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DLN: 93493163009357

Form **990**

Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

		2015 ca	lendar year, or tax year be C Name of organization	<u> </u>	09-30-201	6	D Emplo	ver ic	lentification number		
_	ddress c		People to People Ministries Ii			34-1	-				
	ame cha	-	Doing business as								
	ntial reti nal	urn					E Teleph	one nu	ımber		
	/termina nended		Number and street (or P O 1 454 E Bowman Street	box if mail is not delivered to street addres	ss) Room/sur	te	(330)	262	-1662		
		n pending	City or town, state or proving Wooster, OH 446913540	ce, country, and ZIP or foreign postal code							
			,					-	s \$ 1,050,175		
			F Name and address of Karen Holt Treasurer	principal officer			s this a group				
			454 E Bowman Street Wooster, OH 44691354	40			ubordinates? No		Yes √		
r Ta	x-exem	pt status		() ◀ (insert no) 4947(a)(1) or			Are all subord ncluded?	ınate	Yes No		
, w	ebsite	:: ▶	14 301(0)(0) 301(0)	() () () () () () () () () ()	52.		•		t (see instructions)		
V			[C [T [Group exempt of formation 19		umber ► M State of legal domicile OH		
K Fori	m or org	ganization	✓ Corporation Trust	Association Other ►			or remidation 1	,,,	11 State of legal dofficile of		
Pa	1	Sum	•								
			_	nission or most significant activitie ovides emergency assistance to ec		dısadva	ntaged indivi	duals	and families in Wayne		
e)	<u>C</u>	ounty, O	hio				_				
Governance	_										
Ē											
<u> </u>	2 0	heck th	is box ▶ ☐ if the organiza	tion discontinued its operations or	disposed o	f more th	nan 25% of its	s net	assets		
	3 N	lumber o	of voting members of the g	overning body (Part VI, line 1a) .				3	21		
Activities &	4 N	lumber o	of independent voting mem	nbers of the governing body (Part V	I, line 1b)			4	21		
5	5 T	otal nun	mber of individuals employ	ed ın calendar year 2015 (Part V ,	line 2a) .			5	8		
¥	6 T	otal nun	nber of volunteers (estima	ite if necessary)				6	2,711		
				rom Part VIII, column (C), line 12				7a	0		
	b Ne	et unrela	ated business taxable inco	ome from Form 990-T, line 34 .				7b			
		C t	h	ATTT Long 4 le N			Prior Year	6 5 0	Current Year		
<u>Q:</u>	8		butions and grants (Part V	1,135,	650	1,036,361					
íe).	9 10	_	•	rvice revenue (Part VIII, line 2g)							
Ravenue	11		revenue (Part VIII, colum	083 457	10,130						
	12		•	ugh 11 (must equal Part VIII, colur	•		1,148,		1,050,175		
		12)							<u> </u>		
	13		•	d (Part IX, column (A), lines 1-3)			912,	141	813,464		
	14		•	(Part IX, column (A), line 4) mployee benefits (Part IX, column		-		-	0		
8	15	5-10)		inproyee benefits (Fart 1x, column)	(A), IIIIes		148,852				
Expenses	1 6 a	Profes	ssional fundraising fees (P	art IX, column (A), line 11e)					0		
핓	b	Total fu	ndraising expenses (Part IX, col	umn (D), line 25) ▶0							
_	17		, , , , ,	n (A), lines 11a-11d, 11f-24e) .			63,	693	72,962		
	18		•	.7 (must equal Part IX, column (A),	•		1,117,	_	1,035,278		
ي	19	кеven	ue less expenses. Subtrac	ct line 18 from line 12		•	<u>.</u>	170	14,897		
Net Assets or Fund Balances						Beginn	ing of Current	Year	End of Year		
Isse Bala	20						579,	825	594,833		
= E	21					·		267	19,678		
	22			btract line 21 from line 20			553,	558	575,155		
Unde my k	nowled	Ities of p Ige and I		eve examined this return, including and complete Declaration of prepare							
- F Y		****					2017				
Sigr			ature of officer				2017-06-12 Date				
Her		Karei	n Holt Treasurer								
			or print name and title								
			rint/Type preparer's name aura J MacDonald CPA	Preparer's signature Laura J MacDonald CPA		ate 017-06-12	Check I if	PTIN			
Paid		-				55 12	self-employed Firm's EIN ▶				
	pare	' r	irm's name Laura J MacDoi				Phone no (330)) 722-	-1944		
Use	Onl	ly 📋	Medina, OH 44					,			
		1	medina, on 44				i .				

