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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Öpen to Public Inspection

_	i or the 20	Ji4 Calem	dar year, or tax year beginning , 2014, and ending			,	<u> </u>	_
В	Check if appli	cable	C Name of organization International Pentecostal Holiness Foundation	n, Inc	D Employe	er identi	fication number	_
	Address	change	Doing business as IPH Foundation, Inc		73-1618309			
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/sui	ite	te E Telephone number			_
	Initial re	turn	PO Box 12609		(405	5) 78	37-7110	_
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Oklahoma City OK 73157		<b>G</b> Gross re			_
	Applicat	ion pending			group return			
			William Regulate Hil 3311 Ramsey Be, See 100 Paycecev 1110 Ne 20311	i(b) Are all s if 'No.' a	subordinates i attach a list (s	ncluded? ee instru	Yes N	io
L	Tax-exem	ıpt status	X 501(c)(3) 501(c) ( )		,		,	
J	Website	e: ► N/		f(c) Group e	exemption nur	nber 🟲		_
K	Form of or	ganization	X Corporation Trust Association Other ► L Year of formation	2001	L Ms	tate of le	gal domicile OK	
Pa		Summar						
		-	be the organization's mission or most significant activities The IPHF					
မွ			e benefit of the International Pentecostal Holi					
lan	<u>s</u> u	psidia	ries, affiliates, institutions, conferences and	Toca	T Cunt	ches	3. 	
Activities & Governance	2 Che	ck this ha	x If the organization discontinued its operations or disposed of more that		fite net co			
S			ting members of the governing body (Part VI, line 1a)			3		5
οğ ()			dependent voting members of the governing body (Part VI, line 1b)			4		5
itie			of individuals employed in calendar year 2014 (Part V, line 2a)			5		1
ctiv	6 Tota	al number	of volunteers (estimate if necessary)	<del></del>		6		0
Ă	7a Tota	ai unrelate	d business revenue from Part VIII, column (C), line 12 RECEIVED.	1		7a	0	
	<b>b</b> Net	unrelated	business taxable income from Form 990-T, line 34	<del>&amp;  · · · ·</del>	nia V	7b	Current Year	÷
	8 Cor	atributions	and grants (Part VIII, line 1h)	₩ <del>-</del>	rior Year	0 5	Current Year 31,714	
ž			ice revenue (Part VIII, line 2g)	\$ <del>1</del>	502,6 113,4		31,714 86,461	
Revenue	10 Inve	estment in	come (Part VIII, column (A) lines 3, 4, and 7d)	+	54,6		57,866	
æ	11 Oth	er revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e, GDEN, UT.		21,0		3,,000	÷
	<b>12</b> Tot	al revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		670,7	66.	176,041	
	<b>13</b> Gra	ints and si	milar amounts paid (Part IX, column (A), lines 1-3)		32,4		153,214	
	<b>14</b> Ber							
S	<b>15</b> Sal	aries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	109,4	83.	2,018	· .	
nse	<b>16 a</b> Pro	fessional i	fundraising fees (Part IX, column (A), line 11e)					_
Expenses	<b>b</b> Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ► 0.	*,8				
ω			es (Part IX, column (A), lines 11a-11d, 11f-24e)				89,507	· .
		-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>——</b>	256,2		244,739	
		-	expenses Subtract line 18 from line 12		414,5		-68,698	
9 Or				Beginnu	ng of Currer		End of Year	_
Net Assets Fund Baland	<b>20</b> Tot	al assets (	Part X, line 16)		3,234,0		14,940,429	<del>,</del> .
Ā Ā B	<b>21</b> Tot	al liabilitie	s (Part X, line 26)	11	.,153,4	77.	12,928,510	) .
55	<b>22</b> Net	assets or	fund balances Subtract line 21 from line 20	<u> </u>	2,080,6	20.	2,011,919	<del>)</del> .
Pa	rt II S		re Block					
Unde	er penalties of	penury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best er (other than officer) is based on a uniformation of which preparer has any knowledge	of my know	ledge and bel	ief, it is t	rue, correct, and	
	Jicte Decidia	I.	e tought than onice it is based on a minormation of which preparet has any knowledge	<del></del>				
۵.		Signati	ure of officer		1/13/1 ate	5		
Sig He	gn re			-		Tlac -		
пе	16		liam R Till	Secr	etary-	rea	surer	
			preparer's signature Date		Check	<b>.</b> .	PTIN	_
_	:	''		1 =	Check L	if		
Pa			am Reginald Till  William Reginald Till  11/16/	Τ2	self-employe	ţU !	P01076910	_
	eparer e Only	Firm's name		+	Firm's EIN	<b>&gt;</b> 27	_1521764	
	· · · · · ·	riiiis aggr		L	Phone no		-1531764 0) 247-4688	_
Mar	v the IRS	l discuse th	Elizabethtown NC 28337 sereturn with the preparer shown above? (see instructions)		rione no	191	0) 247-4688 . X Yes No	
				A0101 05/2	20/14	<del></del>	Form <b>990</b> (201	
~~	I UI F a	アニュムハリン	readerion met Hutte, des the deparate Mathutluis.	AUIUI UO/2	20/14		1 01111 730 (20)	71

