	072	, DOO_T	E	Exempt O	rganiza	ation Busin cy tax under	ess	Income	2 <sup>9</sup> Tax	393 Retur	27 n	70	<b>523</b> 2 OMB No 1545-0	0
	Form	990-T									•		2018	3
	Donarto		For cale			ear beginning July Form9907 for instr					19	·		
		tent of the Treasury Revenue Service	▶ Do :			nis form as it may be					1(c)(3).	Ope 501	n to Public Inspec (c)(3) Organization	ction for
	$\overline{\Box}$	Check box if address changed				Check box if name ch					<del></del>	_	r identification n	
		npt under section	<b>.</b>	People of Prai			•		·				es' trust, see instru	
		01( c ) <b>0</b> 3)	Print or			suite no If a P O box	, see in	structions				2	23-7036494	
	40	08(e) 🔲 220(e)	Туре	107 S. Greenla	wn Ave.						1		business activity	code
	☐ 40	08A 🗌 530(a)	,	City or town, sta	te or provinc	e, country, and ZIP or	r foreigr	postal code			(56	ee instri	uctions)	
	52	29(a)		South Bend, II	V 46617								531190	
	C Book at en	value of all assets d of year				(See instructions								
						► ✓ 501(c) cor			01(c) tru		<u> </u>	(a) tru		r trust
				-		rades or busines				_			or first) unrela	
		ide or business					. If o	nly one, con	iplete P	arts I–V. I	f mor	e thar	n one, describ	e the
		st in the blank s ide or business,				us sentence, con	npiete	Parts I and	II, com	ipiete a S	cnea	ule M	for each add	litional
				<u> </u>										
						in an affiliated gro of the parent corp			ildiary co	ontrolled g	roup?		► L Yes L	∐ No
		e books are in c				i the parent corp	oratic		oloobo				4554 554 555	
		Unrelated				Δ		(A) Inco		ne numbe	pense		(574) 234-508 (C) Net	88
	1a	Gross receipts						(A) 11100		(0) 2	pense	•	(0) (10)	1
	b	Less returns and a				c Balance ▶	10							
	2	Cost of goods					2		<del> </del>	<del>                                     </del>				
	3	Gross profit. S			-		3			<del> </del>				<del> </del>
	4a	•					4a		-					<del>                                     </del>
		4aCapital gain net income (attach Schedule D)4abNet gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)4b										<del> </del>		
	C		deduction for trusts											1
	5					(attach statement)	4c							<del> </del>
	6	Rent income (S		•	-		6		<u> </u>					<del>                                     </del>
	7	Unrelated debt					7	132,6	81 00	4	5,607	00	87,074	1 00
	8			•		anization (Schedule F)	8			· · · · ·	3,001			1
	9					ization (Schedule G)	9							
	10	Exploited exem	npt acti	vity income (S	chedule I)		10							
	11	Advertising inc					11							
	12	Other income (S	See insti	ructions; attach	schedule)		12							
	13	Total. Combine					13	132,6	81 00	4	5,607	00	87,074	00
ı	Part					e instructions fo				ns.) (Exce	ept fo	r con	tributions,	
-						with the unrelate					- 1	· · · · · ·		
	14	•				ees (Schedule K)					.	14		ļ.,
	15 16	Salaries and wa	-								. }	15		
•	16 17	Repairs and ma Bad debts .									•	16		<u> </u>
'	18									• • •	.	17		┼
	19										. }	18 19		
	20					· · · · · · · · · · · · · · · · · · ·					. }	20	4,949	<del></del>
	21	Depreciation (a						1	Ι	40,216	. 00	20	8,212	00
	22			•		elsewhere on re				40,216		22b	0	
	23								L	40,210	- 00	23	0	00
	24	Contributions to						<del></del>			·	24	· · ·	
`	25	Employee bene				RECEIV	ED.				<u> </u>	25		<u> </u>
	26	Excess exempt		-				700			.	26		
	27	Excess readers			J) . [39	MAY 2 2 2	020 -				.	27		
	28	Other deductio			[0	ļ		$\alpha$ .			آہے.	28		_
	29	Total deductio	ns. Ad	d lines 14 thro	ugh 28	OCDEN	117	<b>-</b>			28	29	13,161	00
	30											30	73,912	
	31					rs beginning on o		January 1, 20	18 (see	ınstruction	ns) <b>/</b>	31		
-	32					ine 31 from line 3	30 .	<u> </u>			<u>. 31</u>	32	73,912	
F	ror Pa	perwork Reduction	on Act I	Notice, see inst	ructions.			Cat No 11	291J			ı	Form <b>990-T</b>	(2018)

