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# Form 990

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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. For the 2014 calendar year, or tax year beginning 10/1/2014 and ending 9/30/2015 C Name of organization Check if applicable People to People Ministries, Inc. D Employer identification number Address change Doing business as Number and street (or PO box if mail is not delivered to street address) Room/suite 34-1264151 Name change 454 E Bowman Street E Telephone number Initial return ZIP code City or town (330) 262-1662 Wooster OH 44691-3540 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 1.148.190 F Name and address of principal officer Application pending Yes X No H(a) is this a group return for subordinates? ydia Stahl, Executive Director, 454 E. Bowman Street, Wooster, OH. H(b) Are all subordinates included? 501(c)(3) If "No," attach a list (see instructions) 501(c) ( Tax-exempt status 4947(a)(1) or ) < (insert no ) J Website: ► N/A H(c) Group exemption number ▶ X K Form of organization Comoration Trust Association Other > L Year of formation M State of legal domicile 1978 ОН Part I Summary Briefly describe the organization's mission or most significant activities People to People Ministries, Inc. provides Governance emergency assistance to econimically disadvantaged individuals and families in Wayne County, Ohio During our fiscal year ended September 30, 2015, over 13,000 familes were assisted Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 2.711 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 1,208,729 1,135,650 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 9,397 8,083 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 29,016 4,457 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,247,142 1,148,190 Grants and similar amounts paid (Part IX, column (A), lines 143 6 2016 Benefits paid to or for members (Part IX, column (A), line 4).

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 13 1,120,444 912,141 14 0 15 135,783 141,186 16a Professional fundraising fees (Part IX, column (A), line(1) en Line(1) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,601 63,693 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 1.322.828 1,117,020 19 Revenue less expenses. Subtract line 18 from line 12 -75.686 31,170 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 559,089 579,825 21 Total liabilities (Part X, line 26) 21.021 26,267 Net assets or fund balances. Subtract line 21 from line 20 538.068 553,558 Signature Block Under penalties of penury, I dechre that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign igpature of officer Here EXECUTIVE DIRECTOR Type or print name and title Pnnt/Type preparer's name PTIN Paid 4/11/2016 Laura J MacDonald, CPA self-employed P00964405 Preparer Firm's name Laura J. MacDonald, CPA, Inc Firm's EIN > 34-1840478 Use Only Firm's address ► 135 North Broadway, Medina, OH 44256 330-722-1944 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions).

Form 990 (2014)

No

X Yes

Form 9	90 (2014)	People to People Ministries, Inc.	34-1264151	Page 2
Pa	rt III 👵	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly d	escribe the organization's mission.		
	-	People Ministries, Inc. provides emergency assistance to economically		
	disadvar	ntaged individuals and families in Wayne County, Ohio.		
2	Did the	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?		X No
	•	describe these new services on Schedule O.		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Tyes	X No
		describe these changes on Schedule O	les	V NO
4		⇒ the organization's program service accomplishments for each of its three largest program service	oo oo maaayrad by	
7		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		expenses, and revenue, if any, for each program service reported.	allocations to others,	
	the total	expenses, and revende, if any, for each program service reported.		
40	(Codo:	\/\(\Gamma\) \(\Gamma\) \(\Gamma\		<del></del>
4a	(Code:	) (Expenses \$ 1,061,034 including grants of \$ ) (Reve	nue \$	)
	During o	our fiscal year ended September 30, 2015, People to People Ministries assisted a total of		
	11,430 [	amilies by providing them with a variety of donated clothing, food, household supplies and		
		and personal care items In addition to this, another 2,001 families received a total		
	or appro	ximately \$231,247 in assistance for partial payment of utilities, rents, medical services		
	and othe	er necessities		
		<del></del>		
4b	(Code:	) (Expenses \$ including grants of \$) (Rever	nue \$	)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
				_
			,	
			·	
4d	Other pr	ogram services (Describe in Schedule O)		
	(Expens		0)	
40	Total	TOTAL CONTINUE CANADASCE TO MICRORING GLOBAL TOTAL CONTINUE OF THE CONTINUE OF		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	j		
	complete Schedule A	_1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			١
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	Ì	V
^	Part III.	5		Χ.
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	_		V
7	"Yes," complete Schedule D, Part I	6	-	X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		V
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	ا ۾ ا		V
٥	complete Schedule D, Part III	8		<u> X</u>
9				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			\ \
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	44.	V	
	Schedule D, Part VI	11a	Х	<u> </u>
D	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ا ا		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	١		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		<u>^</u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	٠		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			İ
	Schedule D, Parts XI and XII	12a	<u> </u>	├
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	40.		
42	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	┝
Ü	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	l	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	┢	┝
13	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			├
10	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	10	-	<del>  ^</del>
17		17		×
18	On Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	<del>                                     </del>	<del>  ^</del>
10	- 11 mil 1	40		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<del> ^</del>
13	If "Yes," complete Schedule G, Part III.	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	<del> </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>  ^</del>
<u>, , , , , , , , , , , , , , , , , , , </u>	in 100 to the 200, and the diganization attach a copy of its addited interior statements to this return:	1 = 010		