			Holiness Foundation,	Inc	73-1618309	Page 2
Par	III Statement of	f Program Service A	ccomplishments			_
	Check if Schedu	le O contains a response of	or note to any line in this Part II	<u> </u>	<u> </u>	<u> </u>
1	Briefly describe the orga	anization's mission				
	The IPHF is or	ganized for the			<b></b>	
	exclusive bene	fit of the Inte	rnational Pentecos	tal Holiness Chu	rch, its	<b>-</b>
	subsidiaries,	affiliates, ins	titutions, confere	nces and local c	hurches.	
2	Did the organization und	dertake any significant pro	gram services during the year	which were not listed on the	e prior	
	Form 990 or 990-EZ?.				Ye	s X No
	If 'Yes,' describe these i	new services on Schedule	O.		<del></del>	
3	Did the organization cea	ase conducting, or make s	ignificant changes in how it cor	nducts, any program service	es?Ye	s X No
	~	changes on Schedule O			LJ	ب
4	Describe the organization	on's program service accor	mplishments for each of its thre	ee largest program services	s, as measured by exper	nses
•	Section 501(c)(3) and 5	01(c)(4) organizations are	required to report the amount	of grants and allocations to	others, the total expens	es,
	and revenue, if any, for	each program service rep	orted			
4 a	(Code) (E	Expenses \$ 244	, 739. including grants of	\$ 153,214.)	(Revenue \$	212,741.)
	Revenue and Ex	penses related	to serving the IPH	C denomination _		
		related servic				
					<del></del>	
		<del></del>				
		<del></del>			<del>-</del>	
		<b></b>				
		<b></b>				
						<del>.</del>
4 t	(Code) (E	Expenses \$	including grants of	\$)	(Revenue \$	)
		<b></b>				
		<b></b> _				
		- <b></b>				
		<b></b>				~
		<b></b>				
	<del>-</del>	<b></b>	<del></del>	<del></del>		
						<b></b> -
4 0	(Code) (	Expenses \$	including grants of	\$)	) (Revenue \$	)
			. <b>_</b>			
		<del></del> -				
		<del></del>				
				<del></del>		
	<b>-</b>		<b></b>			
	<b>-</b>					
			<b></b>	<del>_</del>		
4 (	· •	s (Describe in Schedule C				,
	(Expenses \$		ling grants of \$	) (Revenue	\$	
4 6	Total program service	expenses >	244,739.			806 (00.5.1)
BAA			TEEA0102 05/28/14		, F	Form <b>990</b> (2014)

Form 990 (2014) Page 3 73-1618309 International Pentecostal Holiness Foundation, Inc 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 Х Schedule A . . . . . . Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . Х 3 Х 4 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 Х 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, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 Х 9 Х 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e 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 Х 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Х Schedule D, Parts XI, and XII. . . . b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . 13 Х 14a Х 14b Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 . . . . . . . . . .

complete Schedule G, Part III. . . . . . .

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20 b

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . .

Page 4 73-1618309 International Pentecostal Holiness Foundation, Inc Part IV Checklist of Required Schedules (continued) Yes No 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 . . . . Х 21 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 Х 22 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 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 Х 242 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d Х 25a 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 Х 25b Schedule L. Part I . Х 26 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 27 Х 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) `\ x ° \*1. Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV 28b 28c X Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 35a Х 35b 36 Х

Form 990 (2014)

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Х

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Form 990 (2014) International Pentecostal Holiness Foundation, Inc

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. Ш
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
1	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 reportable gaming (gambling) winnings to prize winners?	1 c	х	
2	a 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	,		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		х
	b If 'Yes,' enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-	ļ	٠
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u> </u>	<u> </u>
6	a 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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		}
7	Organizations that may receive deductible contributions under section 170(c).		**	
	a 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?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			`
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	ļ	Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
0	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	├	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
			+	├──
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	+	<del> </del>
	a 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	1		
	Section 501(c)(12) organizations. Enter	4,3		
	a Gross income from members or shareholders			1
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<u> </u>		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12 a		-
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	-	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
		   14 a		x
	<ul> <li>a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O</li> </ul>	14 a	+	+
3A/				(2014)
		2.11	·	, /