. . ✓Yes No

d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

e Total program service expenses > 977,685

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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, Pait V 😏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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		No
Ь	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, Pait I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	1	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	8		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		<u> </u>
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	as 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make any taxable distributions under section 4500	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ction 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 21			
	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			
b	or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			NI -
3	other officer, director, trustee, or key employee?	3		No No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			
	filed?	4		No_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No_
	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes	
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	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 with a taxable entity during the year?	16 a		No
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 the organization's exempt status with respect to such arrangements?	461		
Se	ection C. Disclosure	16 b		
<u> </u>	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website 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 policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Karen Holt Treasurer 454 E Bowman Street Wooster, OH 446913540 (330) 262-1662	S		

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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both officer and a director/trustee) Highest compensated employee Institutional Trustee or director				box, both a tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Matt Hochstetler President	1 00	х		x				0	0	0
(2) Jill Henley Shafer Vice President	1 00	x		x				0	0	0
(3) Karen Holt Treasurer	1 00	х		х				0	0	0
(4) Diane Welshhans Secretary	1 00	х		х				0	0	0
(5) Charlie Brain Trustee	1 00	х						0	0	0
(6) Jim Lytle Trustee	1 00	x						0	0	0
(7) Bob Summers Trustee	1 00	×						0	0	0
(8) Anita Plumly Trustee	1 00	×						0	0	0
(9) Lisa Haberbusch Trustee	1 00	×						0	0	0
(10) Adam Bogner Trustee	1 00	×						0	0	0
(11) Bev Wire Trustee	1 00	×						0	0	0
(12) Kiley McAllister Trustee	1 00	х						0	0	0
(13) David Shallenberger Trustee	1 00	х						0	0	0
(14) Karen O'Brien Trustee	1 00	х						0	0	0
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustwe	Officer	key employee	Highest compensated employee	Former	MI	SC)	MISC)) organiza and rela organiza		elated
(15) Joi Hemphill	1 00	X							0		0		0
Trustee (16) Pam Basınger	1 00												
		Х							0		0		0
Trustee (17) Cameron Maneese	1 00												
Trustee		Х							0		0		0
(18) Joe Miller	1 00												
Trustee		X							0		0		0
(19) Ron Maxwell	1 00	.,											
Trustee		X							0		0		0
(20) Martha Junkın	1 00	×							0		0		0
Trustee		^											
(21) Brett Buller	1 00	х							0		0		0
Trustee	40.00												
(22) Lydia Stahl Executive Director	40 00			×					44,509		0		0
1b Sub-Total	, Section A .		•	•									
d Total (add lines 1b and 1c)	<u> </u>	•		<u> </u>				44,509					
2 Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bov€	e) w	no red	ceiv	ed more	than				
3 Did the organization list any former officer, on line 1a? <i>If "Yes," complete Schedule J for</i>			y en	plo	yee	, or hı	ghes	st comp	ensated	employee		Yes	No
For any individual listed on line 1a, is the s organization and related organizations grea	um of reportable	comp								n the	3		No_
 Individual Did any person listed on line 1a receive or services rendered to the organization? If "Y. 								ganızatı	on or ind	vidual for	5		No
Section B. Independent Contractors													
Complete this table for your five highest co compensation from the organization Report		•										tax year	
(A) Name and busine	ess address							ı	(B Description			(C Compen	
								1			-		
								1			+		
2 Total number of independent contractors (inc \$100,000 of compensation from the organiza		mıted	to th	ose	lıst	ted ab	ove) who re	ceived m	ore than			

