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# <sub>Form</sub> **99**0

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For the 2	016 calendar year, or tax year beginning , 2016, a	ınd ending			, 20				
В	Check if ap	plicable: C Name of organization Philippi International, Inc		D	Employ	er identification number				
	Address ch	ange Doing business as Public Charity				26-3464879				
$\overline{\Box}$	Name char		Room/surte	E	E Telephone number					
$\overline{\sqcap}$	Initial return				330-261-1978					
Ħ	Final return/		L			000 201 1070				
				اء	Gross re	100 053 65				
H	Amended r			_						
Ч	Application	pending F Name and address of principal officer:				subordinates? Yes No				
		Richard L Williams, 4532 New Road, Youngstown, OH 44515				s included? Yes No				
<u></u>	Tax-exemp	t status:	527	If "No,"	attach a	list (see instructions)				
<u>J</u>	Website:			H(c) Group ex	emption	number ►				
K	Form of org	anization: ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ public charity L Yea	er of formation	n: 2009	M State	of legal domicile: OH				
P	art I	Summary								
	1 B	riefly describe the organization's mission or most significant activities:	We facilit	ate outreach n	ninistrie	s with USA and				
ø	1	ternational churches that will grow and develop church leaders and meet felt ne								
Governance	1									
Ē	2 0	heck this box ▶ ☐ if the organization discontinued its operations or dis	sposed of	more than 2	5% of	its net assets				
Š					3	_				
<u>ر</u>	ľ	umber of voting members of the governing body (Part VI, Time Ta)			4	6				
Š	1		•	• • • •	<del></del>	0				
ŧ	1	otal number of individuals employed in calendar year 2016 (Part V, line	•		5	3				
Activities &	1	otal number of volunteers (estimate if necessary)			6	2				
∢	1	otal unrelated business revenue from Part VIII, column (C), line 12 .			7a	0				
	b N	et unrelated business taxable income from Form 990-T, line 34		<u> </u>	7b	0				
				Prior Year		Current Year				
•	8 C	ontributions and grants (Part VIII, line 1h)		297,	326.28	189,253.65				
Š	9 P	rogram service revenue (Part VIII, line 2g)	•	O	0					
Revenue	10 ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	[		o	0				
Œ	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		d	0					
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)	207	326.28	189,253.65				
_		rants and similar amounts paid (Part IX, column (A), lines 1–3)			993.15	56,198 57				
	1	and Classification of the second of the seco	· ·	119,	<del>233. 13</del>	30, 190 37				
	1		- 100		4	1000100				
Expenses	1	alaries, other compensation, employee benefits (Part IX, column (A), lines	·	54,	061.44	103,343 89				
Ë		rofessional fundraising fees (Part IX, column (A), line 11e)	<u></u>			0				
홨		otal fundraising expenses (Part IX, column (D), line 25)								
ш	1	ther expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	<u>⊸</u> ;≅∤ ∟	66,	659.69	75,270 23				
	3	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	)   S.     _	240,	714.28	234,812.69				
	19 R	evenue less expenses. Subtract line 18 from line 12 APR 1. 4. 2017.		56,	612.00	-45,559.04				
5 8		Quantity and the second	B	ginning of Curre	nt Year	End of Year				
Net Assets (Fund Balanc	20 T	otal assets (Part X, line 16) ...... 🕴 ..②のの(流)(電例、 少す		158,	437 42	112,878 38				
AB	21 T	otal liabilities (Part X, line 26)								
36	22 N	et assets or fund balances. Subtract line 21 from line 20	🗀	158	437.42	112,878 38				
	art II	Signature Block		100,	10	,0,000				
( <del></del>		s of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the	heet of n	ny knowledge, and helief it is				
		nd complete. Declaration of preparer (other than officer) is based on all information of which				ily kilowiedye alko bellet, it is				
_		The start of Marketine		— · · · - · · · ·	3 _ 7	25-17				
Sig	ın İ	Signature of officer		Date	2-2					
He		Richard L. Williams President	_	Cate						
110										
_		Type or print name and title	I B	<del></del>		Towns.				
Pa	id	Print/Type preparer's name Preparer's signature	Date		Check [	☐ if PTIN				
	eparer				self-emp	oloyed				
	e Only	Firm's name		Firm's	EIN -					
_		Firm's address ▶		Phone	no.					
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)				· · Yes No				
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	Cat. No.	11282Y		Form <b>990</b> (2016)				

