	www.irs.g	gov/form990.
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Dep	artment of	f the Treasury rue Service	► Information about Form 990 and its instructions is at www	-		Inspection		
A		• • • • • • • • • • • • • • • • • • • •	ndar year, or tax year beginning January 1 , 2014, and er		ember 31	, 20 14		
B B			C Name of organization Philippi International, Inc			r identification number		
Ō.	Address	* *	Doing business as Public Charity			26-3464879		
\Box	Name cl	•		n/suite	E Telephone number			
ñ	Initial ret	i	4532 New Road		330-261-1978			
Ħ		ım/terminated	24 - 120 - 6 - 120 - 6 - 120 - 6		1	000,201,1070		
Ħ	Amende		Youngstown, OH 44515		G Gross red	eipts \$ 231,640.64		
Ħ		tion pending		M(a) le this		bordinates? Yes Vo		
_	Арріка	ion pending	Triality and address of printings officer			included? Yes No		
_	Toy-ovo	mpt status:	✓ 501(c)(3)			list. (see instructions)		
 -1	Website		□ 301(0)(3) □ 301(0)(/ 1 (insortino) □ 4041(a)(1) (i □ 32		up exemption r			
K			Corporation ☐ Trust ☐ Association ☑ Other ► Public Charity L Year of fo			of legal domicile: OH		
_	art I	Summ			<u> </u>	Tiogal dollinoids Off		
	1		escribe the organization's mission or most significant activities: We	facilitate outres	ach ministries	with USA churches		
ø	'	-	ational churches that will grow and develop church leaders and meet felt nee			Will CON CHAIGHOS		
ğ	1	enia mioni	alored order of the will glob and develop order loaders and most real need	20 01 110 0011111				
Ē	2	Check th	is box ▶ ☐ if the organization discontinued its operations or dispose	ed of more that	an 25% of it	ts net assets.		
Š	3		of voting members of the governing body (Part VI, line 1a)		. з	6		
ಷ	4		of independent voting members of the governing body (Part VI, line	1b)	. 4	0		
69	5		mber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	3		
풀	6		mber of volunteers (estimate if necessary)		. 6	2		
Activities & Governance	7a		elated business revenue from Part VIII, column (C), line 12		. 7a	0		
_	Ь		lated business taxable income from Form 990 [] Ine 34 []		. 7b	0		
			70	Prior	Year	Current Year		
_	8	Contribu	tions and grants (Part VIII, line 1h)	276,158 54	231,640.64			
Ž	9		service revenue (Part VIII, line 2g) . MAY 1 4 2015	·	a	0		
Revenue	10		ent income (Part VIII, column (A), line 19, 4, and 7d)		d	0		
Ě	11		venue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10g and 11e)		o	, 0		
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12		276,158 54	231,640.64		
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		80,686	84,549.84		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		a	0		
ø	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,367.67	106,670.52		
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		o	0		
9	. Ь	Total fun	draising expenses (Part IX, column (D), line 25)					
Û	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,532.70	57,548.28		
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		272,586 37	248,768 64		
	19	Revenue	less expenses. Subtract line 18 from line 12		3,572.17	-17,128.00		
5	8			Beginning of	Current Year	End of Year		
8	20	Total ass	sets (Part X, line 16)		118,953.42	101,825.42		
Net Assets or	21	Total liat	oilities (Part X, line 26)					
₹.	22		ets or fund balances. Subtract line 21 from line 20		118,953.42	101,825 42		
P	art II	Signa	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and s	-		y knowledge and belief, it is		
tn	ue, correc	ct, and comp	lete, Declaration of preparer (other than officer) is based on all information of which pre	parer nas any kno	wieage.			
			Kichaed L. Williams		MAY	1 2015		
	gn	Sign	varture of officer		Date (/	•		
He	ere		lichard L. Williams, President					
			e or print name and title	T 5		Inmi		
Pá	aid	Print/Ty	/pe preparer's name Preparer's signature	Date	Check [
	repare	er	<u> </u>	J	self-emp	loyed		
	se On	ly Firm's			irm's EIN ▶	· · · · · · · · · · · · · · · · · · ·		
	n) 4h - 11		address >	<u> P</u>	hone no.	[]V []V		
M	ay une II	no aiscus	s this return with the preparer shown above? (see instructions)			🔲 Yes 🗌 No		

Page 2	2
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Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission:	
	We facilitate USA church missions outreach programs in the USA and internationally. Our vision and purpose is to provide leadership traini	
	to develop people, and provide some assistance so that they can make an impact in their ministries	