Part V	1 1 1	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	se or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν N	1a	Federated cam	paigns 1a	99,856				
ants	ь	Membership du	es 1b					
Gra	c	Fundraising eve	ents 1c					
fts. Ir A	d	Related organiz	zations 1d	-				
i, Gi	e	Government grants						
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	936,505]
utio	'	similar amounts no	ot included above					
ifi B	g	Noncash contribute 1a-1f \$	ons included in lines	552,081				
Con	h	Total. Add lines	s 1a-1f	🔎	1,036,361			
				Business Code				
enu	2a							
S ₂	ь							
MCe	C							
₹	d							
ran	e f	All other progra	am service revenue					
r og₁	'							
<u></u>	g 3		s 2a-2f					
	3		ome (including dividend ar amounts)		4,163			4,163
	4		stment of tax-exempt bond p	· · · · · ·				
	5	Royalties	(ı) Real	▶ (II) Personal				
	6a	Gross rents	(I) Real	(II) P el solial				
	h	Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental inco		(u) Othor				
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other		5,967				
		than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)		5,967				
	d		[] (S)		5,967			5,967
_	8a	Gross income f						
		events (not inc \$	luding					
}e^			reported on line 1c)					
7		See Fait IV, iiii	a					
Ç Ç	ь	Less direct ex	penses b					
0	С		loss) from fundraising ())	events >				
	9a		rom gaming activities ne 19					
			а					
	ь		penses b	_				
	С	Net income or ((loss) from gaming activ	vities ▶				
	10a	Gross sales of						
		returns and allo	a a					
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s Revenue	Business Code				
	ь							
	c	_						
	d	All other reven	ue		3,684	3,684		
	e	Total. Add lines	s 11a-11d '	🕨	3,684			
	12	Total revenue.	See Instructions	🖊	1,050,175	3,684		10,130

Form 990 (2015)	Page 10
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)	
Chack if Schedule O contains a response or note to any line in this Part IV	

	ot include amounts reported on lines 6b, o, 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 and domestic governments See Part IV, line 21	0			·
2	Grants and other assistance to domestic individuals See Part IV, line 22	813,464	813,464		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
	key employees	45,173	33,628	11,545	
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	77,054	57,361	19,693	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
		26,625	19,820	6,805	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,157		7,157	
12	Advertising and promotion	0			
13	Office expenses	2,908	2,617	291	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	20,362	18,326	2,036	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,690	13,221	1,469	
23	Insurance	1,817		1,817	
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	8,178	7,360	818	
b	Printing	6,766	6,089	677	
c	Postage	6,443	5,799	644	
d					
e	All other expenses	4,641		4,641	
25	Total functional expenses. Add lines 1 through 24e	1,035,278	977,685	57,593	0
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 Sh	aat	٠
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Par	τx	Check if Schedule O contains a response or note to any line in this Pa	rt Y			_
		eneck if Seffeddie O contains a response of note to any fine in this Fa		(A)	· •	(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		80,588	1	56,191
	2	Savings and temporary cash investments		37,218	2	80,373
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,371	4	18,884
Assets	5	Loans and other receivables from current and former officers, directors key employees, and highest compensated employees. Complete Par Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defi section 4958(f)(1)), persons described in section 4958(c)(3)(B), ar employers and sponsoring organizations of section 501(c)(9) volunt employees' beneficiary organizations (see instructions) Complete P Schedule L	nd contributing ary		6	
SS	7	Notes and loans receivable, net			7	
V	8	Inventories for sale or use			8	
	9			735	9	756
	10a	Prepaid expenses and deferred charges	368,621	700	-	700
	ь	Less accumulated depreciation 10b	158,440	220,128	10c	210,181
	111	Investments—publicly traded securities	,	212,785	11	228,448
	12	Investments—other securities See Part IV, line 11	ŀ	212,700	12	220,440
	13	Investments—program-related See Part IV, line 11		13		
	14	· ·		14		
		Intangible assets		15		
	15	Other assets See Part IV, line 11		579,825	16	594,833
	16 17			26,267	17	19.678
		Accounts payable and accrued expenses	•	20,201	18	19,070
	18	Grants payable	ľ			
	19	Deferred revenue	ľ		19	
	20	Tax-exempt bond liabilities	•		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule	-		21	
jabilities.	22	Loans and other payables to current and former officers, directors, to key employees, highest compensated employees, and disqualified	,			
аþ		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties	ľ		24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ird parties,			
	l		ľ		25	
	26	Total liabilities. Add lines 17 through 25		26,267	26	19,678
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶	nd complete			
<u>a</u>	27	Unrestricted net assets		544,391	27	574,670
Ba	28	Temporarily restricted net assets		9,167	28	485
Þ	29	Permanently restricted net assets		· ·	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	□and			
s or Fund Balance		complete lines 30 through 34.	'			
et	30	Capital stock or trust principal, or current funds	ŀ		30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
et '	32	Retained earnings, endowment, accumulated income, or other funds			32	
Z	33	Total net assets or fund balances	ŀ	553,558	33	575,155
	34	Total liabilities and net assets/fund balances		579,825	34	594,833