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Part	•	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>.                                    </u>
1	Briefly describe the organization's mission:	
	We facilitate outreach ministries with USA and international churches that will grow and develop church leaders and meet felt needs of the	
	community	
	***************************************	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		☑ No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	
	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.	
<b>4a</b>	(Code:) (Expenses \$including grants of \$38,547) (Revenue \$	)
	Gansu province four church development projects in poor rural counties	
4b	(Code:) (Expenses \$including grants of \$14,750.07 ) (Revenue \$	)
	Cup of Nations building bridges with immigrants through soccer	
	***************************************	
	***************************************	
	***************************************	
4c	(Code:) (Expenses \$including grants of \$10,209.53 ) (Revenue \$)	<del></del>
		•
	Kids Games sports and art festival for under privileged children	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 28,346.37 including grants of \$ 15,229.19 ) (Revenue \$ )	
40	Total program service expenses ▶ 91,852 97	

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	[	l .	
	complete Schedule A	1	~	
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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		,
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.		14.5 4.5	- , (°
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
c	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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncode in tax positions under FIN 48 (ASC 7402 If "Yes," complete Schedule D, Part X	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		-
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	12a		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	v
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
	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 garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
			- ^^=	20046

Part				age
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	7
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		,
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	21		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	-
	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		<u>├</u>	<u> </u>
	\$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	 	,
	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		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250	<u> </u>	<del>                                     </del>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		}	
	If "Yes," complete Schedule L, Part I	25b		~
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	1	~
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			,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<i>'</i>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		~
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30_		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32	ļ	~
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		v
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			,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<del>  -</del>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
		Fon	m <b>99</b> 0	(2016)

	V (20)6)			age :
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del>::</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u></u>	103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ĺ
•	reportable gaming (gambling) winnings to prize winners?	1c	ļ	<del> </del>
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		~
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		$\vdash$	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	}
	account)?	4a	İ	~
b	If "Yes," enter the name of the foreign country:			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	ļ		<b> </b>
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	<u> </u>	~
C	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	١.		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del>  -</del> -	~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e.		1
7	gifts were not tax deductible?	6b	<del></del>	<del> </del>
'а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	] .		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del>                                     </del>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	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? .	71		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	<u> </u>	<u> </u>
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ <u>.</u>	~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	~
10	Section 501(c)(7) organizations. Enter:	1		1
a	Initiation fees and capital contributions included on Part VIII, line 12	┨		1
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b> Section 501(c)(12) organizations. Enter:	1		1
·· a	Gross income from members or shareholders	i	ļ	l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	1
	against amounts due or received from them.)		1	•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			l
	the organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand	L		_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	~
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u> </u>	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u>.</u>	
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5		
ь 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		v
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		v v
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3,73	, ,
a b 9	The governing body?	8a 8b	7	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 nue C	v ode.)	<u> </u>
	Billian and the state of the st	<u> </u>	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
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	•	<u> </u>
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	<u>, , , , , , , , , , , , , , , , , , , </u>	
13	Did the organization have a written whistleblower policy?	13	_	~
14 15	Did the organization have a written document retention and destruction policy?	14		~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
a b	Other officers or key employees of the organization	15a		
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?	16a		
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?	16b		
$\overline{}$	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed   Ohio  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
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 int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Richard L Williams 4532 New Road, Youngstown, OH 44515 Tel. 330=261-1978			

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Page 7

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	any relate	d orga	aniz	atio	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.
(A) Name and Title	(B)  Average hours per week (list any hours for	box,	unles or an	Pos neck is pe d a d	rson	or/trust	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Richard L. Williams	50									
Director President		1	İ	~			İ	24,000		
(2)Daniel L Williams	50									
Director Vice President	Ī	]	ļ	~				48,695.90		
(3)Edna M Williams	30			Г			Г			
Director Treasurer				~				24,000		
(4) David York	0						Γ			
Director	[			~						
(5)Steve Halley	0									
Director				~		1				
(6) Victor Cottrell	0						Г			
Director				~			L			
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2016)