Form	990 (2014) International Pentecostal Holiness Foundation, Inc 73-1618309		Pa	age 6
Par	<b>TVI</b> Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	i, and		——
	Check if Schedule O contains a response or note to any line in this Part VI	•		. X
Sec	tion A. Governing Body and Management	I	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		res	No
	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		X
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		
6 7 a	Did the organization have members or stockholders?	7 a	^x	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		37	
	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	_ <u></u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode )	)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
	olf '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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
42	Did the organization have a written whistleblower policy?	13		$\frac{1}{x}$
13	Did the organization have a written document retention and destruction policy?	14		$\frac{\lambda}{x}$
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	<del> </del>		<del>  ^</del>
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i		
а	The organization's CEO, Executive Director, or top management official	15 a	Х	1
	Other officers or key employees of the organization	15 b	Х	1
-	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	- 3		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure	ו יטט		
17	List the states with which a copy of this Form 990 is required to be filed   Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	 avaılal	 ole	
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availabilities in the public during the tax year.	e to		

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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Form <b>990</b> (2014) International Pentecostal H	oliness	Fo	und	ati	on,	Inc	2		73-161830	) 9 Page <b>7</b>
Part VII Compensation of Officers, Directo Independent Contractors								es, Highest C	ompensated En	ployees, and
Check if Schedule O contains a response or n	ote to any	/ line	ın t	hıs F	art '	VII.				
Section A. Officers, Directors, Trustees, Ke										
a Complete this table for all persons required to be listed organization's tax year.  • List all of the organization's current officers, director compensation Enter -0- in columns (D), (E), and (F) if no compensation.	s, trustees	· s (wh	ethe	er ind	divid			,		
• List all of the organization's current key employees,	•			•		defir	iitior	of 'kev employee	•	
<ul> <li>List the organization's five current highest compensation (Box 5 of Form W-2 organization and any related organizations</li> </ul>	ated empl	oyee	s (o	ther	thar	n an c	offic	er, director, trustee	e, or key employee)	
List all of the organization's <b>former</b> officers, key emport reportable compensation from the organization and any	related or	ganı	zatıc	ons	•					000,00
<ul> <li>List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation.</li> </ul>										
List persons in the following order: individual trustees or diemployees, and former such persons	rectors, in	stitut	iona	al tru	stee	s, of	ficer	s, key employees,	highest compensate	d
X Check this box if neither the organization nor any relati	ed organiz	zatioi	n co	mpe	nsa	ed a	ny c	urrent officer, direc	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours per	than	one both	box, u an of ector/	inless ficer a truste	e)	n ]	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	wook	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Beth White	1.00									
Board Chair		Х						0.	0.	0.
(2) Gwen Parker	_1.00	x						_	_	_
Board Vice-Chair				ļ		_	Н	0.	0.	0.
(3) William R Till	_700	x						_	_	_
Board Sec-Treas			<u> </u>				$\vdash$	0.	0,	0.
_(4)_Moses_King	_1.00	x								
Board Member		^			<u> </u>	ļ		0.	0.	0.
_(5) David McClain	1.00	x						_		
Board Member		<u> </u>	_				ļ.,	0.	0.	0.
_(6)										
_(7)										

<u>(14)</u>

(8)

(11)

(10)

BAA

TEEA0107 02/27/14

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization BAA Form 990 (2014) TEEA0108 03/09/15

Form 990 (2014) International Pentecostal Holiness Foundation, Inc 73-1618309
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	e in this Part VIII .			
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f 31,714.  Noncash contributions included in lines 1a-1f \$				
Con		Total. Add lines 1a-1f	31,714.			
une.	_	Business Code				_
eve		Administrative Fees 813110	86,210.	86,210.	0.	0.
e B		Plan Giving Fees 813110	0.	0.	0.	0.
Program Service Revenue	C	Misc Fees 813110	251.	<u>251.</u>		0.
Ē	e					
ogra	f	All other program service revenue				
<u>P</u>	ç	J Total. Add lines 2a-2f ▶	86,461.		× *	
	3	Investment income (including dividends, interest and other similar amounts)	57,866.	57,866.	0.	0.
	4	Income from investment of tax-exempt bond proceeds . •			-	
	5	Royalties				
		(i) Real (ii) Personal  Gross rents  Less rental expenses		* * * * * * * * * * * * * * * * * * * *		,
		Rental income or (loss)				
	(	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory				
		D Less cost or other basis and sales expenses	:	** <sup>*</sup>		
	l	Gain or (loss)		ć	-	
单	l	Gross income from fundraising events		<u> </u>	<del></del>	
Other Revenue		(not including. \$ of contributions reported on line 1c)		1		
æ		See Part IV, line 18 a				
重		Less. direct expenses b				
δ		Net income or (loss) from fundraising events			· · · · · · · · · · · · · · · · · · ·	
		See Part IV, line 19 a  D Less direct expenses b				
	1	Net income or (loss) from gaming activities	mb =			-
	l	a Gross sales of inventory, less returns				
	Ι.	and allowances a				
	ı	b Less cost of goods sold b		-		
	<u> </u>	Net income or (loss) from sales of inventory				<del>                                       </del>
	11:					1
	Ι΄.	b			<del></del>	
	,					
	'	d All other revenue				
		e Total. Add lines 11a-11d				
	12	Total revenue. See instructions	176,041.	144,327.	Ο.	0.