гаі	Checklist of Required Contadues (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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
ZJ	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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 any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
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	-	_ X
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	100 Std - 1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	4	4.54	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del>  ^-</del>
b	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-00		
٠	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		İ	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	l
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I.	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	١		
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256		-
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+-	+
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130	+-	+^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	1	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	T	†
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	l x	

		<u>4-1264151</u>	P	age <b>5</b>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	.	닏
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	200	22	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		X
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		7.5	ij.
_	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>	-	-
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	· Joa		<del>  ^</del>
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 100	M.B.	2.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	14.4		
	and services provided to the payor?	. 7a	- Mr. ware	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		225	11.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. <b>7f</b>	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-		California de	1934
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	53	<b>***</b>	
0	sponsoring organization have excess business holdings at any time during the year?	· 8	400	X
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		200	1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9a</u> . 9b		X
10	Section 501(c)(7) organizations. Enter.	. 30	444	7
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		3	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
l 2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		221
	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	\$ <b>9</b>		
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		_	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

Part VI

People to People Ministries, Inc.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Page 6

	Check if Schedule O contains a response or note to any line in this Part VI		. [			
Sect	on A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	100				
	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.					
b	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 officer, director, trustee, or key employee?	2		_X_		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3		_X_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	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?	7a		<u>_x</u>		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١,,		
_	stockholders, or persons other than the governing body?	7b	ant' a	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
_	the year by the following.	0-				
a	The governing body?	8a	X	<u> </u>		
ь	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×		
Sact	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		١			
Seci	ion B. Policies (This Section Brequests information about policies not required by the Internal Revenue C	oue.	/ Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1256	(*), š	7		
12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy?	14	Х	<u></u>		
15	Did the process for determining compensation of the following persons include a review and approval by	道線	4	100		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	17.90				
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	X	1 6 N 1		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		4.7			
	with a taxable entity during the year?	16a	- NE A	X		
b	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	Lin	1			
	the organization's exempt status with respect to such arrangements?	16b	L	L		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed  NONE  Section 6104 requires on expension to make its Forms 1023 (or 1024 if applicable) 900 and 900 T (Section 5046)/3	 \a '				
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	/)			
	available for public inspection. Indicate how you made these available Check all that apply.    Own probate   Check all that apply   Other (available in School   Check all th					
10	Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pole	OV 55	d			
19	financial statements available to the public during the tax year.	icy, ar	iu			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	_				
20						
	Lydia Stahl, Executive Director (330) 262-1662					

