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Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Open to Public

Department of the Treasury

OGDEN, UT

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.

Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning January 1 2015, and ending December 31 20 15 D Employer identification number C Name of organization Philippi International, Inc. Check if applicable: Doing business as Public Charity Address change 26-3464879 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 330-261-1978 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Youngstown, OH 44515 Amended return F Name and address of principal officer: H(a) is this a group return for subordinates? Yes Vo Application pending Richard L. Williams, 4532 New Road, Youngstown, OH 44515 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ Association ✓ Other ► Public Charity L Year of formation: M State of legal domicile: Form of organization: Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: We facilitate outreach ministries with USA and Activities & Governance international churches that will grow and develop church leaders and meet felt needs of the community 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) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 2 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 231,640 64 297,326 28 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 231,640 64 297,326 28 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 84,549 84 119,993 15 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 106,670 52 54,061 44 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57,548 28 66,659 69 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 248,768 64 240,714 28 Revenue less expenses. Subtract line 18 from line 12 19 -17,128 00 56,612 00 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 101,825 42 158,437 42 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 158,437 42 Signature Block Under penalties of perjury, I declare 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 Signature of officer Here Kichard Type or print name and title Print/Type preparer's name Preparer's signature Date Check I if Paid self-employed Preparer Firm's EIN ▶ Use Only Firm's name) Phone no. Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015) Cat. No. 11282Y

Part	
	* Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We facilitate USA church missions outreach programs in the USA and internationally Our vision and purpose is to provide leadership
	training and church development that will enhance the leaders ability to impact their communities
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	, and the same of
4a	(Code: CO) (Expenses \$ 20,000 including grants of \$ 20,000) (Revenue \$ 20,000)
74	We provided resources to Rethink Faith to train leaders in "One on One" evangelism and community assistance. The program will
	impact the city of Lawrenceville, GA
	(O 1) / (F
4b	(Code: CD) (Expenses \$ 74,807 including grants of \$ 74,807) (Revenue \$ 74,807)
	We assisted the Gansu Christian Council in church development in 6 towns. The reward of this program will be the long term stability
	of the local church to reach out to the community. The program will effect 500,000 people.
	•

4c	(Code: LT) (Expenses \$ 9020 including grants of \$ 9020) (Revenue \$ 9020)
	We assist Bible school students and rural pastors to receive Bible education equiping them to lead the church
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 16,166 15 including grants of \$ 16,166 15) (Revenue \$ 16,166 15)
4e	Total program service expenses 119 993 15

Part IV Checklist of Required Schedules						
	Part IV	Checklist	of Req	uired	Sc	hedules

	•		Yes	No
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	y	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		/
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		٧
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
b	Schedule D, Parts XI and XII	12a		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		'
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	,	,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
			000	(0045

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
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		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	 _		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) /1(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with / squalified person during the year? If "Yes," complete Schedule L, Part I	25a		•
b	Is the organizar /aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that /transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	[
	If "Yes," corr e Schedule L, Part I	25b		~
26	Did the orr .ation report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current c mer officers, directors, trustees, key employees, highest compensated employees, or disqualif ersons? If "Yes," complete Schedule L, Part II	26		,
27	Did th/ janization provide a grant or other assistance to an officer, director, trustee, key employee,			
	subst / contributor or employee thereof, a grant selection committee member, or to a 35% controlled entit / amily member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	W _f organization a party to a business transaction with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions):			
а	/ ent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b [/]	hily member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
/	édule L, Part IV	28b		~
	/ entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
/	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
,	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
/	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-	<u> </u>	
	Part I	31		~
, 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
/	complete Schedule N, Part II	32	ļ <u>.</u>	~
/ 33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ —
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O.	20	~	

Part	The state of the s			
	Check if Schedule O contains a response or note to any line in this Part V		•	
		Γ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u>q</u>		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	9		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
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	4 1	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		~
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
þ	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			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
þ	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).]
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4		
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		١.
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
_	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			٠,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	i '		
a	Initiation fees and capital contributions included on Part VIII, line 12	1 1		ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	-		
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		1
D	against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		[
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		+
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	<u> </u>	+