Part I	II T	otal Unrelated Business Taxable Income				
33	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (se	e			
	ınstruc	tions)		33	73,912	00
34	Amoun	ts paid for disallowed fringes		34		
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (se				
	ınstruc	tions)		35		
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from the sui	m			
	of lines	. 33 and 34	SO <sub>2</sub>	36	73,912	00
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions) $\ldots \ldots $	Ŋυ	37	1,000	00
38	Unrela	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6 <sub>0</sub>		-	
	enter th	ne smaller of zero or line 36	$\gamma \wedge$	38	72,912	00
Part I		ay Computation	,		<u> </u>	
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	$\theta$ $\mu$	39	15,312	00
40		Taxable at Trust Rates. See instructions for tax computation. Income tax of	on			
	the am	ount on line 38 from:   Tax rate schedule or  Schedule D (Form 1041)	<b>&gt;</b>	40		
41	Proxy	tax. See instructions	▶	41		
42		tive minimum tax (trusts only)		42		
43	Tax on	Noncompliant Facility Income. See instructions	./	43		
44	Total.	Noncompliant Facility Income. See instructions	な	44	15,312	00
Part '	V T	ax and Payments			·	
45a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a				
b	Other o	credits (see instructions)				
С	Genera	Il business credit. Attach Form 3800 (see instructions)				
d	Credit i	for prior year minimum tax (attach Form 8801 or 8827)				
е		redits. Add lines 45a through 45d	1	45e	0	00
46	Subtra	ot line 4Ee from line 44		46	15,312	00
47	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	18	47		
48	Total t	ax. Add lines 46 and 47 (see instructions)	Y.	48	15,312	00
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	3	49		
50a	Payme	nts A 2017 overpayment credited to 2018	00			
b	2018 e	stimated tax payments	00		İ	
С	Tax de	posited with Form 8868				
d	Foreign	organizations. Tax paid or withheld at source (see instructions) . 50d				
	•	withholding (see instructions)				
		for small employer health insurance premiums (attach Form 8941) . 50f			İ	
g	Other of	credits, adjustments, and payments.   Form 2439				
	☐ Form	n 4136 Other Total ▶ <b>50g</b>			1	
51	Total p	ayments. Add lines 50a through 50g	<b>(</b> 2)	51	20,500	00
		ted tax penalty (see instructions). Check if Form 2220 is attached $\ldots \ldots \ldots \ldots $	以、	\$2		
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	3	53		
	-	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . I	13	54	5,188	00
		e amount of line 54 you want	*	<sup>2</sup> 55	2,688	00
Part \		tatements Regarding Certain Activities and Other Information (see instructions)				
		time during the 2018 calendar year, did the organization have an interest in or a signature o				No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	tor	eign cour	itry .	
	here ▶					✓_
		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	fore	ign trust?	·   _	<u>√</u>
		" see instructions for other forms the organization may have to file.				
_58		ne amount of tax-exempt interest received or accrued during the tax year  \$	. <b>L</b>	a of my less	doden and but	of 12
Sign	true, co	penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the prectinand complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	dge 🖪			
-		1/2/			discuss this reparer shown to	
Here		Je of officer Date Title			ions)? <b>Yes</b>	
		Print/Type preparer's name Preparer's signature Date			PTIN	
Paid		Tropulor 3 digitature		eck Ll if	FIN	
Prepa		Firm's same		-employed		_
Use C	Only	Firm's name		n's EIN ►		
		Firm's address ▶	Pno.	ne no		