Form 990 (2014)	People to People Ministries, Inc.									34-12641	JE4 - 5
Part VII	Compensation of Officers, Dire	ctors Truste		(ev	En	anl	OVER	e l	lighest Comp		151 Page /
Ture VIII	Employees, and Independent C		OO, 1	.cy		יוקוי	o y cc	٥, ١	nghest Comp	ensateu	
•	Check if Schedule O contains a r		te to	an	v lir	ne i	n this	s Pa	art VII		
Section A.	Officers, Directors, Trustees, Key E										<u> </u>
	this table for all persons required to be						•		<del></del>	with or within the	
organization's		noted: Nepolt oc	inper	isat	1011	101 (			sai year ending	with Or within the	•
•	of the organization's <b>current</b> officers, di	rectors trustees	: (whe	ethe	r in	divid	duals	or o	rnanizations) re	nardiess of amo	unt
	on. Enter -0- in columns (D), (E), and (								-gamzanorio, re	garaicss or amo	ant
<ul> <li>List all c</li> </ul>	of the organization's current key emplo	yees, if any. See	e insti	ructi	ions	for					
	organization's five current highest con										yee)
	reportable compensation (Box 5 of For	m W-2 and/or B	ox 7 c	of Fo	orm	109	99-MI	SC)	of more than \$1	00,000 from the	
	and any related organizations.		-   -								
	of the organization's <b>former</b> officers, ke eportable compensation from the organ								empioyees who r	eceived more th	an
	of the organization's former directors of	•			_				as a former direc	tor or trustop of	tho
	more than \$10,000 of reportable compe										uie
	n the following order. individual trustees		-						-		
	employees, and former such persons.						-,		,, cp.c, cc.	o, mgmoor	
Check thi	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
			T			C)					
						o, sition					
	(A) Name and Title	(B)	(do not check more than one (D)						(E)	_ (F)	
	Name and Title	Average hours per	offic	er an			or/trust	ee)	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any hours for	우颪	Ins	1 ♀	<u>&amp;</u>	em Hig	Former	from the	from related organizations	other compensation
		related	direc		Officer	em	ploy	#E	organization	(W-2/1099-MISC)	from the
		organizations below dotted	학교	onal		Key employee	88		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		8	l pen				organizations
			"	66			Highest compensated employee	1			
/1\	horbunch	1.00	<del> </del> -	<b> </b>	<u> </u>						
(1) Lisa Ha President	berbusch	1 00 0 00	l		×						
	ochstetler	1 00		-	-	$\vdash$	<u> </u>				
Vice Presiden	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0 00			×						
(3) Karen I		1 00				-	-	-			
Treasurer		0 00			Х						
(4) Ron Ma	axwell	1.00								<del></del>	
Secretary		0.00	X		X						
(5) Pam Ba	asinger	1.00									
Trustee		0.00	X	<u></u>		<u> </u>	<u> </u>				
(6) Adam E	Bogner	1.00	ł								
Trustee		0 00	<del>-</del>	ļ	<u> </u>	ļ	ļ	_			
(7) Charles	s Brain	1.00	1					l			
Trustee (8) Jean Br	22700	0 00 1.00		-		-	<del> </del>	├	<del> </del>		
Trustee	azee	0 00	1			l					
(9) Brett Bu	ıller	1.00			-		├-	┝	<u> </u>		<u>-</u>
Trustee	niei	0.00	1								
(10) Joi Hen	nphill	1.00			┢	<del> </del>		t			
Trustee		0 00	1				İ				
(11) Jill Hen	ley-Shafer	1 00									
Trustee		0.00	Х					L.	_		
(12) Martha	Junkin	1.00									
Trustee		0.00	_	L.			<u> </u>	<u> </u>	<u></u>		
(13) Jim Lyti	e	1.00	1					1			
Trustee		0.00	_	بـــا		<u> </u>	<u> </u>	<u> </u>			
(14) Camero	on Maneese	1.00	1								
Trustee		0.00	<u>L X</u>	L	l		1	<u></u>	<u> </u>	L	1

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    ■ Yes No  ■ Yes No  ■ 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    ■ For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    ■ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    ■ Section B. Independent Contractors  ■ 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) Name and business address    ■ OBSCORPTION OF SERVICES    ■ OBSCO	Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloye	es,	and	Hi t	ghes	t Co	ompensated Em	ployees (cont	nued)		
(15). Joe Miller Trustee		Average hours per	box,	unles er and	Pos neck s pe d a d	ntion more rson	is both	an ee)	Reportable compensation	Reportable compensation	Estimate		
Tustee		hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	or	npensat from the ganizati nd relate	e on ed
Tustee	(15) Joe Miller	1.00	1										
Tustee				<b> </b>	ļ						ļ		
(17) Antia Plumiy		1.00	l										
100   X				┢╌	├			-			-		
Trustee	Trustee	<del> </del>									1		
(19)   Diane Welshhans	(18) Robert Summers	1 00										<u> </u>	-
Trustee				-			_				1		
Trustee (2!) Robin Sharp (through May 2015) 49.00	Trustee	0.00	1										
Cat   Robin Sharp (through May 2015)	(20) Beverly Wire	{	l										
Administrative Asst   0.00   X   X   27,867			_	<u> </u>	<u> </u>	<u> </u>					<u> </u>		
C22   Lydia Stahl			l		ļ	1			07.007				
Executive Director	(22) Ludio Stobl	40.00		-	^	⊢	-	┢	27,867		+-		
(24)   (25)		<del> </del>	1		х				43.636				
Case   Sub-total									10,000			-	
the Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  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  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization agreeter than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received	(24)												
c Total from continuation sheets to Part VII, Section A.	(25)												
c Total from continuation sheets to Part VII, Section A.	4h Cub total				L	Щ		Ļ	71 502				
d Total (add lines 1b and 1c).						•	•						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    ■ Yes No  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    For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    Section B. Independent Contractors  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)  Name and business address    Description of services    Compensation    NONE  Description of services    Total number of independent contractors (including but not limited to those listed above) who received	-						•	<b>•</b>	<del></del>		$\overline{}$		<u>0</u>
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  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not lin	mited to those lis	sted a	abov	e) v		rece	ivec		,000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 X  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)  Name and business address  O  O  O  Total number of independent contractors (including but not limited to those listed above) who received					<u> </u>							Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  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)  Name and business address  NONE  O  Total number of independent contractors (including but not limited to those listed above) who received	•		•	•	loye	e, c	or hig	hes	t compensated			ļ	V
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	· •					٠.					3	-	-
Individual												,	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		iter triair ψ 150,0			<del>-</del> 3,	COI.	iipieti	- 00			4		X
for services rendered to the organization? If "Yes," complete Schedule J for such person		rue compensatio	n fro	m a	nv i	ınre	lated	oro	ianization or indiv	vidual	<u> </u>	1	
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)  (Description of services  (Compensation  NONE  0  0  0  0  0  0  1  1  1  1  1  1  1											5	1	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) (Description of services  NONE  OU  Total number of independent contractors (including but not limited to those listed above) who received													
None and business address  None  Non	compensation from the organization. Report co										s tax		
2 Total number of independent contractors (including but not limited to those listed above) who received		ress			_		_			vices			
2 Total number of independent contractors (including but not limited to those listed above) who received	NONE												0
2 Total number of independent contractors (including but not limited to those listed above) who received								_					0
2 Total number of independent contractors (including but not limited to those listed above) who received								$\vdash$					0
Total number of independent contractors (including but not limited to those listed above) who received		<del></del>						+					
		_	ted to	tho	se	liste			) who received		. `		

#### Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . (A) (B) (D) Related or Unrelated Total revenue Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns . 113.936 Grants and Other Similar Amounts 1b Membership dues . Fundraising events 1c 0 GIfts, d Related organizations 1d 0 e Government grants (contributions) . . . 1e Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 1,021,714 g Noncash contributions included in lines 1a-1f. 617,281 Total. Add lines 1a-1f . . . . 1,135,650 **Business Code** Program Service Revenue 0 0 0 0 All other program service revenue. Total. Add lines 2a-2f. $\blacktriangleright$ 0 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . 5,122 5,122 4 Income from investment of tax-exempt bond proceeds . 0 5 Royalties . . 0 (ı) Real (II) Personal 6a Gross rents . . b Less rental expenses 0 Rental income or (loss) . . d Net rental income or (loss) 0 (r) Securities (II) Other 7a Gross amount from sales of assets other than inventory . . . 0 2,961 b Less: cost or other basis and sales expenses . . . . 0 2,961 c Gain or (loss). Net gain or (loss). 2,961 2,961 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . **b** Less. direct expenses . . . . . c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19. . . . . . . . а **b** Less. direct expenses . . . . . 0 c Net income or (loss) from gaming activities . ▶ 0 10a Gross sales of inventory, less returns and allowances . . . . а **b** Less. cost of goods sold . . . . . 0 c Net income or (loss) from sales of inventory . 0 Miscellaneous Revenue **Business Code** 11a 0 b 0 0 All other revenue . . . . d 4,457 4,457 Total. Add lines 11a-11d. . . 4,457 Total revenue. See instructions. 1,148,190 4,457 8.083

	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	· Check if Schedule O contains a response or note t	o any line in this Pa	art IX		🔲
	not include amounts reported on lines 6b, 7b, 9b, 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				[ [ ]
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	912,141	912,141		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıviduals. See Part IV, Iines 15 and 16	0	<u> </u>		
4	Benefits paid to or for members	0		Simon and Lake	
5	Compensation of current officers, directors,				
_	trustees, and key employees	44,287	31,001	13,286	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	85,705	66,689	19,016	"
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			<del></del>
9	Other employee benefits	0			
10	Payroll taxes	11,194	5,453	5,741	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			<del></del>
C C	Accounting	0		·	
d	Lobbying	· · · · · · · · · · · · · · · · · · ·	****	LE- Val	
e f	Professional fundraising services. See Part IV, line 17	0		<b>*</b> 1	
-	Investment management fees		·		
g	(A) amount, list line 11g expenses on Schedule O)	7,388		7 200	
12	Advertising and promotion	7,366		7,388	
13	Office expenses	2,959	2,663	296	
14	Information technology	2,939	2,003	290	<del></del>
15	Royalties	0	· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	16,654	14,989	1,665	
17	Travel	70,004	14,909	1,000	<del></del>
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	0	<del></del>		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,758	11,482	1,276	C
23	Insurance	1,739		1,739	
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	Repairs	5,017	4,515	502	-
b	Printing	6,616	5,954	662	
С	Postage	6,830	6,147	683	<del> </del>
d		0			
е	All other expenses	3,732		3,732	
25	Total functional expenses. Add lines 1 through 24e	1,117,020	1,061,034	55,986	(
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing. 47,992 1 80,588 2 34,191 2 Savings and temporary cash investments . . . 37,218 3 Pledges and grants receivable, net . . . . 0 3 36,279 28,371 4 Accounts receivable, net . . . . . 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. . . . 0 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 . . . . . . ol 6 ol 7 8 0 8 9 Prepaid expenses and deferred charges . . . 735 735 9 10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation . . . . 10b 143,750 218,311 10c 220,128 b 11 221,581 11 212,785 12 0 12 Investments—other securities See Part IV, line 11 . . . 0 13 Investments—program-related See Part IV, line 11 . . . 0 13 0 14 14 ol 0 15 Other assets See Part IV. line 11 0 15 0 16 559,089 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 579,825 Accounts payable and accrued expenses . . . . 17 21,021 17 26,267 18 18 Grants payable 0 Deferred revenue 19 0 19 20 Tax-exempt bond liabilities . . . 0 20 . . 21 Escrow or custodial account liability Complete Part IV of Schedule D. . . ol 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 . ol 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 0 Total liabilities. Add lines 17 through 25 . . . . . 26 21.021 26,267 26 Organizations that follow SFAS 117 (ASC 958), check here ► X Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . 27 534,850 27 544,391 28 Temporarily restricted net assets . . . . 3,218 28 9,167 29 01 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 ol 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . 0 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . ol 33 538,068 33 553,558 Total liabilities and net assets/fund balances . . . . . 559,089 34 579,825