2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	• • • • • • • • • • • • • • • • • • • •
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	en e	No
	If "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers.
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code: CO) (Expenses \$ 20,000 including grants of \$ 20,000) (Revenue \$)	
40	(Code	
	Cup of Nations, serving immigrant families integrate into life in North America implemented in over 10 cities impacting 20,000 families	

	,	

46	(Code: CD) (Expenses \$ 28,879 including grants of \$ 28,879) (Revenue \$)	
4b	(Code. CD) (Expenses \$ 28,679 including grains of \$ 26,679) (nevertice \$	
	We assisted the Gansu Christian Council in church development in 3 rural towns. The reward of this program will mean long term	
	(Code: LT) (Expenses \$ 4,100 including grants of \$ 4,100) (Revenue \$)	
70	(0000	
	We assisted several bible school students to travel and minister in foreign countries giving them a cross cultural experience that will	
	enable them to serve in missions. This program develops people to learn and appreciate other cultures and how to work in a team made	
	up of diverse people groups	
	up of diverse people groups	

4d	Other program services (Describe in Schedule O.)	
-74	(Expenses \$ 31,570.84 including grants of \$ 31,570.84) (Revenue \$)	
40	Tetal program cention expenses 84.549.84	

Part	V 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	١.		
•	\cdot	1	7	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	├
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	Ĺ	~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		•
b	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	11b		,
c	Billi to the second of the sec	11c		v
d		11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	†	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	† · · · ·	1
14 a		14a	1	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		T	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
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 (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u></u>
20 a		20a	 	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		† <u> </u>

rom 95	90 (2014)			aye T
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	.63	, NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		~
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 25a	24a		v
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	many in the second seco	24d 25a		v
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 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, Part II, III, or IV, and Part V, line 1	34		v
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		7
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		~
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	27		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	37	v	
			000	

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
C`	Did the organization comply with backup withholding rules for reportable payments to vendors and	L		
	reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		V
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	 32		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
	·	40	-	-
b	If "Yes," enter the name of the foreign country:			ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
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 as charitable contributions?	<u>6a</u>		2
þ	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		~
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Ì]
11	Section 501(c)(12) organizations. Enter:	1		ł
а	Gross income from members or shareholders		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	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		V
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
_	the organization is licensed to issue qualified health plans	1	1	1
c	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	<u> </u>	

Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	6	Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	6	103	+
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Ĭ	İ	
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	3	ļ	
	7	ļ	1
any other officer, director, trustee, or key employee?	2	~	
Did the organization delegate control over management duties customarily performed by or under the direct			
supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
Did the organization have members or stockholders?	6		~
	1_		
	7a		1
	7b		
			1
	00		
			
	100	 	+
	9	1	1
		ode.)
		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		V
	-		
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	12a	~	
	12b	~	
			1
		-	
· · · · · · · · · · · · · · · · · · ·			0
	14		1
	150		
		 	+
	130	 	
			1
with a taxable entity during the year?			1
	1		
		1	1
organization's exempt status with respect to such arrangements?	16b		
on C. Disclosure			
List the states with which a copy of this Form 990 is required to be filed ▶ OH			
	n 501	(c)(3)s	s only
	_		
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic ¹	v. anr
financial statements available to the public during the tax year.			,, wit
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, fustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O. Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written document retention and destruction policy? Did the organization have a written wristleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written whistleblower policy? Did the organization in regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Used the organization in lave a written written written and contemporaneous substantiation of the deliberation and dec	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Basch committee with authority to act on behalf of the governing body? Basch committee with authority to act on behalf of the governing body? Basch committee with authority to act on behalf of the governing body? 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If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of the organization have a written odifict of interest policy? If "Yes," of the organization have a written odifict of interest policy? If "Yes," of the organization

