

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2001Open to Public
Inspection**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print on type. See Specific Instructions

C Name of organization**PEOPLE IN NEED, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

274 N. SANDUSKY STREET

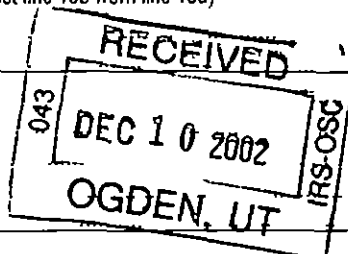
City or town, state or country, and ZIP + 4

DELAWARE, OH 43015-7062**D** Employer identification number**31-1019655****E** Telephone number**740-363-6284****F** Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **280,137.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	120,303.	
	b Indirect public support	1b	139,965.	
	c Government contributions (grants)	1c	16,702.	
	d Total (add lines 1a through 1c) (cash \$ 233,840. noncash \$ 43,130.)			1d 276,970.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3 Membership dues and assessments			3
	4 Interest on savings and temporary cash investments			4 3,167.
	5 Dividends and interest from securities			5
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7 Other investment income (describe ▶)			7
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11 Other revenue (from Part VII, line 103)			11
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 280,137.
Expenses	13 Program services (from line 44, column (B))			13 206,893.
	14 Management and general (from line 44, column (C))			14 43,769.
	15 Fundraising (from line 44, column (D))			15
	16 Payments to affiliates (attach schedule)			16
	17 Total expenses (add lines 16 and 44, column (A))			17 250,662.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 29,475.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 154,534.
	20 Other changes in net assets or fund balances (attach explanation)			20 0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 184,009.

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LHA For Paperwork Reduction Act Notice, see the separate instructions 1

Form 990 (2001)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ noncash \$	22			
23 Specific assistance to individuals (attach schedule)	23 126,746.	126,746.	Statement 1	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 38,759.	27,131.	11,628.	0.
26 Other salaries and wages	26 47,985.	35,097.	12,888.	
27 Pension plan contributions	27 1,627.	1,167.	460.	
28 Other employee benefits	28 9,218.	6,613.	2,605.	
29 Payroll taxes	29 6,663.	4,780.	1,883.	
30 Professional fundraising fees	30			
31 Accounting fees	31 2,250.		2,250.	
32 Legal fees	32			
33 Supplies	33 2,503.		2,503.	
34 Telephone	34 2,048.	1,107.	941.	
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 3,525.	1,194.	2,331.	
38 Printing and publications	38 410.		410.	
39 Travel	39			
40 Conferences, conventions, and meetings	40 1,256.		1,256.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 1,406.		1,406.	
43 Other expenses not covered above (itemize)				
a DUES & SUBRIPTIONS	43a 833.		833.	
b UTILITIES	43b 4,141.	3,058.	1,083.	
c INSURANCE	43c 1,292.		1,292.	
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43)	44 250,662.	206,893.	43,769.	0.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

FOOD & EMERGENCY SERVICES FOR THE NEEDY

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PROGRAMS PROVIDE CLOTHING, FOOD, MEDICAL AND DENTAL, SHELTER AND OTHER SERVICES FOR NEEDY INDIVIDUALS AND FAMILIES IN DELAWARE COUNTY.				
	(Grants and allocations \$)			206,893.
b				
	(Grants and allocations \$)			
c				
	(Grants and allocations \$)			
d				
	(Grants and allocations \$)			
e Other program services (attach schedule)	(Grants and allocations \$)			
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				206,893.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,271.	45	2,407.
	46 Savings and temporary cash investments	148,371.	46	176,818.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	☐ Cost ☐ FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a 11,380.		
	b Less accumulated depreciation	55b 5,496.	5,466.	55c 5,884.
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe ☐)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	157,108.	59	185,109.	
Liabilities	60 Accounts payable and accrued expenses	2,574.	60	1,100.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ☐)		65	
66 Total liabilities (add lines 60 through 65)	2,574.	66	1,100.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	154,534.	67	184,009.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	154,534.	73	184,009.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	157,108.	74	185,109.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Yes	No
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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,167.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,167.	0.
105 Total (add line 104, columns (B), (D), and (E))					3,167.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, and I am not aware of any information of which the preparer has any knowledge.

Date

KEVIN JAMES CROWLEY
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

PEOPLE IN NEED, INC.