Additional Data

Software ID: 15000290

Software Version: 15.3.0.0

EIN: 34-1264151

Name: People to People Ministries Inc

Form 990, Part III, Line 4a

(Code) (Expenses \$ 977,685 Including grants of \$) (Revenue \$)

During our fiscal year ended September 30, 2016, People to People Ministries assisted a total of 10,215 families by providing them with a variety of donated clothing, food, household supplies and equipment and personal care items. In addition to this, another 1,525 families received a total of approximately 239,907 in assistance for partial payment of utilities, rents, medical services and other necessities.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163009357

SCHEDULE A (Form 990 or 990EZ)

Department of the

Treasury

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 1545-004 Open to Public

Inspection

Internal Revenue Service 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. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 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 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box 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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Iisted in your docume	governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see Instructions)
			Yes	No		
Total						

integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations Provide the following information about the supported organization(s)

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II 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.)

	ection A. Public Support	acion rans to qu	ally under the	tests listed beig	w, piease com	piete ri	ai (111.)	
	Calendar year	()2011	4122012				0.1.5	
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2	015	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,206,725	1,416,251	1,208,729	1,135,650		1,036,361	6,003,716
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,206,725	1,416,251	1,208,729	1,135,650		1,036,361	6,003,716
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							6,003,716
S	ection B. Total Support	<u> </u>						
,	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2	015	(f) ⊤otal
(or 7	fiscal year beginning in) ► A mounts from line 4	1,206,725	1,416,251	1,208,729	1,135,650		1,036,361	6,003,716
8	Gross income from interest,	=,==,:==	2,123,233		2,222,222		,,,,,,,,	-,,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,377	10,357	9,397	8,083		10,130	40,344
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)	25,795	27,247	29,016	4,457		3,684	90,199
11	Total support. Add lines 7 through 10							6,134,259
12	Gross receipts from related activity	ties, etc (see inst	ructions)			12		
13	First five years.If the Form 990 is				•			organization,
	check this box and stop here						.▶	
-	ection C. Computation of Pu	<u> </u>					,	
14	Public support percentage for 201	•		11, column (f))		14		97 870 %
15	Public support percentage for 201	4 Schedule A, Par	rt II, line 14			15		97 540 %
16a	33 1/3% support test—2015. If the	e organization did i	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	
ь	and stop here. The organization qu 33 1/3% support test—2014. If the	•			and line 15 is 33	1/3% or	more, che	
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization me	t—2015. If the orga ation meets the fa	inization did not cl cts-and-circumst	heck a box on line ances test, check	this box and sto	p here. I	Explain	▶
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the orga Explain in Part VI how the organiz	anızatıon meets th	e "facts-and-cırcı	ımstances" test,	check this box ai	nd stop l	nere.	▶
18	supported organization Private foundation.If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	see	▶ □

ightharpoons

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization faile to qualify under the tests listed below, please complete Part II.)

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	, please comple	ete Part II.)	
<u> </u>	Calendar year		T		1		
(or f	iscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
1	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any "unusual grants ")						
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						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
5	paid to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
•	iscal year beginning in) 🟲	(4)2011	(5)2012	(6)2013	(4)2011	(6)2013	(1)1 otal
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	third fourth or	fifth tax vear as a	section 501 <i>(</i>	c)(3) organization.
	check this box and stop here	or the organization	on a mac, accond	, cima, iodicii, or	men eax year as a	30000011301(► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015		_	13 column (f))		45	
	· · · · · · · · · · · · · · · · · · ·	•	• • • • • • • • • • • • • • • • • • • •	13, Column (1))		15	0 %
16	Public support percentage from 20:		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17	0 %
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18	
	33 1/3% support tests—2015. If the				tline 15 is more t		and line 17 is not
130	• • •	•		·			
b	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the						
,	18 is not more than 33 1/3%, check	-					
20			-	•		-	
	Private foundation. If the organization	on ara not check	a bux on time 14	, тэа, OI ТЭD, CN	ECK LIIIS DOX and 9	5 C C 1115 LI UC LI 0 I	15