(A) Name and title		(B)  Average hours per week (list any hours for related organizations	office office or dire	ot ch unles ranc	Posi eck s pe	more rson	than our both sighest of the structure o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	n from ns	Esta amo or compo froi	(F) mated ount of ther ensation in the nization	on
		below dotted line)	l trustee	Institutional trustee		loyee	Highest compensated employee						related ization	
(15)			_							<del> </del>				
(16)										<u></u>				
(17)				Н		-								
												<del></del>		<del></del>
											-			
						L								
(21)														
(22)		1												
(23)														
(25)														
1b c	Sub-total			 :			•	<b>▶</b>	96,695.90					
d 2	Total (add lines 1b and 1c)	t not limited				_		<b>▶</b> •) w	96,695.90 ho received me		00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						mp	oloyee, or high	est compe	nsated 	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,	000							4		V
5	Did any person listed on line 1a receive of for services rendered to the organization											5		v
Section	on B. Independent Contractors	100, 0		-					deri person	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · ·                                  </u>	1 3		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) compens	ation	
					•									
							-							
								-	<del></del>					

Form **990** (2016)

Part	VIII	Statement of Revenue			D-41/III	<del></del>	
		Check if Schedule O contains a res	ponse or note to	O any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c			33330		
Contributions, Giffs, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,					
Contribution	g h	and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	189,253.65	189,253.65			
		Total Add into 14 11	Business Code	169,233.63			
Program Service Revenue	2a b c						
gram Serv	d e f	All other program service revenue .					
Ş.	g	Total. Add lines 2a–2f	▶	189,253 65		<u> </u>	<u> </u>
	3	Investment income (including divided and other similar amounts) Income from investment of tax-exempt be	ends, interest, ▶	100,200 00			
	5 6a	Royalties	(ii) Personal		-		
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (loss)		7	,		
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(ii) Other				
	c d	Gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including \$					
Other F	ľ	See Part IV, line 18 a Less: direct expenses b					
		Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19					
	C	Less: direct expenses b Net income or (loss) from gaming act Gross sales of inventory, less returns and allowances a	vities ►				
	b b	Less: cost of goods sold b Net income or (loss) from sales of inv Miscellaneous Revenue					
	44:	INISCORRIBOUS MOVENUB	pusiness Code			<u> </u>	
	11a b c						
	d e	All other revenue	▶				
	12	Total revenue. See instructions		180 253 65			

Form **990** (2016)

Part IX Statement of Functional Ex	

Part					
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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	10,229.19	10,229 19		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign		į		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	45,969.38	45,969 38		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	76,373.93		76,373 93	
6	Compensation not included above, to disqualified	1	Ì		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes	26,969.96		26,969.96	
11	Fees for services (non-employees):		İ		
а	Management				· · · · · · · · · · · · · · · · · · ·
Ь	Legal				<del></del>
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	8,995.00			8,995.00
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			<del></del>	
13	Office expenses	9.600.40		0.000.40	<del></del>
14	Information technology	8,623 12		8,623.12	<del> </del>
15	Royalties			<del></del>	
16	Occupancy			<del></del>	· · · · · · · · · · · · · · · · · · ·
17	Travel	18,723 03		18,723.03	
18	Payments of travel or entertainment expenses	10,720 00		10,720.00	
•	for any federal, state, or local public officials	]			
19	Conferences, conventions, and meetings .	1,837 93	<del></del>	1,837.93	<del></del>
20	Interest	1,50, 50		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				<del></del>
23	Insurance				
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	Kids Games	10,209.53	10,209.53		
þ	Cup of Nations	14,750.07	14,750 07		
C	Mentoring	10,694 80	10,69480		
d	Cover shortage in salary and taxes	1,436.75		1,436.75	
0	All other expenses	d			<del></del>
25	Total functional expenses. Add lines 1 through 24e	234,812.69	91,852.97	133,964.72	8,995 00
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	1	ł		
	following SOP 98-2 (ASC 958-720)	ı J	ì	<b>!</b>	