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch			tructi	_ 4		
Section	Check if Schedule O contains a response or note to any line in this Part VI		<u>· ·</u>		<u> </u>		
	On All develoring Deay and Management			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	e[
	If there are material differences in voting rights among members of the governing body, or		. 1				
	if the governing body delegated broad authority to an executive committee or similar	ĺ	Í		,		
	committee, explain in Schedule O.		l		1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	3	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	1		د		
	any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person		ا ۵				
4		F	3 4		~		
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was f Did the organization become aware during the year of a significant diversion of the organization's ass		5		~		
6	Did the organization become aware during the year of a significant diversion of the organization's ass	F	6		~		
7a	Did the organization have members of stockholders, or other persons who had the power to elect or				_		
	one or more members of the governing body?		7a		1		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) m	embers,	-				
	stockholders, or persons other than the governing body?		7b				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during					
	the year by the following:						
а	The governing body?		8a	~			
b	Each committee with authority to act on behalf of the governing body?		8b_	~			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at					
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	• •	9	<u> </u>	<u> </u>		
Section	on B. Policies (This Section B requests information about policies not required by the Intern	iai Reveni	Je Co	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a	103	~		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of		104				
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	~			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	v			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b	~			
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	~			
13	Did the organization have a written whistleblower policy?		13		-		
14	Did the organization have a written document retention and destruction policy?		14		~		
15	Did the process for determining compensation of the following persons include a review and apprinted independent persons, comparability data, and contemporaneous substantiation of the deliberation and de						
_		1	15a				
a b	The organization's CEO, Executive Director, or top management official	1	15a				
U	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 arra	ngement					
	with a taxable entity during the year?		16a		- '		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	aluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uard the	_				
	organization's exempt status with respect to such arrangements?		16b		L		
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► OH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Section	501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.	0)					
19	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		aract :	nalia	, ,,,,,,,,		
13	financial statements available to the public during the tax year.	milet of file	,, C OL	PORC	y, and		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and rec	corde	: >			
	Richard L Williams, 4532 New Road, Youngstown, OH Tel 330-261-1978	and 160		-			
			Form	n 990	(2015)		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				(6	C)					
(A)	(B)	(do n	ot ch		tton		nna.	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Richard L Williams	50									
Director, President	<u> </u>			~		<u> </u>		26,336	0	0
(2)Daniel L Williams	50									
Director, Vice President		<u> </u>		~	L		ļ	1,389 44	0	0
(3)Edna M Williams	30			١.						
Director, Treasurer		ļ	_	~		ļ	_	26,336	0	0
(4)David York	0	Ì			ļ			_		_
Director			├	~		-	-		0	0
(5)Steve Halley	0			,] .		0
Director	0	ļ	├	-	\vdash	 	 	<u> </u>	1	<u>u</u>
Director Cottreil	 	ļ		1				, ا	0	0
<u>(7)</u>					-				<u> </u>	
(8)										
(9)										
(10)										
(11)										
(12)	<u> </u>									
(13)										
(14)										