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
56	ection A. All Supporting Organizations	1	Voc	No.
1	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	1	Yes	No
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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	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	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes 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)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9b		
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 .	9 c		
	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	10a		
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)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how these activities directly is identify those supported organizations, and how the station determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
				(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- estructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	auıred)						
6 Other distributions (describe in Part VI) See instru	. ,						
<u> </u>	30013						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
<u>b</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
c Excess from 2013							
d From 2014							
e From 2015							

Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5,

Facts And Circumstances Test

and 6. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part II Section B Line 10 Other income is made up of the following 2011 Special events 21,064, Miscellaneous income 4,731 2012 Special events 23,857, Miscellaneous income 3,390 2013 Special events 22,781, Miscellaneous income 6,235 2014 Miscellaneous income 4,457 2015 Miscellaneous income 3,684

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DLN: 93493163009357

Supplemental Financial Statements

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

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Inspection

OMB No 1545-0047

	me of the organization		Empl	oyer identification number
Pec	ple to People Ministries Inc		34-1	264151
Pa		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes"	on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e.g., recr			and the same automated and a same
	education) Protection of natural habitat	<u>'</u>		ically important land area d historic structure
	Preservation of open space	Pleservation of a	a certifie	a mistoric structure
,		hold a gualified conservation contribution in	tha farm	of a concervation
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neid a quaimed conservation contribution in	the form	of a conservation
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register		2d	
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or terminat	ed by the	e organization during the
1	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforc	ing cons	ervation easements during the
	>			
7	A mount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
3	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
•	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	•	· · · · · · · · · · · · · · · · · · ·
aı		tions of Art, Historical Treasures,	or Oth	er Similar Assets.
	<u> </u>	ed "Yes" on Form 990, Part IV, line 8.		
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
(i) Revenue included on Form 990, Part VIII, line 1		> \$	
(i	i) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, he following amounts required to be reported under S	•	for financ	
а	Revenue included on Form 990, Part VIII, line 1			> \$

b Assets included in Form 990, Part X

Part	***	Organizations Maintaining (continued)	Collections of Ar	t, Historical	Treasures	or Oth	ner Similar Ass	ets	
3		the organization's acquisition, accustion items (check all that apply)	ession, and other reco	rds, check any c	of the following	that are	a significant use o	fits	
а	Γ	Public exhibition		d	an or exchang	e progra	ms		
b	_ :	Scholarly research		e	her				
c	Preservation for future generations								
4	Provide Part >	de a description of the organization' (III	s collections and expl	aın how they furt	her the organ	ızatıon's	exempt purpose in		
5		g the year, did the organization soli s to be sold to raise funds rather th					ımılar Yes	┌ No	ı
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 990, Par	t IV, line 9,	or repo	rted an amount o	n Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interm	ediary for contri	butions or oth	er asset	s not Yes	∏ No	
b	If"	Yes," explain the arrangement in P	art XIII and complete	the following tal	ole	. [A mou	nt	
С	Ве	Jinning balance				1 c			
d	A d	ditions during the year				1d			
е	Dıs	tributions during the year				1e			
f		ding balance				1f			
2 a	Did th	ne organization include an amount o	n Form 990, Part X, Iır	ne 21, for escrov	v or custodial	account	liability? Tyes	✓ No	
h									
b		s," explain the arrangement in Part							
Pai	rt V	Endowment Funds. Comple	(a)Current year	(b)Prior year	b (c)Two years			e)Four ye	am back
1a	Begin	ning of year balance	212,785	221,581		0,613	183,339	s)rour ye	162,299
b	_	ibutions	40	· · ·		.0,000	300		
c	Net ir Iosse	nvestment earnings, gains, and s	16,719	-7,674	1	.2,025	17,926		21,910
d	Grant •	s or scholarships							
е		r expenditures for facilities rograms							
f	A dmı	nistrative expenses	1,096	1,122		1,057	952		870
g	End o	f year balance	228,448	212,785	22	21,581	200,613		183,339
2	Provid	de the estimated percentage of the	current year end balan	ice (line 1g, colu	ımn (a)) held a	as	•		
а	Board	designated or quasi-endowment >	100 000 %						
b	Perma	anent endowment ▶							
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%						
За	A re th	nere endowment funds not in the pos ization by	•	zation that are h	eld and admın	ıstered fo	or the	Yes	No
	_	related organizations					3a(i)	_	No
		lated organizations					3a(ii)	_	No
b		s" on 3a(II), are the related organiz		ed on Schedule	R?		3b		
4	Desci	ribe in Part XIII the intended uses o		ndowment funds					
Par	t VI	Land, Buildings, and Equip		000 5	T\/ 1: 44	C	000 5- : : : :		
		Complete if the organization and Description of property	answered 'Yes' to Fo	orm 990, Part		.See Foi b)	m 990, Part X, I		k value
		Description of property		Cost or other (Investme	basis Cost or o	other basis ther)	(c)depreciation	,5500	
	Land			-					
	Buildin	-		•					
		nold improvements		·		321,561	129,836		191,725
		nent		•		35,004	23,972		11,032
e	Jiner			• 1	ı	12,056	4,632		7,424