rom s	990 (2014) People to People Ministries, inc	<u>34-126</u> 2	1151	Page	e 12
Part	XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,148	,190
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,117	,020
3	Revenue less expenses. Subtract line 2 from line 1	3		31	,170
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		538	,068
5	Net unrealized gains (losses) on investments	5		-15	,680
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,				
		10		553	,558
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.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ļ		3000	
	Schedule O			<b>P</b>	7.0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	į			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		SCI.	423	
	separate basis, consolidated basis, or both:		-324	¥.3	
	X Separate basis Consolidated basis Both consolidated and separate basis			為計	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	3.00.000
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		32		342
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				نثم مشكف
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ļ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (	(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.

2014

Open to Public

Inspection

Name of the organization Employer identification number People to People Ministries, Inc 34-1264151 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations . . . . . . . . 0 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Page 2

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

	tion A. Public Support					<del></del>	
Cale	ndar year (or fiscal year 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.").	1,195,328	1,206,725	1,416,251	1,208,729	1,135,650	6,162,683
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the			0			0
	organization without charge	0	1,206,725	1,416,251	1,208,729	1,135,650	6,162,683
4	Total. Add lines 1 through 3	1,195,328	1,200,725	1,410,231	1,200,729	1,100,000	0,102,000
5	The portion of total contributions by each person (other than a governmental unit			•		4	
	or publicly supported organization)	, , , , ,				, ,	
	included on line 1 that exceeds 2%	,	, , , , , , , , , , , , , , , , , , ,				
	of the amount shown on line 11,	, 44 %	* * * *	*, ,		· ,	
	column (f)		,	£**		,	
6	Public support. Subtract line 5 from line 4.	- <b>‡</b> \$		, ,			6,162,683
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,195,328	1,206,725	1,416,251	1,208,729	1,135,650	6,162,683
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar		·				
	sources	14,809	2,377	10,357	9,397	8,083	45,023
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10	Other income Do not include gain or loss from the sale of capital assets	22.070	25,795	27,247	29,016	4,457	110,485
	(Explain in Part VI)	23,970		21,241	29,016	4,457	6,318,191
11	Total support. Add lines 7 through 10		<u> </u>	L	<u> </u>	12	0,510,151
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o						
13	organization, check this box and stop here	-					▶□
	ction C. Computation of Public Su			<u>-</u>		<del></del>	
	Public support percentage for 2014 (line 6, c			·f))		14	97 54%
14 15	Public support percentage from 2013 Sched					15	97 63%
	33 1/3% support test—2014. If the organiz						
100	and stop here. The organization qualifies a	s a publicly suppor	ted organization .				<b>▶</b> 🛚
	33 1/3% support test—2013. If the organiz				us 33 1/3% or more	e check this	
•	box and stop here. The organization qualifi	es as a publicly su	pported organization	on			▶□
	10%-facts-and-circumstances test—201 is 10% or more, and if the organization mee Part VI how the organization meets the "factorganization	4. If the organization to the "facts-and-cits the "facts-and-cits-and-circumstance"	on did not check a larcumstances" test, ces" test. The organ	box on line 13, 16a , check this box an nization qualifies a	a, or 16b, and line 1 id <b>stop here.</b> Expla is a publicly suppor	14 aın in ted 	▶[
	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Part VI how the organization meets the "fac supported organization	neets the "facts-and ts-and-circumstand 	d-circumstances" to ces" test. The organ	est, check this box nization qualifies a	and stop here. E	xplain in	▶[
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see		<b>▶</b> [