	501(1)(2) 1501(1)(4)		46		
Sect	ion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a res	inplete all columns. All of sponse or note to any lin	iner organizations must one in this Part IX	omplete column (A)	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	153,214.	153,214.		
3	·			; ; ;	/
4 5	Benefits paid to or for members			}	
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	Other salaries and wages	1,875.	1,875.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<u></u>	
10	Payroll taxes	143.	143.	0.	0.
11	Fees for services (non-employees)				
a	Management	14,633.	14,633.	0.	0.
t	Legal	1,652.	1,652.	0.	0.
C	Accounting	7,739.	7,739.	0.	0.
C	Lobbying	<u> </u>			
	Professional fundraising services See Part IV, line 17 .				
	Investment management fees	20,253.	20,253.	0.	0.
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				ſ
13	Office expenses	1,104.	1,104.	_0.	0.
14	Information technology	14,040.	14,040.	0.	0.
15	Royalties				
16	Occupancy				
17	Travel	9,464.	9,464.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,170.	4,170.	0.	.0.
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)				* ,
	Dues & Subscriptions	51	51.	0.	0.
	Utilities/telephone	0.	0.	0.	0.
	Education/training	0.	0.	0.	0.
	d Printing	16,401	16,401.	0.	0.
	e All other expenses				
25		244,739.	244,739.	0.	0.
26					

Form 990 (2014) International Pentecostal Holiness Foundation, Inc

Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		• • _	
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	5,779.	1	23,125.
İ	2	Savings and temporary cash investments	2,283,513.	2	2,201,121.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,934.	4	57,998.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions) Complete Part II of Schedule L		ر د 6	
5	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<u> </u>
۲	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		, , ,	
	b	Less accumulated depreciation	- 4 4 4 4 4 4	10 c	, ,
	11	Investments – publicly traded securities	10,913,871.	11	12,658,185.
	12	Investments – other securities See Part IV, line 11	10/313/0/11	12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	<del> </del>
- 1	16		13,234,097.	16	14,940,429.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	16,130.	17	45,219.
	18	Grants payable	10/130.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	•	20	
ဖွ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	11,137,347.	21	12,883,291.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		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.		25	
	26	Total liabilities. Add lines 17 through 25	11,153,477.	26	12,928,510.
səou		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	46,617.	27	79,524.
Ba	28	Temporarily restricted net assets	804,166.	28	702,558.
פ	29	Permanently restricted net assets	1,229,837.	29	1,229,837.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	<del></del>
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	2,080,620.	33	2,011,919.
	34	Total liabilities and net assets/fund balances	13,234,097.	34	14,940,429.

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Forn	1990 (2014) International Pentecostal Holiness Foundation, Inc. 73-	1618 <u>309</u>		Pag	ge 12
Pai	rt XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI.			<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	6,0	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	4,7	<u>39.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	- 6	8,6	<u>98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,08	0,6	20.
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	2,0	1,9	<u>22.</u>
Pa	rt XII <sub>s</sub> Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b> .			:Ш
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			<b>'</b> -	`
If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O		, ,		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		21	3, 3	y >
	separate basis, consolidated basis, or both:			İ	
	Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		)	43,	10 4 A
	basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis			l	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it, 	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		,	,	
3	a 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?		3 a	:	Х
!	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2	2014)