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		[
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	158,437 42	1	112,878 3
	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.  Complete Part II of Schedule L		5	
ςς	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	,
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	<del></del>	8	<del>_</del>
	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	
	11	Investments—publicly traded securities		11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	158,437 42	16	112,878 3
	17	Accounts payable and accrued expenses		17	
		Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		, ,	
jak		disqualified persons. Complete Part II of Schedule L		22	<del></del>
_		Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
		Unsecured notes and loans payable to unrelated third parties		24	
		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	
S80		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	······································	27	
g		Temporarily restricted net assets		28	
포		Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			

Capital stock or trust principal, or current funds . . . .

Total liabilities and net assets/fund balances

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

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

31

**32** 

33

Form **990** (2016)

112,878.38

112,878.38

30

31

32

33

158,437.42

158,437.42

Part 1	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)	<u> </u>		
1	• • • • • • • • • • • • • • • • • • •			<u> </u>
			189,2	253 <u>65</u>
2	Total expenses (must equal Part IX, column (A), line 25)		234,8	12.69
3	Revenue less expenses. Subtract line 2 from line 1		-45,5	59.04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		158,4	137 42
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		112,8	378.38
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain ir	1		'
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	r F		· 65 "
	reviewed on a separate basis, consolidated basis, or both:		- ~:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1
þ	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ı .	12	- ~~
	separate basis, consolidated basis, or both:	٠,٠	15,	-1-,-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	* 24	1	- 7
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	t [		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	~	ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in	1 7	٠,	- 3
	Schedule O.	`~ .^		,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		~
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		_
		For	n <b>990</b>	(2016)

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

**Public Charity Status and Public Support** 

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

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ 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.

Inspection

Name	lame of the organization						
Philipp	pi International, Inc					26-346	
Par							ns.
_	organization is not a private foundate						
1	A church, convention of church						
_	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).						
	The state of the s						
7	hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local govern	nment or governi	mental unit described	in sectio	n 170(b)	(1) <b>(A)(</b> v).	
	An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organic or university or a non-land-granuniversity:	zation described nt college of agri	l in <b>section 170(b)(1)(</b> iculture (see instruction	( <b>A)(ix)</b> opens). Ente	erated in r the nam	conjunction with a late, city, and state of	and-grant college the college or
10	An organization that normally neceipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc de incom	eptions, e (less se	<b>and (2) no more that</b> ection 511 tax) from 1	າ 33¹/₃% of its
	An organization organized and	•	-	_			
12	An organization organized and						
	of one or more publicly suppo Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularty appoint or e	lect a ma	ts suppoi jority of t	rted organization(s), he directors or truste	typically by giving ses of the
b	Type II. A supporting organ control or management of the organization(s). You must expense the control of the control organization orga	the supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
c		•	=		onnection	n witth, and functions	lly integrated with,
•	its supported organization(						-
d	Type III non-functionally integrated in that is not functionally integrated requirement (see instruction	grated. The organ	nization generally mus	st satisfy-	a distribu	ns themeriuper noit	
0	Check this box if the organ functionally integrated, or T						il, Type III
f	Enter the number of supported of	organizations .					[]
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(II) ⊟N	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization r governing nent?	(v) Amount of monetary support (see instructions)	(vf) Amount of other support (see instructions)
		<u>'</u>		Yes	No		
(A)			,				
(B)		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(C)							
(D)			<u> </u>				
(E)							
T-A-1	•	<del>  </del>	<del></del>	<del> </del>			

Schedule A (Form 990 or 990-EZ) 2016 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 183,176,04 276,158.54 231,640,64 297,326 28 189,253,65 1,177,555.10 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 1,177,555.10 189,253,65 183,176,04 276,158.54 231,640 64 297.326.28 The portion of total contributions by (other than each person governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 Amounts from line 4 . . . . . . 183,176,04 276.158.54 231,640 64 297.326.28 189,253.65 1,177,555.10 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 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.) . . . . . . . Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) . . . . 100 % 14 14 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 15 100 16a 31/2% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331/3% support test -2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Inspection Employer identification number