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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						
	endar year (or fiscal year 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")					-	0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an		· -				<del> </del>
	unrelated trade or business under section 513		_				0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					]	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		MARIE .	TOTAL CONTRACTOR	######################################		
	line 6)		<b>198</b>		10 m 100		0
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	O	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income Do not include gain or				<b>]</b>	1	
	loss from the sale of capital assets		İ				
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	o	0	0	0	0
14	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	_
	organization, check this box and stop here						▶ 🔼
Se	ction C. Computation of Public Su	pport Percent	age		W.1		
15	Public support percentage for 2014 (line 8,	column (f) divided I	y line 13, column	(f))		15	0 00%
16	Public support percentage from 2013 Scheo	dule A, Part III, line	15	<u></u>		16	0.00%
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (lin			column (f))		17	0.00%
18	Investment income percentage from 2013 S					18	0.00%
	33 1/3% support tests—2014. If the organ					and line 17 is	
	not more than 33 1/3%, check this box and	stop here. The org	ganization qualifies	as a publicly supp	orted organization		▶ 🗀
b	33 1/3% support tests—2013. If the organ	nzation did not che	ck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a put	olicly supported org	anization	▶ [
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#### 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.)

	Section	A. All	Sup	porting	Orgai	nizations
--	---------	--------	-----	---------	-------	-----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination
- 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.
- 4a 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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
- 5a 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 **Part VI**, 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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 Part VI.
- 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 Part VI.
- 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.
- 10a 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.
  - 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.)

		Yes	No
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	10a	ļ	<del>                                     </del>
	10b		
	,	<u> </u>	——

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus (	t on Nov. 20, 1970 See ins	structions. All
. other Type III non-functionally integrated supporting organizations must con	nplet	e Sections A through E.	
Section 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	0	0
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 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	w.		
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	( ) 1	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-int	egrated Type III supporting	organization (see
india detions.			

Schedule	A (Form 990 or 990-Ez) 2014 People to People Ministries, Inc			4-1264151 Page <b>7</b>
Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Sectio	n D - Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
		/:\	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		ZAGGGG BIGHTBUHGHS	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			W. S. Sais M. Marin
a				
b				
c				
d	<b>10</b> 年10年10年10年10年10年10日			
е	From 2013			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2014 distributable amount	(1) (2) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		0
i	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
	D, line 7. \$ 0	A CONTRACTOR	-577/A-1-7/41/A	
a	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount	**************************************		0
c	Remainder. Subtract lines 4a and 4b from 4.	0	41.72 - X4 - E 1. 1/2.484	**
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).		0	
6	Remaining underdistributions for 2014 Subtract lines 3h		*	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).		ŧ .	0
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7			
<u>a</u>				
<u> </u>				
<u>c</u>				
d	Excess from 2013	<del></del>		
e	Excess from 2014	)	1	1

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

Part II, Line 10

## Other Income:

	2010	2011	2012	2013	2014	Total
Special Events Miscellaneous	\$ 18,095 5,875	\$ 21,064 4,731	\$ 23,857 3,390	\$ 22,781 6,235	\$ - 4,457	\$ 85,797 24,688
	\$ 23,970	\$ 25,795	\$ 27,247	\$ 29,016	\$ 4,457	\$ 110,485

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name o	of the organization	Employer Identification number
Peopl	le to People Ministries, Inc.	34-1264151
Part	Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in o	donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	
Ū	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	purpose conferring impermissible private benefit?	. — —
	<u> </u>	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)  Preservation o	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	
•	during the tax year	lated by the organization
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	andling of
·	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	
·	b	is similar to the similar trib
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the year
•	\$	one during the your
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
g	In Part XIII, describe how the organization reports conservation easements in its revenue a	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes
	the organization's accounting for conservation easements	
Par		r Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	conun statement and halance sheet
14	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	in statement and halance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, education	
		n, or research in fundiciance
	of public service, provide the following amounts relating to these items.	▶ ¢
	(i) Revenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures, or other similar assets	for financial gain, provide the
2		
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item.	
a	Revenue included in Form 990, Part VIII, line 1	
b	ASSEIS INCIDENCE IN FORM 990, Part A	. ,