Sche	dule A—Cost of Goo	<b>ds Sold.</b> En	ter method of in	ventory va	luation <b>&gt;</b>			,	
1	Inventory at beginning of	of year	1	6	Inventory a	at end of year	6		
2	Purchases	[	2	7	Cost of	goods sold. Subtract			
3	Cost of labor		3		line 6 from	ne 6 from line 5. Enter here and			
4a	Additional section 263	BA costs			ın Part I, Iıı	art I, line 2			
	(attach schedule)		4a	8	Do the ru	o the rules of section 263A (with respect to Yes			
b	Other costs (attach sch	edule)	4b		property produced or acquired for resale) apply				
5	Total. Add lines 1 throu	igh 4b	5	to the organization?					
Sche	dule C-Rent Income	(From Re	al Property and	Personal	Property	Leased With Real Pro	perty)		
(see	instructions)								
1. Descr	nption of property								
(1)									
(2)									
(3)					-				
(4)									_
		2. Rent receiv	ed or accrued						
	m personal property (if the perconal property is more than more than 50%)		(b) From real and percentage of rent for 50% or if the rent is	or personal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			
(1)		-		· · ·					
(2)									
(3)						<del></del>			
(4)									_
Total			Total	<u> </u>					
here an	al income. Add totals of cond on page 1, Part I, line 6, oddle E—Unrelated De	column (A) .	<u>, .</u> ▶	instructions'		(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
<u>ocne</u>	1. Description of deb				ome from or		ced property		
				property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) 431	15 Ralph Jones Court, Sou	ith Bend, IN 4	6628		209,172	40,216	j	31,	684
(2)									
(3)									
(4)		<del></del>							
	Amount of average     acquisition debt on or     locable to debt-financed     roperty (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6. Co 4 div by col	rided	7. Gross income reportable (column 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	I of colum	
(1)	315,940		498,079		63.43% %	132,681		45,607	1.32
(2)					%		Ī		
(3)					%				_
(4)					%				
						Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, c		
Totals					. •	132,681		45,	<u>607</u>
Total d	ividends-received deducti	ions included	ın column 8			<b>.</b>	.1	87,	074
							Form 9	90-T (2	018)

Schedule F-Interest, Annu	ities, Royalties,	and Ren	its From	Controlled Or	ganizations (se	e instruc	tions)	
				Organizations	(00		<u>,</u>	
Name of controlled organization	2. Employer identification number	3. Net unre	elated income instructions)	<u> </u>	5. Part of column 4 that is included in the controlling organization's gross income		conn	eductions directly ected with income in column 5
(1)							<del> </del>	
(2)	<del></del>			-			<del> </del>	
(3)							<del> </del>	
							<u> </u>	
(4) Nonexempt Controlled Organization	ations	<u> </u>						<del></del>
Nonexempt Controlled Organiza	alions	-			<del></del>			
7. Taxable Income	8. Net unrelated in (loss) (see instruct			ital of specified yments made	included in the	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly cted with income in column 10
(1)					·	***		•
(2)						-	<u> </u>	
(3)								
(4)							<b>!</b>	
Totals					Add columns 8 Enter here and 6 Part I, line 8, co	on page 1, olumn (A)	Enter I Part I	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment Ir	ncome of a Sect	ion 501(	c)(7), (9),	or (17) Organ	ization (see ins	tructions)		
1. Description of income	2. Amount of		3. direc	Deductions otly connected ach schedule)	4. Set-aside (attach sched	s	<b>5.</b> To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)						- 1		<del></del>
(3)								
(4)		_	· · · · · · · · · · · · · · · · · · ·					<del></del> -
Totals	Enter here and Part I, line 9, c	olumn (A).						re and on page 1, ne 9, column (B)
Schedule I—Exploited Exer	mpt Activity Inco	me, Otl	ner Than	Advertising Ir	icome (see inst	ructions)		<u>,                                     </u>
Description of exploited activity	2. Gross unrelated business incor from trade o business	me conn r prod	expenses directly lected with duction of lirelated less income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)							_	
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col (A	l, page	here and on e 1, Part I, l0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	come (see instruc	tions)					and a service of a	·
Part I Income From Pe			Consolio	dated Basis			_	*****
		1		4. Advertising				7. Excess readership
1. Name of penodical	2. Gross advertising income		Direct	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reade cost		costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)		. ]						建筑金额河
Totals (carry to Part II, line (5)) .	. ▶							