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

Department of the Treasury Internal Revenue Service

**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.

► 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

Name of the organization				Employer identificati	on number				
International Pentecostal Holiness F	oundation, Inc			73-1618309					
Part I Reason for Public Charity Status (All o	organizations must co	mplete:	his part	.) See instructions	3				
The organization is not a private foundation because it is (Fo	r lines 1 through 11, check	only one	box )						
1 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). (Atta	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3 A hospital or a cooperative hospital service organiz	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 A medical research organization operated in conjur				(b)(1)(A)(iii) Enter the	e hospital's				
name, city, and state									
☐ 170(b)(1)(A)(iv). (Complete Part II )	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
6 A federal, state, or local government or government									
7 An organization that normally receives a substantia in section 170(b)(1)(A)(vi). (Complete Part II)		governme	ental unit d	or from the general pul	blic described				
8 A community trust described in section 170(b)(1)(A	., , , ,								
9 An organization that normally receives (1) more the from activities related to its exempt functions — sub-investment income and unrelated business taxable June 30, 1975 See section 509(a)(2). (Complete I	pject to certain exceptions, income (less section 511 t Part III )	and (2) no ax) from l	more that ousinesse	an 33-1/3% of its supp s acquired by the orga	ort from aross				
10 An organization organized and operated exclusively					_				
11 X An organization organized and operated exclusively or more publicly supported organizations described lines 11a through 11d that describes the type of su	l in section 509(a)(1) or se	ection 50	3(a)(2). S∈	ee section 509(a)(3).	rposes of one Check the box in				
a X Type I. A supporting organization operated, supervorganization(s) the power to regularly appoint or elections A and B.	used, or controlled by its su	pported o	roanizatio	on(s), typically by givin	ng the supported ion You must				
b Type II. A supporting organization supervised or commanagement of the supporting organization vested must complete Part IV, Sections A and C.	ontrolled in connection with In the same persons that	its suppo control or	rted orgar manage t	nization(s), by having he supported organiza	control or ation(s) <b>You</b>				
c Type III functionally integrated. A supporting org organization(s) (see instructions) You must comp	lete Part IV, Sections A,	D, and E.							
d Type III non-functionally integrated. A supporting functionally integrated. The organization generally instructions. You must complete Part IV, Section	must satisfy a distribution r	connectio equireme	n with its : nt and an	supported organization attentiveness required	n(s) that is not ment (see				
e Check this box if the organization received a writter integrated, or Type III non-functionally integrated si	n determination from the IF	RS that is	a Type I,	Type II, Type III function	onally				
f Enter the number of supported organizations					1				
g Provide the following information about the supported	organization(s)								
(i) Name of supported (ii) EIN organization	(ill) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is to organization in your government.	listed eming	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Yes	No						
	1								
(A) Int'l Pentecostal Holiness Church, Inc 58-0904463	Church denomination	x		153,214.					
1. A THE I PERCECUSCAI NOTTHESS CHUICH, THE 130-0304403	Charen denominación	<del>   </del>		20,214.					
(B)									
(C)									
(D)									
(E)					-				
Total			1 1	153,214.					
BAA For Paperwork Reduction Act Notice, see the Instru	uctions for Form 990 or 9	190-EZ.		Schedule A (Forr	n 990 or 990-EZ) 2014				

Part II   Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b	./4\/ \ \/
ir all il laubbort achequie for Organizations Described in Sections Tyuloic III Allivi and Tyulo	A IIIAHVII
	1 . 11 11

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	*	. * % { /			_	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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						
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 i organization, check this box and s				n tax year as a sec		▶ 📋
	tion C. Computation of Pu						
	Public support percentage for 201						<u>%</u>
15	Public support percentage from 2	013 Schedule A, P	art II, line 14	• • • • •		15	<u> %</u>
16	a 33-1/3% support test — 2014. If and stop here. The organization	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and t inization	he line 14 is 33-1/	3% or more, check t	his box
ı	33-1/3% support test — 2013. If and stop here. The organization	the organization di qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1.	/3% or more, check	this box
17 :	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts-	eets the 'facts-and	-circumstances' te	st, check this box	and <b>stop here</b> . Ex	plain in Part VI how	[]
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and	eets the 'facts-and -circumstances' tes	l-circumstances' te st The organizatio	st, check this box n qualifies as a pu	and <b>stop here.</b> Ex blicly supported or	plain in Part VI how ganization	the ▶ □
18	Private foundation. If the organization	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ns ▶
DAA						hadula A (Form 000	000 571 0044

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants').						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
_	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
	Total. Add lines 1 through 5 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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		* * * * *			· ·	*
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					-	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	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 VI)						
	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organization here	on's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pu			-			
15	Public support percentage for 201	4 (line 8, column (f	f) divided by line 1	3, column (f))			15 %
16	Public support percentage from 20	)13 Schedule A, Pa	art III, line 15				16 %
Sec	tion D. Computation of Inv	estment Incor	me Percentag	е			
17	Investment income percentage for	2014 (line 10c, co	olumn (f) divided b	y line 13, column (	f))		<u>17</u> %
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			[	18 %
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check to						
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, Private foundation. If the organiz	f the organization of check this box and	lid not check a box I <b>stop here.</b> The o	k on line 14 or line organization qualifi	19a, and line 16 is es as a publicly su	more than 33-	·1/3%, and zation ▶ ☐
20	Filvate foundation. If the organiz	.auon did not checi	k a box on line 14,	rea, or rep, chec	r uns box and see	mistructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		Yes	No
			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	х	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		Х
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	-	х
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
(	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с	-	
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		х
İ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	.,	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	 5a		X
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		х
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b>	98		~ X
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	91	,	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	90	<u>.</u>	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	108	3	x
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	101		