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employees."
- 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 neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	(do n box,	ot cl unles	Pos neck as pe	ition more rson irect	than o	one n an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	¥	(W-2/1099-MISC)		organization and related organizations
(1)Richard L. Williams	50									
Director, President				~	ļ		l	27,450 75	d	0
(2) Daniel L Williams	50									
Director, Vice President		1		~		<u> </u>	l	51,769 02	0	0
(3)Edna M. Williams	30									
Director, Treasurer		l	l	~				27,450.75	. 0	. 0
(4)David York	0									
Director				~				c	0	0
(5) Steve Halley	0									
Director			<u>L</u>	1					0	. 0
(6) Dr Victor Cottrell										
Director	0		_	~				<u> </u>	0	0
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(4) Name and title Name and business address Name and busi	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, ar	nd H	lighes	st C	ompensated E	mployees (continue	ed)		
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Number of the properties Number of the prope		Name and trile		bοx,	unles	s pe	rson	is both	n an						
Total from confinuation sheets to Part VII, Section A 106,670.52 0 0 0 0 0 0 0 0 0								r	ΤĹ	1 .		1 Trom			
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organ	ization >												T
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5										ation or inc	iividuai			نــا
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			rii res, c	Юпр	ete	SCI	IOUL	II U J I	Or s	such person		<u> </u>	5	L	
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Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O co	ontains a	a respor	nse or note to						
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ये इ	` 1a	Federated campaigns .	[1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	[1b		Ĭ					
s, C	С	Fundraising events	[1c							
SIF.	d	Related organizations .	[1d		1					
ıs, (е	Government grants (contrib		10							
tlor or S	f	All other contributions, gifts,									
the lar		and similar amounts not include	ed above	1f	147,090 80						
d O	g	Noncash contributions included									
	h	Total. Add lines 1a-1f .			🕨	147,090.80	· · · · · · · · · · · · · · · · · · ·				
음				B	iusiness Code						
ver	2a	World Sports				20,000					
8	b	International Cooperating N	Anistries			28,879					
Αġ	C	Venture For Excellence				4,100	 				
Ser	d										
am	е										
Program Service Revenue	f	All other program service				31570.84	,	<u> </u>	<u> </u>		
	g	Total. Add lines 2a-2f .				84,549 84		 	<u></u>		
	3	Investment income (in									
		and other similar amour	•		>						
	4	Income from investment of		-							
	5	Royalties			(ii) Personal						
	_	<u> </u>	(i) Neai		(II) Fersonal						
	6a	Gross rents									
	b	Less: rental expenses									
	C	Rental income or (loss)			•						
	d 7a	Net rental income or (los Gross amount from sales of	SS) (i) Securition	es I	(ii) Other						
	l 'a	assets other than inventory	(1) 00001111	-	(., 00.0.						
	ь	Less: cost or other basis		- 				1			
		and sales expenses .									
		Gain or (loss)						1			
	d	Net gain or (loss)			▶						
	"	Not gain or (1055)		· · 广							
Other Revenue	8a	Gross income from fund events (not including \$	draising								
æ		of contributions reported	on line 1	5).							
<u> </u>		See Part IV, line 18		· a							
듄	b	Less: direct expenses .		. ь							
		Net income or (loss) from			ents . 🕨				<u> </u>		
	9a	Gross income from gami	_					1			
		•		~ <u>-</u> -				1	1		
		Less: direct expenses									
		Net income or (loss) from		es >							
	10a	Gross sales of inve									
		returns and allowances		· a				1			
		Less: cost of goods sole									
	<u>c</u>	Net income or (loss) from					····				
	-	Miscellaneous Rev	enue		Business Code			<u> </u>			
	11a								<u> </u>		
	b	***********						-			
	6	All other revenue .									
	d	Total. Add lines 11a-11	 Id	٠ ـــ							
	12	Total revenue. See inst				231,640,64		 			

	Functional Expenses	
Part IX		

3601101	Check if Schedule O contains a respons	<u> </u>			· · · · · □
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	37,629.84	37,629.84		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	441	441		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	46,479	46,479		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	80,048.51	26,682.84	26,682 84	26,682 83
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	a a			
9	Other employee benefits	d			
10	Payroll taxes	26,622 01		26,622 01	
11	Fees for services (non-employees):	į			
a	Management	<u> </u>			
b	Legal	9			
d	Lobbying	<u></u>			
e	Professional fundraising services. See Part IV, line 17	<u> </u>			
f	Investment management fees	d			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	a			
12	Advertising and promotion	a			· · · · · · · · · · · · · · · · · · ·
13	Office expenses	18,038 59		18,038.59	
14	Information technology	d			
15	Royalties	o_			
16	Occupancy	q			_,·- <u></u>
17 18	Payments of travel or entertainment expenses	24,117 52	24,117.52		
	for any federal, state, or local public officials	d			
19	Conferences, conventions, and meetings .	7,378.80			7,378 80
20 21	Interest	a			
22	Depreciation, depletion, and amortization .	<u>9</u>			
23	Insurance	<u> </u>			······································
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses Administrative	8,013 37		8,013 37	
25	Total functional expenses. Add lines 1 through 24e	248,768.64	135,350.20	79,356 81	34,061.63
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
		· · · · · · · · · · · · · · · · · · ·			Form 990 (2014)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		🔲
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	118,953.42	1	101,825.42
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			السب ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
əts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		•		10c	
	11	Less: accumulated depreciation		11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	118,953 42	-	101,825.42
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
BS	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
	000			25 26	
_	26	Total liabilities. Add lines 17 through 25		20	
8		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
lala	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
7		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
550	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	118,953.42		101,825.42
	34	Total liabilities and net assets/fund balances	118,953 42	34	101,825 42 Form 990 (2014)
					rorm 35U (2014)