Sched	ule D (Form 990) 2014 People to People N	linistries, Inc					34-1264	1151		⊃age <b>2</b>
Part	Organizations Maintaining	Collections of	Art, Histo	rical Tr	easures, or	Othe	r Similar Asse	ts (con	tinuec	d)
3	Using the organization's acquisition, ac		records, c	heck any	of the following	ng that	are a significant			
	use of its collection items (check all that	at apply) <sup>.</sup>								
а	Public exhibition		d [	Loan o	or exchange p	rogram	าร			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generation	ons								
4	Provide a description of the organization		explain ho	w they fu	irther the orga	nizatıo	n's exempt purpo	ose in		
5	During the year, did the organization sassets to be sold to raise funds rather							Ye	s 🔲	No
Part	V Escrow and Custodial Arra	angements.								<del></del>
	Complete if the organization		to Form 9	990, Par	t IV, line 9, c	or repo	orted an amour	nt on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, o	ustodian or other in	termediary	for conti	ributions or oth	ner ass	ets not			
	included on Form 990, Part X?							Ye	:s 🔲	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	e the follow	ıng table	:					
						<u> </u>		Amount		
С	Beginning balance					10				0
d	Additions during the year					1d				
e	Distributions during the year .					1e				
f	Ending balance					1f				0
2a	Did the organization include an amour	t on Form 990, Par	t X, line 21	, for escr	ow or custodia	al acco	unt liability?	Ye	ي s:	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	if the expla	ination ha	as been provid	ded in F	Part XIII			
Part	V Endowment Funds.					,	·			
	Complete if the organization	answered "Yes"	to Form 9	990, Par	t IV, line 10.					
		(a) Current year	(b) Prio		(c) Two years I		(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance .	221,581		200,613	183	3,339	162,29	9	16	32,638
b	Contributions	• •		10,000		300	······································			
c	Net investment earnings, gains,			,						
	and losses	-7,674		12,025	17	7,926	21,91	o		527
ď	Grants or scholarships									
е	Other expenditures for facilities				· · ·					
	and programs							1		
f	Administrative expenses	1,122		1,057		952	87	0		866
g	End of year balance	212,785		221,581	200	0,613	183,33	9	16	32,299
2	Provide the estimated percentage of the									
а	Board designated or quasi-endowmen		100%	•						
b	Permanent endowment	%								
С	Temporarily restricted endowment	▶ %								
	The percentages in lines 2a, 2b, and 2	c should equal 100	%							
3a	Are there endowment funds not in the	possession of the o	organizatio	n that are	held and adn	ninister	ed for the			
	organization by.								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related organi	zations listed as red	quired on S	Schedule	R? .			3b		
4	Describe in Part XIII the intended uses	of the organization	n's endown	nent fund	s			·		
Part										
	Complete if the organization	answered "Yes"	to Form	990, Pai	rt IV, line 11a	a. See	Form 990, Pa	rt X, line	<u> 10.</u>	
	Description of property	(a) Cost or o (investr			ost or other is (other)		Accumulated depreciation	(d) B	ook valu	ie
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		321,561		119,118		20	02,443
d	Equipment		0		30,261		22,122			8,139
<u>e</u>	Other		0		12,056		2,510			9,546
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 99	90, Part X,	column (	B), line 10c.) .		▶	_	22	20,128
							Sc	hedule D (	Form 99	90) 2014

Part VII	Investments—Other Securiti		0, Part IV, line 11b. See Form 990, Part X, line 12.
(a)			
. (a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial o	derivatives	0	
(2) Closely-he	eld equity interests	0	
(3) Other			
/A\			
(B)			
(C)			
<u>(D)</u>			
<u>(E)</u>			
(F)			
( <u>G)</u>			
(H)			3 - 30 May
-	must equal Form 990, Part X, col (B) line 12)	0	**
Part VIII	Investments—Program Rela		
	Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
-(4)	· · · · · · · · · · · · · · · · · · ·		Cost of end-of-year market value
(1)			<u> </u>
(2)			
(3)	<del></del>		
(4)			
(5) (6)			********
(7)		·	
(8)			1,440 ave ave ave
(9)			
	nust equal Form 990, Part X, col (B) line 13)	0	
Part IX	Other Assets.		<u> </u>
T GIT IX		nswered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15.
		(a) Description	(b) Book value
(1)			(a) book value
(2)			
(3)			
(4)			
(5)	<del>,                                    </del>		
(6)			
_(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, co	ol (B) line 15 )	▶ (
Part X	Other Liabilities.		•
	Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book value	
(1) Federal i	income taxes	0	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ust equal Form 990, Part X, col (B) line 25.)	0	
2. Liability for u	uncertain tax positions. In Part XIII, provi	de the text of the footnote to the	organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information.

Add lines 4a and 4b . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b. . . . .

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

Add lines 2a through 2d . .

Subtract line 2e from line 1.

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 additional information.

4a

4b

. . . . . . . . . . . . . . . . .