	edule A (Form 990 or 990-EZ) 2014 International Pentecostal Holiness Foundation, Inc 73-161830	9	ļ.	Page 5
Par	t IV   Supporting Organizations (continued)		T	T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	x	
h	o A family member of a person described in (a) above?	11b	X	+
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		Х
_	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	х	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		x
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
ı	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test Answer (a) and (b) below.		Yes	No
i	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
•	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2t	- -	.   .
3	Parent of Supported Organizations Answer (a) and (b) below.			
í	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3 a	_	
١	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3t	,	

Sche	edule <b>A</b> (Form 990 or 990-EZ) 2014 International Pentecostal Holiness Fo	ındat	ion Inc 73-16	18309 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			20303
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem	ber 20. 1970 See instru	ictions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		•
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	,,,	vy	W Y N 3
ā	a Average monthly value of securities	1 a		
ı	b Average monthly cash balances	1 b		
	c Fair market value of other non-exempt-use assets	1 c		
	d Total (add lines 1a, 1b, and 1c)	1 d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI)			,
2		2		
3	Subtract line 2 from line 1d	3		·····
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	;	
2	Enter 85% of line 1	2	* * * * * * * * * * * * * * * * * * * *	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

7 BAA Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Par	t v   Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continuea)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es	<u></u>	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of suppor			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizat in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2014 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount			
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	*		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)	· , , , , , , , , , , , , , , , , , , ,		
3	Excess distributions carryover, if any, to 2014	/ / <sup>'</sup> { }'.'		\$ 1 3 3 4 5 5 7 7 7 7
а		. ráskiáliteliku	·	
b			*	
С				
d			** * **	200000000000000000000000000000000000000
e	From 2013		\$ * ,	`~ £ £ .
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	′	1	
	Applied to 2014 distributable amount	3.3.3	12312334411111	A A A SEE
	Carryover from 2009 not applied (see instructions)	* * * * * * * * * * * * * * * * * * *		. ? .
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D,		\$\langle \text{3.} 3	<u> </u>
•	line 7 \$			. 3 . `
а	Applied to underdistributions of prior years	4(\$7(3):20(4):57(7)		
b	Applied to 2014 distributable amount	842374 1823		
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		*	
8	Breakdown of line 7:	110 200 316 50 40 40 1 2 8 1 1 2	; , 2 2 2 -	**************************************
a				7.737 (1, 1)
b				
С		1/2 (8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Excess from 2013	** **	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
	Excess from 2014	*		7
		1 /	to	<u>•                                      </u>

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2014

rm990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	International Pentecostal H	oliness Foundation, Inc		73-1618309	
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Similar ered 'Yes' to Form 990, Part IV, line	Funds or Ac		
		(a) Donor advised funds	(b) F	unds and other accoun	its
1	Total number at end of year		4.		11.
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)	130,00			
4	Aggregate value at end of year	1,735,74	11.	1	86,501.
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the assets held in doi anization's exclusive legal control?	nor advised funds	X Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	he donor or donor advisor, or for any other i	purpose conferring	i	No
Par		ered 'Yes' to Form 990, Part IV, line	7	<del></del>	.=
1	Purpose(s) of conservation easements held by th		··-		
	Preservation of land for public use (e.g., recre	`	tion of a historicall	y important land area	
	Protection of natural habitat	· <b>-</b>	tion of a certified h	nistoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation contribution in	the form of a cons	ervation easement on the	he
	last day of the tax year		[ · · · · · · · · · · · · · · · · · · ·	Held at the End of the	Tay Vear
	a Total number of conservation easements		<b> </b>	Held at the Elid of the	TAX TEAT
	b Total acreage restricted by conservation easeme				
	Number of conservation easements on a certified		2 c		
	d Number of conservation easements included in (	` ,	ric T		
•	structure listed in the National Register	• • • • • • • • • • • • • • • • • • • •	2 d		
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, or terminat	ted by the organiz	ation during the	
4	Number of states where property subject to cons	ervation easement is located F			
5	Does the organization have a written policy regar and enforcement of the conservation easements			I IVaa	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements during the	year	
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conservation easemen	its during the year		
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)	(i) · · · · .	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements				
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasure ered 'Yes' to Form 990, Part IV, line	s, or Other Si	milar Assets.	
1 :	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education, or resear			
I	b If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items				
	(i) Revenue included in Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, I amounts required to be reported under SFAS 11st	nistorical treasures, or other similar assets fo 3 (ASC 958) relating to these items	or financial gain, p	rovide the following	
	a Revenue included in Form 990, Part VIII, line 1.			· <del>- · · - · -</del>	
	<b>b</b> Assets included in Form 990, Part X			▶\$	