,	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more the box, unless person is officer and a director/			e than o	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	le n from	Estim m amou oth compen	(F) timated nount of other pensatio		
		related organizations below dotted line)		tutional trustee	er	Key employee	Highest compensated employee	1er	organization (W-2/1099-MISC)	(W-2/1099-W	lisc)	orga and	anizatior i related inization:	ł
(15)									_					
(16)											\neg			
(17)							- · · · -							
(18)												-		
(19)								!						
(20)										i				
(21)														
(22)														
(23)														
(24)											$\neg \uparrow$			
(25)														•
1b c	Sub-total	VII, Sectio	n A			 	•	>	54,061.44					
d 2	Total (add lines 1b and 1c)							<u>▶</u>	54,061 44 ho received m		00,00	 0 of		
	reportable compensation from the organi												Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							mp	loyee, or high	est compe	nsate	d 3	-	,
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole (com	nper	nsatio					e		
5	individual									ation or inc	 Iividu:		-	~
Section	for services rendered to the organization on B. Independent Contractors	? II "Yes," C	ompi	ete	SCI	ieat	ile J i	or s	uch person	<u> </u>		5	ئـــــــــــــــــــــــــــــــــــــ	10
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress	-						(B) Description of s	ervices		(C Comper		
								_						
								_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue				_
		Check if Schedule O contains a response or note to	any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a Membership dues 1b		function revenue	revenue	under sections 512-514
يَّ ق	b	· · · · · · · · · · · · · · · · · · ·				
fs,	C .	Fundraising events 1c				
	d	Related organizations 1d				1
Sir	e	Government grants (contributions) 1e				1
atio er	f	All other contributions, gifts, grants, and similar amounts not included above 1f 103 378 28				
퉏		100,07020				ı
ont	g	Noncash contributions included in lines 1a-1f: \$	= -	[
	<u>h</u>	Total. Add lines 1a-1f			 	
Program Service Revenue	_					
eve	2a	World Sports	10,000			
ě.	b	National Christian Foundation	48,000			
Vi Č	С	Cecil B Day Foundation	5,000			
Ser	d	Pure Fun	7,500			
E E	е	International Cooperating Ministries	85,184			
ogu	f	All other program service revenue . 38,264				
<u>_</u>	g	Total. Add lines 2a–2f	193,948 00			1
	3	Investment income (including dividends, interest,				
:		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss)				ل
	đ	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)	^-	_		_
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
ier Re		of contributions reported on line 1c). See Part IV, line 18 a				
₹		Less: direct expenses b		}		
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19 a			i	
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
		~ <u>~</u>		1		
	ı	Less: cost of goods sold b Net income or (loss) from sales of inventory b				
	<u>c</u>	Miscellaneous Revenue Business Code				
	40-		- - -		•	
	11a			-	_	
	b					
	C	All all and an arrangement of the second of				
	d	All other revenue		ļ		
	e	Total. Add lines 11a–11d		 		
	112	Total revenue See instructions	207 226 20	3	ı	1

Part IX	Statement	of Functional	Evnences
I all IA	Statement	OI FUIICUOIIAI	EXPENSES

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	·		·	
	Check if Schedule O contains a respon	se or note to any lin			<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	24,389	24,389		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	500	500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	95,104 15	95,104 15		;
4	Benefits paid to or for members	d			
5	Compensation of current officers, directors, trustees, and key employees	38,169		28,627	9,542
6	Compensation not included above, to disqualified	30,109		20,021	3,342
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	d			
7	Other salaries and wages	d			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	d			
9	Other employee benefits	d			
10	Payroll taxes	15,892 44		15,892 44	
11	Fees for services (non-employees):				
а	Management	q			
b	Legal	d			
C	Accounting	q			_
d	Lobbying	q			
е	Professional fundraising services. See Part IV, line 17	q			· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	q		_ 	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
10	Advertising and promotion	<u> </u>			<u> </u>
12 13	Office expenses	46,536 41		46,536 41	
14	Information technology	40,330 41		40,530 41	
15	Royalties				
16	Occupancy	d			_
17	Travel	13,392 58	13,392 58		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	d			
19	Conferences, conventions, and meetings .	6,730 70			6,730 70
20	Interest	d			
21	Payments to affiliates	q		,	
22	Depreciation, depletion, and amortization .				
23	Insurance	q			
24	Other expenses. Itemize expenses not covered		ļ		,
	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.)		j		
	(ry amount, list line 24e expenses on schedule O.)				
a					
b					
c d					
a e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	240,714 28	133,385.73	91,055 85	16,272.70
26	Joint costs. Complete this line only if the	240,714 20	100,000.70	31,000 00	10,272.70
	organization reported in column (B) joint costs	1	ł	Ì	
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	,			
	following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