#### Part V, Line 4

3

а

b

С

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

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

The Organization adopted the provisions of FASB ASC 740-10-25 that requires the disclosure of uncertain tax positions. There have been no interest or penalties recognized in the Statements of Financial Position or the Statements of Activities relating to uncertain tax positions. Additionally, no tax positions exist for which it is reasonably possible that the total amount of unrecognized tax benefits will significantly increase or decrease during the next 12 months. The Organization evaluates uncertain tax positions, if any, on a continual basis.

2e

3

4c

0

1,117,020

1,117,020

SCHEDULE (Form 990)

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

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

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

Employer identification number 34-1264151 å

X Yes

. . . . . . . . . . . . . . . . . . .

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

People to People Ministries, Inc.

Part I

Department of the Treasury Internal Revenue Service Name of the organization the selection cnteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance non-cash assistance (g) Description of . . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (f) Method of valuation (book, FMV, appraisal, • . other) . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section ıf applicable (b) EIN 1 (a) Name and address of organization or government Part 🛚 ε 9 Ξį (12) 3 <u>ල</u> 9 9 €; <u></u> €;

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

Schedule I (Form 990) (2014)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

art in carl oc adplicated it additional space is recover	שלפר וא ווככתכת				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Utilities					
1	945	153,224		FMV	
Shelter					
2	268	44,101		FMV	
Medical					
3	324	28,341		FMV	
Transportation					
4	397	7,758		FMV	
Food					Food
5	4,353		166,693	FMV	
Clothing/household items					Clothing/hygiene/household items
9	4,855		253,653	FMV	
Special projects					Christmas/Back to
7	1,864		196,935	FMV	school/Thanksgiving

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part III Funds are either paid out on behalf of clients and directed to landlords and utility companies, or vouchers are provided for Part IV

prescriptions or transportation needs and the organization is billed by the provider of those services. No funds are paid directly to

the clients.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

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

Name of the organization

Employer identification number

	e to reopie iviinistries, inc.		<del></del>	104-12041	<del></del>
Part	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional Interests				
4	Books and publications .		24/3/E-1 (4):14/2		
5	Clothing and household		160000		
J	goods	×		253.653	Thrift shop value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
• •	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation				
17	contribution—Other	1			
15	Real estate—Residential				
16	Real estate—Commercial .				<u> </u>
17	Real estate—Other				
18	Collectibles			=	
19	Food inventory	X	· · · · · · · · · · · · · · · · · · ·	166 603	Fair market value
20	Drugs and medical supplies	<u> </u>		100,000	T all market value
21	Taxidermy	<del></del>			
22	Historical artifacts			<del></del>	
23 24	Scientific specimens				
	Archeological artifacts	×		106.025	Thrift shop value
25 26	Other ► ( Special events )	<del></del>		190,933	Trinit shop value
26 27	Other • ()				
28	Other • ()				
29	Other ► ( ) Number of Forms 8283 received b	L the ergo	nization during the tay year f	for contributions for	
25	which the organization completed				29
	Which the organization completed	1 01111 0200	, raitiv, bonee Acknowled	gement	Yes No
30a	During the year, did the organizati	on rocoivo	by contribution any proporty	reported in Part I lines 1 th	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
504	28, that it must hold for at least the				
	to be used for exempt purposes for	-		mibation, and which is not re	30a X
b	If "Yes," describe the arrangement		. Holding period		502
	_		a policy that requires the ray	low of any non standard	
31	Does the organization have a gift contributions?		e policy that requires the rev		31 X
22-					31   ^
32a	Does the organization hire or use	•	<del>-</del>	•	222
L	noncash contributions?				32a   X
b	If "Yes," describe in Part II.		n ookuma (a) fara kura af aa	anadu far which actions (-).	
33	If the organization did not report a checked, describe in Part II	iii aiii0UNL I	in column (c) for a type of pro	operty for which column (a) i	
	CHECKEL LESCHDE DIFAILII				10.00

Schedule M (F	orm 990) (2014) People to People ivilnistries, inc. 34-1264151 Page Z
Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items received.
	or a combination of both. Also complete this part for any additional information.

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

People to People Ministries, Inc.

34-1264151

Employer Identification number

#### Form 990; Part VI, Section B, Line 11b

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

#### Form 990; Part VI, Line 12c

People to People Ministries maintains a conflict of interest policy which is updated annually by all Board members and employees. A signed acknowledgement form confirming the Board member's receipt and understanding of the policy is kept on file.

#### Form 990; Part VI, Section B, Line 15

The organization's Board reviews compensation annually for all employees.

#### Form 990 Part VI, Section C, Line 19

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. All documents can be viewed at the organization's office.