Philippi International, Inc. 26-3464879 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☑ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in the (e) If activity listed in (d) is (c) Number of (f) Total (b) Number of offices in the (a) Region region (by type) (such as, a program service, expenditures for employee agents, and independent fundraising, program services, investments, grants to recipients located in the region) describe specific type of service(s) in the region region and investments in the region contractors in the region (1) China, Gansu 0 0 Church Development 38,547 (2) Taiwan 0 0 Leadership Training 5,000 (3) Taiwan 0 0 Church Development 2,422.38 (4)(5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15) (16)(17)Sub-total . . . . . За 45,969.38 **b** Total from continuation sheets to Part I . . . . c Totals (add lines 3a and 3b) 45,969.38

Schedule F (Form 990) 2016

(1) Church Development 38,547Mire Transfer (2) Talwan Leadership Training 5,000Mire Transfer (3) (4) (5) (6) (7) (7) (1) (1) (12) (13) (14)	and it contains the state of th	or rendezin assistande (book, FMV, appraisal, other)
Talwan Leadership Training 5,000Mire Transfer	ά.	Receipts
	<u> </u>	Receipts
(16)		

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

Schedule F (Form 990) 2016

	_		•			
Part	٧	_		S	u	p

Suppl	lemental	Inform	ation
Jubb	icilici iai		MUVII

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 oversees to assist leadership training, community outreach or church development we receive receipts from 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 tirp
to the region we make a personal visit to see the project. Accountability is built into our giving.
·
<i>,</i>

#### 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 20**16** 

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization	Employer identification number
Philippi International, Inc.	26-3464879
Part VI line 9	من مدن ۵۰ شاه در الذو و و دار در من هو من هو من خود من ۳۰ من ۳۰ من ۳۰ من ۳۰ من بات من بات من من من
Daniel L. Williams 1280 Lamont Circle, Dacula, GA 30019	
David R. York, 6405 South 3000 East, Suite 150, Salt Lake City, UT 84121	
David 11. 1011, 0-100 00011 0000 2001, 0010 100, 0011 0010 0111, 0 1 0 1 12 1	### ### ### ### ### ### ### ### ### ##
Steve M. Halley, 1366 E. Murry-Holladay Road, Salt Lke City, UT 84117	ده باحد باحد باحد باحد باحد باحد باحد باحد
Victor Cottrell 4933 S 75th Street, Lincoln, NE 68516-16715	
Part VI line 19 Philippi International, Inc. makes its documents available upon request	
Part VIb line 11 Philippi International, Inc. sends the 990 to the board members for their input and suggestions	prior to mailing the report to the IRS
Part III line 4d	
	### ### WEIGH ### ### ### ### ### ################
Grant of \$198.40 to North Mar Church youth ministry	
Grant of \$54.67 to North Mar Church youth ministry	
Onesh of 2000 to Constant Communications	
Grant of \$800 to Sports Serve youth ministry	· <b></b>
Assist of \$281.12 for Youngstown State University International student orientation and connection	
Assist of \$95.00 to Jack City Dodgers youth outreach	
	ه و هند که در کار در کار در کار کار کار کار کار کار کار کار کار کا
Grant of \$4,000 to Re-Think Faith for community recovery initiative	
Grant of \$4,800 to Focused Community Strategies to impact 46 organizations	
Assist of \$10,694.80 to youth sports leadership development and mentoring	
Assist of \$10,054.00 to your sports readership development and monthing	٣٠ ١٠٠ ١٠٠ ١٠٠ ١٠٠ ١٠٠ ١٠٠ ١٠٠ باف سيد شنق ويو شو ويه چديد ، حو بيد باف جي شد موسست ،
Grant of \$5,000 to Taiwan Alliance Theological College for cross cultural ministry	والمرابعة في المرابعة والمرابعة ومن والقريب والمرابعة في المرابعة والمرابعة والمرابعة والمرابعة والمرابعة
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