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33

	990 (20	·	·		Page 11
Pa	rt X	Balance Sheet	- V		
		Check if Schedule O contains a response or note to any line in this Pa		· · · · ·	<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	101,825 42	1	158,437 42
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
- [trustees, key employees, and highest compensated employees.			
- 1		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
ĺ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
<u>න</u>		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
٦	8	Inventories for sale or use		8	
ĺ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments—publicly traded securities		11	
- 1	12	Investments—other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related. See Part IV, line 11		13	
ı	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,825 42		158,437.42
- 1	17	Accounts payable and accrued expenses	· - · · · · · · · · · · · · · · · · · ·	17 18	
1	18 19	Grants payable		19	
- 1	19 20			20	
- 1	20 21	Tax-exempt bond liabilities		21	
,	21 22	Loans and other payables to current and former officers, directors,			
lities	22	trustees, key employees, highest compensated employees, and			
≣∣		disqualified persons. Complete Part II of Schedule L		22	
Liab	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities Add lines 17 through 25		26	···

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds .

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Total liabilities and net assets/fund balances .

Temporarily restricted net assets . .

complete lines 30 through 34.

158,437 42 Form **990** (2015)

158,437 42

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101,825 42

101,825 42

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· ago	•	

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		297,3	326 28
2	Total expenses (must equal Part IX, column (A), line 25)	2		240,7	′1 <u>4</u> 28
3	Revenue less expenses. Subtract line 2 from line 1	3		56,6	312 00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		158,4	37 42
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		158,4	137 42
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ii	ן יי		
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	ollea o	r		
	reviewed on a separate basis, consolidated basis, or both:				!
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?	d on	2b	 	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audito separate basis, consolidated basis, or both:	eu on a	a		
	<u> </u>				
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	vareiah		-	<u> </u>
Ç	of the audit, review, or compilation of its financial statements and selection of an independent account			"	
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>	<u> </u>	
	Schedule O.	p.u	· •		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		ļ
Ju	the Single Audit Act and OMB Circular A-133?		За		·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the		†	<u> </u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Foi	m 990	(2015)
					, ,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Philip	oi International, Inc					26-346	
Par							ns.
The c 1 2 3	organization is not a private foundate A church, convention of churce A school described in section A hospital or a cooperative hose	hes, or associati 170(b)(1)(A)(ii). (spital service org	on of churches descri (Attach Schedule E (Fo ganization described in	bed in se orm 990 o n section	ction 170 or 990-E2 170(b)(1	0(b)(1)(A)(i). Z).))(A)(iii).	
4	☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	 ☐ A federal, state, or local govern ☑ An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its supp				the general public
8	A community trust described i						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and fiter June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain axable in ((2). (Cor	exception ncome (la nplete Pa	ns, and (2) no more ess section 511 taa art III.)	than 331/3% of its
10 11						on 509(a)(3). Check 1f, and 11g.	
а	a 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.					pically by giving s of the supporting	
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.						
С	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.						
d	d 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.					ed organization(s) an attentiveness	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination onally integrated supp	from the orting or	IRS that ganizatio	it is a Type I, Type I n.	I, Type III
f g	Enter the number of supported Provide the following informatio						[]
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	9 listed in your governing support (see other support ((vi) Amount of other support (see instructions)
				Yes	No		
(A)							<u> </u>
(B)							
(C)							
(D)							
(E)							
T-1-							

	le A (Form 990 or 990-EZ) 2015						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	208,126 48	183,176.04	276,158.54	231,640.64	297,326 28	1,196,427 90
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	208,126 48	183,176 04	276,158 54	231,640 64	297,326 28	1,196,427 90
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4.						
	on B. Total Support	<u> </u>					
Calen	dar year (or fiscal year beginning in) 🕨 📗	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	208,126 48	183,176 04	276,158 54	231,640 64	297,326 28	1,196,427 90
	sources					ļ	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			-			1,196,427 90
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th organization, check this box and stop her	e	·			ear as a section	
	on C. Computation of Public Suppor			4		44 1	
14	Public support percentage for 2015 (line 6		-			15	100 %
15 16a	Public support percentage from 2014 Sch 331/3% support test—2015. If the organiz box and stop here. The organization qual	ation did not c	heck the box			3% or more, ch	100 % neck this . ► ✓
b	331/3% support test—2014. If the organicheck this box and stop here. The organic	zation qualifies	as a publicly	supported orga	anization .		or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	ets the "facts-a	nd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