_	4	•
Page	1	4

•					
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		231,6	40 64
2	Total expenses (must equal Part IX, column (A), line 25)	2		248,7	68 64
3	Revenue less expenses. Subtract line 2 from line 1	3		-17,1	28 00
4 `	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		101,8	25.42
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	·		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		101,8	25.42
Part	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1 1	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	1 1	1	
	Schedule O.			-	<i>'</i>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ġ	Were the organization's financial statements audited by an independent accountant?		2b		'
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			•
	separate basis, consolidated basis, or both:		1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight/		ľ	1
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
•			Form	n <mark>990</mark>	(2014)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

Philip	pi Interi	national, Inc					26-346	34879
Par		Reason for Public Char						ns.
The		zation is not a private founda						
1		church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2		school described in section		•	coetion	470/6\/4	\/A\/;ii\	
3 4		hospital or a cooperative hos medical research organizatio						iii). Enter the
7		espital's name, city, and state		manatan mara noop	4000			,. ביונסי נווס
5	☐ Ar	organization operated for to operated for to operated for the operated for	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6 7	✓ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its supp				the general public
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	re su	n organization that normally ceipts from activities related apport from gross investme equired by the organization at	to its exempt nt income and	functions—subject to unrelated business t	certain d axable in	exceptio: ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10		n organization organized and						
11	or	n organization organized and ne or more publicly supported e box in lines 11a through 11o	l organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	1	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
İb		Type II. A supporting organize control or management of the organization(s). You must control organization(s).	e supporting org	ganization vested in th				
C		Type III functionally integra its supported organization(s)						y integrated with,
d		Type III non-functionally into that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
e		Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Ente	er the number of supported o	organizations .					
9	Pro	vide the following information	n about the supp	oorted organization(s).				
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in you	rganization r governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(see instructions))	Yes	No		
(A)								
(B)	··							
(C)								
(D)								
(E)								
-								

Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify unde	<u>r the tests lis</u>	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	188,627 14	208,126 48	183,176.04	276,158 54	231,640 64	1,087,728.84
2	Tax revenues levied for the					ŀ	
	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						
	Total. Add lines 1 through 3	100 007 14	000 106 48	192 176 04	076 150 54	221 640 64	1 007 700 04
4	_	188,627 14	208,126.48	183,176 04	276,158.54	231,640.64	1,087,728.84
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		, , , , , , , , , , , , , , , , , , , 				
	on B. Total Support			L			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	188,627.14	208,126.48			231,640.64	1,087,728.84
8	Gross income from interest, dividends,	100,027.11		100,11100			.,,
Ū	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 carried on						
10	Other income. Do not include gain or		-				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		,				1,087,728.84
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		r's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>		· · • 🗅
	on C. Computation of Public Suppor			 			
14	Public support percentage for 2014 (line		-			14	100 %
15	Public support percentage from 2013 Scl					15	<u>%</u>
16a	331/3% support test—2014. If the organi				ine 14 is 33'		
_	box and stop here. The organization qua	-		_			. > 🔽
b	331/3% support test—2013. If the organ check this box and stop here. The organ					1 15 18 33 /370	
	_					40	, ▶ □
17a	10%-facts-and-circumstances test –2	014. If the orga	inization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me Part VI how the organization meets the "I						
					auvii quaiiii65	as a publicly Si	
	organization						. ▶ □
þ	10%-facts-and-circumstances test—2	U13. If the orga	anization did n	ot check a box	con line 13, 16	oa, 100, or 17a,	and line
	15 is 10% or more, and if the organiza	tion meets the	and sire	rcumstances"	lest, check th	ns dox and st	op nere.
	Explain in Part VI how the organization in supported organization		s-and-circums		ne organizatio	n quaintes as a	-
40	Private foundation. If the organization d					k this hav and	. ► ∐ see
18	riivate louituation. Il the organization d	iu noi check a	PAY OH III IG 13	, ιυα, ιυυ, Ι/ έ	2, OI 17D, G1 0 0	n uno DUX airu	500