210,181

	(a) Description of security or category(including name of security)	от у	(b) Book value	(c)Method of valuation Cost or end-of-year market val
	Il derivatives -held equity interests			
)Other	al derivatives and other financial products			
Closely-	-held equity interests			
al. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	,	
	Investments—Program Related.		200 5 1 711 1 11	
	Complete if the organization answer (a) Description of investment	red 'Yes' on Form	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Descripcion of investment		(B) Book value	Cost or end-of-year market val
			1	
	1 3	ation answered 'Yes'		11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiza	ation answered 'Yes'		
	Other Assets. Complete if the organiza	ation answered 'Yes'		
	Other Assets. Complete if the organiza	ation answered 'Yes'		
	Other Assets. Complete if the organiza	ation answered 'Yes'		
	Other Assets. Complete if the organiza	ation answered 'Yes'		
	Other Assets. Complete if the organiza	ation answered 'Yes'		
art IX	Other Assets. Complete if the organiza	ation answered 'Yes'		
tal. (Colum	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the organiza	ne 15)	on Form 990, Part IV, line	(b) Book value
tal. (Colum	Other Assets. Complete if the organize (a) De (a) De	ne 15)	red 'Yes' on Form 990,	(b) Book value
tal. (Colui	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
art IX	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
al. (Colum	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
al. (Colunart X	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
al. (Colum	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
art IX	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
art IX	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
tal. (Colum	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
tal. (Colum	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
art IX tal. (Columnate of the columnate	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
tal. (Colui	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value
tal. (Column and Income deral I	mn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) .	red 'Yes' on Form 990,	(b) Book value

	(* / /					
Par	rt XI Reconciliation of Revenue per Audited Fina Complete if the organization answered 'Yes' on F				per Reti	urn
1	Total revenue, gains, and other support per audited financial s			•	1	1,056,875
2	A mounts included on line 1 but not on Form 990, Part VIII, li					· · ·
а	Net unrealized gains (losses) on investments	1	2a	6,700		
b	Donated services and use of facilities	🗀	2b	, , , , , , , , , , , , , , , , , , ,	1	
с	Recoveries of prior year grants	🗀	2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	Add lines 2a through 2d				2e	6,700
3	Subtract line 2e from line 1				3	1,050,175
4	A mounts included on Form 990, Part VIII, line 12, but not or	n line 1				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, li	ne 7b .	4a			
b	Other (Describe in Part XIII)	🗀	4b		1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990	, Part I, line 1	2)		5	1,050,175
Part	t XII Reconciliation of Expenses per Audited Fin			-	s per Re	eturn.
_	Complete if the organization answered 'Yes' on F	•			T . T	
1	Total expenses and losses per audited financial statements		•		1	1,035,278
2	Amounts included on line 1 but not on Form 990, Part IX, line	: 25 I	_	I		
a	Donated services and use of facilities		2a		-	
b	Prior year adjustments		2b		-	
c	Other losses		2c		-	
d	Other (Describe in Part XIII)		2 d		1 .	
e	Add lines 2a through 2d		•		2e	
3	Subtract line 2e from line 1				3	1,035,278
4	Amounts included on Form 990, Part IX, line 25, but not on li	1	_	I		
a	Investment expenses not included on Form 990, Part VIII, III	-	4a		-	
b	Other (Describe in Part XIII)		4b		1 .	
с _	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 99	0, Part I, line	18)		5	1,035,278
Pari	rt XIII Supplemental Information					
Prov	evide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1a a	nd 4 .	Part IV , lines 1b and 2	!b,	
Part	t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII,					any additional
ınfor	ormation					
	Return Reference Ex	kplanation				
See A	Additional Data Table					