Schedule **D** (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Recomplete if the organization answered 'Yes' to Form 990, Part IV, line 12a	eturn.
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recovenes of prior year grants	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	1
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return.
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	A ~ 044
a Donated services and use of facilities	1, 3
b Prior year adjustments	_
c Other losses	-
d Other (Describe in Part XIII)..................................	_  ^
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	- State Company
b Other (Describe in Part XIII )	
C Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. _3
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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	nal information
Funds on deposit with investment managers for benefit	of affilated IPHC

Pt IV, Line 2b entities Endowed funds are for scholarship and awards that provide periodic

Pt V, Line 4 awards as funds are available.

Schedule **D** (Form 990) 2014

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### SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

International Pentecostal Holiness Foundation, Inc

Part General Information on Grants and Assistance

- 1 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?
- 2 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 Domestic Organizations and Domestic Governments. Complete if the organizat Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space

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)
(1) IPHC-SW Christian Univers					
PO_Box_12609					
Oklahoma City OK 73157	58-0904463		7,000.		
(2) IPHC-GSO/IPHF					
PO_Box 12609					
	58-0904463		16,213.		·
(3) <u>IPHC-WMM</u>		İ			
PO_Box_12609					
	58-0904463		130,000.		
(4)					
(5)					
(6)					
<u>(7)</u>					
7.7					
(8)					

2 Enter total number of section 501(c)(3) and government organizations listed in the lin	ne 1	in the l	listed in	organizations liste	and government	501(c)(3)	section	number of	Enter total	2
--	------	----------	-----------	---------------------	----------------	-----------	---------	-----------	-------------	---

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

TEEA3901 06/19/14

Grants and Other Assistance can be duplicated if additional s	space is needed.	uais. Complete ir ti	ne organization ans	wered tes to roini s
(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)

Part IV	Supplemental Information. Provide the inform	ation required in Part I, line 2, Part I	ll, column (b), and any other addit

7

### 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, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

(a) Name	of disqualified person	(b) R		between disc		(c) Description	of transac	tion			(d) Con	rected
1 ''			person ar	nd organization	on					Ī	Yes	N
(1)								·				
(2)												
(3)						, ,						
4)												L
5)											<u> </u>	
6)												
art II Loa Com	ns to and/or From	Interested answered 'Yes	Perso s' on For	ns. m 990-E2	rganization Z, Page V, line 38a (				the			
art II 【Loa Com	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes	Perso s' on For 990, Par	rm 990-Ez rt X, line 5	Z, Page V, line 38a (			i; or ıf	(h) App	rd or	(i) Wr agreer	
art II Loa Com organ	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Com Comgar orgar	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par	rm 990-Ez rt X, line 5	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	, line 26	; or ıf	(h) App	rd or		men
Comporgar  Name of interested	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar  Name of interested  (1)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar  Name of interested  (1)  (2)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar  Name of interested  (1)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar organ Name of interested  1) 2) 3)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar organ Name of interested  1) 2) 3) 4) 5)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar Organ Name of interested  1) 2) 3) 4) 5) 6)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	men
Comporgar  Name of interested  1)  2)  3)	ns to and/or From plete if the organization nization reported an an	Interested answered 'Yes nount on Form (c) Purpose	Perso s' on For 990, Par (d) Los from organi	ons. rm 990-E2 rt X, line 5 an to or n the uzation?	Z, Page V, line 38a ( 5, 6, or 22.	or Form 990, Part IV	(g) in d	or If	(h) App by boa commi	rd or ttee?	agreer	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)	"			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	
(9)				
10)				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014	International	Pentecostal	Holiness	Foundation,	Ir

73-1618309

Page 2

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	ation's
				Yes	No
(1) Till & Butler CPAs	Firm Member-Director	20,161.	Accounting and Support svc		Х
(2)					
(3) (4) (5)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