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service | Imformation about schedule F (Form 990) and its instructions is at www.iis.gov/for Name of the organization

Employer identification number

Philippi International, Inc					6-3464879
Part I General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization and	swered "Yes" on
1 For grantmakers. Does the assistance, the grantees' eligrants or assistance?					
2 For grantmakers. Describe assistance outside the Unite	ed States.				nts and other
3 Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	can be duplicated if additio (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	nal space is needed.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Taiwan	0	0	1	Leadership Training	\$5,600
(2) China	0	0	1	Leadership Training	\$7,000
(3) China	0	0	3	Church Development	\$28,879
(4) China		0	1	Church Development	\$5,000
(5)					
(6)		<u> </u>			
(7)					
(8)					
(9)					
(10)	<u> </u>				
(11)			-		
(12)	1				
(13)	ļ			<u> </u>	
(14)	-				
(15)	 				
(16)					-
(17) 3a Sub-total	0	0			\$46,479
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			\$46,479

Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of nor-cash assistance	(i) Mathod of valuation (book, FMV, appraisal, other)
Ξ			Tawan	Leadership Tranıng	5,600	5,600Wire Transfer			Receipts
8			China	Leadership Training	7,000	7,000Wire Transfer			Receipts
ල			China	Church Development	28,879	28,879Wire Transfer			Receipts
£			China	Church Development	5,000	5,000Wire Transfer			Receipts
<u>6</u>									
<u> </u>									
3									
<u> </u>									
ê									
9									
Ξ									
(2)									
(13)									
1. (4.					-				
(15)									
(16)									
7	Enter total nul	mber of recipie	Enter total number of recipient organizations listed above the by the IRS. or for which the grantee or counsel has provided	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	at are recognized as charities by the fa section 501(c)(3) equivalency letter	s by the foreign coun	try, recognized as t	ax-exempt	٥
			8 miles of the second	المرافعة المستحددة المستحددة			1		

Schedule F (Form 990) 2014

0 N

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) 9 £ (12) (13) (14) (15) (16) (17) Ξ Ø ල 3 <u>(2</u>) 9 ε 9

P	a	_		4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

Þ	ar	4.	V	Г

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

When we send funds overseas to assist leadership training, community outreach projects or church development projects we receive receipts
from the Christian organiztion that received the funds. We also receive reports and photos of the project to make sure the project is accurate
During our annual trip to the region we make a personal visit to see the project or student. Accountability is built in All of these organizations are
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Philippl International, Inc.	26-3464879
Part VI line 9	
Daniel L. Williams, 1280 Lamont Circle, Dacula, GA 30019	
David R York, 6405 South 3000 East, Suite 150, Salt Lake City, UT 84121	
Steve M Halley, 1366 E Murry-Holladay Road, Salt Lake Ckty UT 84117	
Dr Victor Cottrell, 4933 S 175th Street, Lincoln NE, 68516-16715	
Part VI line 19. Philippi International, Inc. makes its documents available upon request.	
Part VI B line 12c. Philippi International, Inc. monitor the conflict of interest and report to the board.	
Part VI 8 line 11. Philippi International, Inc. sends the 990 form to the board members for their input and sugge	estions prior to mailing the report to the IBS
Tate W.D. III.0 11. 1 milipar international, inc. serious des des de de des sector de de de de de de de de de de de de de	selectio prior to meaning and report to the inte
Part III line 4d	
Out to 6 04 500 had he Tourse The classical Callege for leditors and both a change should program to advanted should	week to a days
Grant of \$1,500 to the Taiwan Theological College for indigenous tribe advance study program to educated chi	urch leaders
Grant of \$4,000 to the Gansu Bible Institute for advance teacher education	
	and the same
Grant of \$3,000 to the Gansu Bible Institute to assist poor students in rural churches enabling them to attend of	pollede
Grant of \$5,000 to the Gansu Christian Council to assist in church development in rural poor area	
Grant of \$13, 379 84 to students traveling with us to rural Gansu Province to learn about the Church in China,	experience unreached people groups
and prepare for future work in China	
Grant of \$1,850 to Scottsdale Baptist Church to assist in ministry trip to the Inca Indians in Mexico	
Grant of \$1,400 to North Mar Church to assist in youth outreach ministry in Japan.	
•	
Grant of \$1,000 to Pequot Lakes Baptist Church to assist in developing future missions ministry	
Grant of S441 to assist in start up sports ministry	
<i>j</i>	