Page 5	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Supplemental Info	Part XIII
	Explanation	Return Reference	Ret
	1	L	

Additional Data

Software ID: 15000290 Software Version: 15.3.0.0

EIN: 34-1264151

Name: People to People Ministries Inc

Supplemental Information

Return Reference	Explanation
	People to People Ministries investment policy is to generate investment income while prese rving, or increasing the original principal value of funds invested. This objective typica lly results in a conservative investment portfolio. Investment income available from Board—designated endowment funds has been authorized by the Organizations Board of Directors to be spent on Board approved activities, in accordance with the Organizations ongoing missi on of providing emergency assistance to those in need. The Organizations current endowment spending policy does not currently provide for the spending of the principal portion of the endowment funds.

Supplemental Information				
Return Reference	Explanation			
X 2	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 St atements of Financial Position or the Statements of Activities relating to uncertain tax p ositions. 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 cont

inual basis

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

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

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

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493163009357

2015

Open to Public Inspection

vame of the organization						Employer identificati	on number
People to People Ministries Inc						34-1264151	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as:	sistance?				stance, and	√ Yes N
Part II Grants and Other Assistation that received more than a				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
	+						

(3) Medical

(5) Food

Part IV Return Reference

Part III

(4) Transportation

(7) Special projects

(6) Clothing/household items

Schedule I (Form 990) 2015

Explanation

	recipients
(1) Utilities	8
(2) Shelter	2

(a) Type of grant or assistance

252

4120

4511

996

(b) Number of

(c)A mount of

cash grant

143,863

44,522

22,949

5,179

23,394

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

IFM V

FMV

FMV

FMV

182,169 FMV

189,110 FMV

180,802 FMV

Funds are either paid out on behalf of clients and directed to landlords and utility companies, or vouchers are provided for prescriptions or transportation



Clothing/hygiene/household items

Christmas/Back to School/Thanksgiving

Schedule I (Form 990) 2015

Food

(f)Description of non-cash assistance

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493163009357

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Inspection Internal Revenue Service **Employer identification number** Name of the organization People to People Ministries Inc 34-1264151 Types of Property Part I (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art **2** Art—Historical treasures **3** Art—Fractional interests Books and publications Clothing and household 189,110 Thrift shop value goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities-Publicly traded . **10** Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution—Historic structures **14** Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . Х 182,169 Thrift shop value 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (180,802 Thrift shop value Special events) **26** Other ▶ (**27** Other ▶ (28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN: 93493163009357
SCHEDULE (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	-	uestions on ation. 2015 Open to Public
Name of the organ People to People Minis		Employer identification number 34-1264151
Return Reference	Explanation	
Form 990, Part VI, Section B, Line 11b	The Form 990 is review ed by the People to People Ministries, Inc s Treasurer and	d Finance committee prior to filing

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part People to People Ministries maintains a conflict of interest policy which is updated annua VI. Line 12c lly by all Board members and employees. A signed acknowledgement form confirming the Board members receipt and understanding of the policy is kept on file

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part The organizations Board reviews compensation annually for all employees VI, Section B,

Line 15

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part The organization makes its governing documents, conflict of interest policy, and financial VI. Section C. statements available to the public upon request. All documents can be viewed at the organ

Line 19

zations office