## **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.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

<u>International Pen</u>	ntecostal Holiness Foundation, Inc   73-1618309	
	Members are not owners, but hold membership through IPHC ex	-officio
Pt VI, Line 6	postions.	
Pt VI, Line 7a	Members have voting rights to vote in Foundation's Member m	eetings.
	The 3 member Executive Board can take limited action when fu	ıll board is
Pt VI, Line 7b	not in session.	
Pt VI, Line 11b	All Board Members were provided copy prior to submitting the	e 990 return.
	Conflict of interest policy and related disclosures are per	
Pt VI, Line 12c	reviewed.	
	Compensation package is reviewed by full board (there was n	o employed
Pt VI, Line 15a	officer in 2014).	
	Position and comp. package are board approved by budget, him	ring is done
Pt VI, Line 15b	by President (no President employed in 2014).	-
Pt XT	Net investments are for benefit of IPHC affiliated entities	

### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37 
► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I Identification of Disregarded Entities C	omplete if	f the organizati	ion answe	red 'Yes' o	on Form 99	90, Pai	t IV, line 33	
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	Legal dom or foreign	icile (state country)	(d) Total income		E	
<u>(1)</u>								
(2)								-
(3)								
Part II Identification of Related Tax-Exempt O one or more related tax-exempt organizat	rganizati	ons Complete  g the tax year.	if the orga	anization a	inswered '	Yes' o	n Form 990,	Par
(a) Name, address, and EIN of related organization		(b) ary activity	(c Legal dom	) icile (state i country)	(d) Exempt C sectio		(e) Public charity (if section 50	statu 1(c)(3
	Religio	ous	OK		501(c)(	· · · · · · · · · · · · · · · · · · ·		
					301(0)			
(3)			<del> </del>					

International Pentecostal Holiness Foundation, Inc

Schedule R (Form 990) 2014	Internationa	al Pente	ecostal F	loli	ness Fou	ındat	ion, Ir	ıc				
Part III Identification because it ha	n of Related Organd one or more rela	nizations ted orgar	Taxable a	s a eatec	<mark>Partnershi</mark> das a partn	p Co ershi	mplete if p during t	the org	anızatıo year.	n answe	red 'Ye	es' o
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	3	(e) Predominant in (related, unrel excluded fron under section 512-514)	ated, n tax ons	(f) Share of incom		( <b>g</b> Shar end-o ass	e of	(h) Dispro tiona allocati	por- ite
<u>(1)</u>											103	110
(2)												
					:							
				·								
Part IV Identification line 34 becau	n of Related Orga use it had one or m	nizations ore relate	<b>Taxable</b> and organization	is a tions	Corporation treated as	on or	Trust Co	mplete or trust	if the or during	rganizatı the tax y	on ans ear	were
Name, address, and E	a) IN of related organization	on Prim	(b) nary activity	Leg (sta	(c) gal domicile te or foreign country)	con	(d) Direct Itrolling entity	(C corp	e) of entity , S corp, trust)	(f) Share total in		SI
<u>(1)</u>				-								
(2)												
<b></b>		<del>-</del>										
(3)			<del></del>									
BAA				<u> </u>	TEE	A5002 (	08/22/14			<u> </u>		

Par	Transactions With Related Organizations Complete if the organization answered 'Yes' on For	m 990,	Part IV,	line 34
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
11	During the tax year, did the organization engage in any of the following transactions with one or more related organizations l	isted in Pa	arts II-IV?	
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			
b	Gift, grant, or capital contribution to related organization(s)			
С	Gift, grant, or capital contribution from related organization(s)			
d	Loans or loan guarantees to or for related organization(s)			
е	Loans or loan guarantees by related organization(s)		•	
f	Dividends from related organization(s)			
	Sale of assets to related organization(s)			
	Purchase of assets from related organization(s)			
i	Exchange of assets with related organization(s)			•
j	Lease of facilities, equipment, or other assets to related organization(s)			
k	Lease of facilities, equipment, or other assets from related organization(s)			
1	Performance of services or membership or fundraising solicitations for related organization(s)			•
n	Performance of services or membership or fundraising solicitations by related organization(s)			•
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		•	
0	Sharing of paid employees with related organization(s)			
q	Reimbursement paid to related organization(s) for expenses			
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove			nd transac
	(a) Name of related organization	Tra	(b) nsaction be (a-s)	,
(1)				
			<del></del>	
(2)				
(3)				
(4)				
(5)				
(6) BAA	TELACOO ONIONA			
DAA	TEEA5003 08/22/14			

Schedule R (Form 990) 2014 International Pentecostal Holiness Foundation, Inc

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Parl

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measurevenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all p sec 501( organiz	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion allocate	ate
			section 512-514)	Yes	No			Yes	No
(1)									
- <b></b>									
(2)									
<b></b>			!						
(3)			_	-		<u> </u>			
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(4)									
					!				
(5)									
(6)									
(7)					<u> </u>				-
(8)									-
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).