Open to Public Inspection

Name	Οī	tne	organization	

Employer identification number

26-3464879

Philippi Inte	ernational, Inc.	26-3464879
Part I	General Information on Activities Outside the United States. Complete if the organ	ization answered "Yes" on
	Form 990, Part IV, line 14b.	

Form 990, Part IV, line	14b.			oroto ii uro organization ariot	
1 For grantmakers. Does the assistance, the grantees' eli	organization gibility for the	e grants or as			
grants or assistance?					✓ Yes ☐ No
2 For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monr	toring the use of its grants	s and other
3 Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Taiwan	0	0	1	Leadership Training	\$4,000
(2) China Gansu	0	0	1	Leadership Training	\$5,000
(3) China Gansu	0	0	1	Church Development	\$74,807
(4) China Gansu	О	0	1	Leadership Training	\$9020
(5) China Hunan	0	0	1	Church Development	\$1,277_15
(6) China Gansu	0	0	1	Leadership Training	\$1,000
(7)					
(8)					
(9)					· · · · · · · · · · · · · · · · · · ·
(10)					
(11)					
(12)					
(13)					···
(14)					
(15)					
(16)					
(17)					
3a Sub-total					95,104 15
c Totals (add lines 3a and 3b)					95,104 15

Page 2

Schedule F (Form 990) 2015

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			Taiwan	Leadership Traınıng	4,000	4,000Wire Transfer			Receipts
<u>8</u>			China	Leadership Training	5,000	5,000Wire Transfer			Receipts
ල			China	Church Development	74,807	74,807Wire Transfer			Receipts
3			China	Leadership Training	9,020	9,020Wire Transfer			Receipts
(2)									
9									
ε									
<u>@</u>									
6									
<u>5</u>									
(11)									
12									
(13)									
(4)									
(15)									
(16)									
8	Enter total numby the IRS, or	mber of recipie	ent organizations lis grantee or counsel	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie 501(c)(3) equivale	s by the foreign courncy letter	ntry, recognized as t	tax-exempt	٥

Schedule F (Form 990) 2015

Enter total number of other organizations or entities

9

Page	4

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

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

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

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Philippi International, Inc	26-3464879				
Part VI line 9					
Daniel L Williams 1280 Lamont Circle, Dacula, GA 30019					
David R York, 6405 South 3000 East, Suite 150, Salt Lake City, UT 84121					
Steve M. Halley, 1366 E. Murry-Holladay Road, Salt Lake City, UT 84117					
Victor Cottrell, 4933 S 175th Street, Lincoln NE, 68516-16715					
Part VI line 19 Philippi International, Inc. makes it's documents available upon request					
Part VI B line 12C Philippi International, Inc. monitor the conflict of interest and report to the board					
Part VI B line 11 Philippi International, Inc. sends the 990 to the board members for their input and suggestion	s prior to mailing the report to the IRS				
Part III line 4d					
Grant of \$300 00 to City Team					
Grant of \$300 00 to FCS Urban Ministries					
Grant of \$299 00 to National Christian Foundation					
Grant of \$240 00 to Georgia WMU					
Grant of \$125 Kids Stuff USA					
Grant of \$4,000 00 to the Taiwan Theological College for student cross-cultural community service					
Grant of \$5,000 00 to the Gansu Bible Institute for Advance Teacher Education					
Grant of \$1,277 15 to the Hunan Christian Council for Church Development					
Grant of \$1,000 00 to the Gansu Christian Council for rural church development					
Grant of \$125 00 to North Mar Church for youth cross-cultural experience					
Grant of \$500 00 to Daniel Daum for Christian Education					
Grant of \$2,000 00 to The Christian & Missionary Alliance for China Leadership Training					