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through 7 on a line-	Dy-III le Dasis.)					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	·					
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>		<b>於於於國際於於</b>			

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>.</b>	

Form **990-T** (2018)

## People of Praise, Inc.

## Form 990T

Fiscal Year Ended June 30, 2019

		Warehouse - 4315 Ralph Jones Dr. South Bend, IN							
		Building &	Accum.	Net					
	Land	Equipment	Depreciation	Book Value					
July 1, 2018	\$58,100	\$1,266,808	\$805,486	\$519,422					
June 30, 2019	\$58,100	\$1,266,808	848,171	\$476,737					
			Avg Adj Basis = Sched E , column 5	\$498,079					
Warehouse - 4315 Ralph Jones Drive Debt Financed property									
	Principal	Mortgage	Investment Bal	Refinance Bal					
Date	Paid	Balance							
Date Prev. Balance	Paid	Balance 722,156.14	347,156.14	\$375,000.00					
	Paid \$4,730.09		347,156.14 342,426.05	\$375,000.00 \$375,000.00					
Prev. Balance		722,156.14	•	•					
Prev. Balance July	\$4,730.09	722,156.14 717,426.05	342,426.05	\$375,000.00 \$375,000.00					
Prev. Balance July August	\$4,730.09 4,748.14	722,156.14 717,426.05 712,677.91	342,426.05 337,677.91	\$375,000.00					
Prev. Balance July August September	\$4,730.09 4,748.14 4,766.25	722,156.14 717,426.05 712,677.91 707,911.66	342,426.05 337,677.91 332,911.66	\$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October	\$4,730.09 4,748.14 4,766.25 4,697.99	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67	342,426.05 337,677.91 332,911.66 328,213.67	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October November	\$4,730.09 4,748.14 4,766.25 4,697.99 4,803.02	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67 698,410.65	342,426.05 337,677.91 332,911.66 328,213.67 323,410.65	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October November December	\$4,730.09 4,748.14 4,766.25 4,697.99 4,803.02 4,907.29	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67 698,410.65 693,503.36	342,426.05 337,677.91 332,911.66 328,213.67 323,410.65 318,503.36	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October November December January	\$4,730.09 4,748.14 4,766.25 4,697.99 4,803.02 4,907.29 4,840.06	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67 698,410.65 693,503.36 688,663.30	342,426.05 337,677.91 332,911.66 328,213.67 323,410.65 318,503.36 313,663.30	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October November December January February	\$4,730.09 4,748.14 4,766.25 4,697.99 4,803.02 4,907.29 4,840.06 4,858.53	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67 698,410.65 693,503.36 688,663.30 683,804.77	342,426.05 337,677.91 332,911.66 328,213.67 323,410.65 318,503.36 313,663.30 308,804.77	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					
Prev. Balance July August September October November December January February March	\$4,730.09 4,748.14 4,766.25 4,697.99 4,803.02 4,907.29 4,840.06 4,858.53 5,045.66	722,156.14 717,426.05 712,677.91 707,911.66 703,213.67 698,410.65 693,503.36 688,663.30 683,804.77 678,759.11	342,426.05 337,677.91 332,911.66 328,213.67 323,410.65 318,503.36 313,663.30 308,804.77 303,759.11	\$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00 \$375,000.00					

\$315,940 Schedule E, column 4

\$58,143.09

Debt Finance Ratio

63.43%

12

\$3,791,276.62

Sched 3. B.

Other Deductions -	Interest Expense	\$ 31.684

9,013,433