Employer identification number

31 1019655

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))
- Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	235,611.	235,611.	218,643.	198,370.	888,235.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,963.	6,963.	3,674.	2,620.	20,220.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			See Statement 2	535.	535.
23 Total of lines 15 through 22	242,574.	242,574.	222,317.	201,525.	908,990.
24 Line 23 minus line 17	242,574.	242,574.	222,317.	201,525.	908,990.
25 Enter 1% of line 23	2,426.	2,426.	2,223.	2,015.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					18,180.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1,820.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					908,990.
d Add: Amounts from column (e) for lines 18 <u>20,220.</u> 19 <u> </u> 22 <u>535.</u> 26b <u>1,820.</u>					22,575.
e Public support (line 26c minus line 26d total)					886,415.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.5165%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					None

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2001

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ If the organization belongs to an affiliated groupCheck ☐ b ☐ If you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

N/A

N/A

Schedule A (Form 990 or 990-EZ) 2001

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

PEOPLE IN NEED, INC.

Employer identification number

31-1019655

Organization type (check one)

Filers of:

Section

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

PEOPLE IN NEED, INC.

31-1019655

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2		\$ 129,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990	Specific Assistance to Individuals	Statement	1
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Description	Amount
CHRISTMAS CLEANING HOUSE	9,419.
Food, shelter and clothing for indigents, etc.	81,721.
Medical, dental and hospital expenses provided	35,606.
Total to Form 990, Part II, line 23	126,746.

Schedule A	Other Income	Statement	2
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Description	2000 Amount	1999 Amount	1998 Amount	1997 Amount
MISC. REVENUES	0.	0.	0.	535.
Total to Schedule A, line 22	0.	0.	0.	535.

PEOPLE IN NEED, INC

BOARD OF DIRECTORS

2002 - 2003

EXECUTIVE OFFICERS

Randy Bournique, President

321 N. Parkway Dr.
Delaware, Ohio 43015
(H) 548-5734 (O) 614-644-2013

William de Jonge, Vice-President

504 E. Central Ave.
Delaware, Ohio 43015
(H) 363-5964

Kevin James Crowley, CEO

274 N. Sandlusk St.
Delaware, Ohio 43015
(740) 363-6284

James Newton, Treasurer

147 N. Washington St.
Delaware, Ohio 43015
(H) 363-7489

Mary Kay Love, Secretary

4 Mason Court
Delaware, Ohio 43015
(H) 369-4235

Vicki Cortez

36 Rockcreek Drive
Delaware, Ohio 43015
(H) 369-9934 (O) 833-2614

Scott Rice

3745 Bluff Drive
Lewis Center, Ohio 43035
(H) 528-2311 (O) 548-6346

Fereshteh Hale

32 Hedgerow Lane
Delaware, Ohio 43015
(H) 363-0435 (O) 368-1700

Mae Shafer

6650 Kilbourne Road
Sunbury, Ohio 43074
(H) 524-3465

Martyn C. Hemans

740 River Oaks Drive
Delaware, Ohio 43015
(H) 369-3045 (O) 614-457-6233

Margaret Toth

341 Euclid Avenue
Delaware, Ohio 43015
(H) 369-5893 (O) 363-1531

Donald R. Larsen

248 Kensington Drive
Delaware, Ohio 43015
(H) 369-7879 (O) 362-3172

Sarah M. Wilson

5415 South Old State Road
Lewis Center, Ohio 43035
(H) 548-6344

Freda Lockhart

7330 Lewis Center Road
Westerville, Ohio 43082
(H) 965-2195

Gregory T. Wolf

1410 Stratford Road
Delaware, Ohio 43015
(H) 363-5632 (O) 363-1846

Roxann Newton

147 North Washington St.
Delaware, Ohio 43015
(H) 363-7409 (O) 614-341-6330

Depreciation Report

Accounting Book

PEOPLE IN NEED, INC 31-1019655
Reporting Period July 1, 2001 to June 30, 2002

* Current Amount
+/-s/b Reduced by ITC/
Salvage Value/Both
F/P Full/Partial Retirement

Asset ID	Description	Placed In Service	Life	Method/ Convention	Cost	Section 179	Depreciable Basis	Depreciation		Accumulated
								Prior	Current	
00151	LEASEHOLD IMPROVEM	09/30/1996	10y 0m	SL / AM	1,072 70	0 00	1,072 70	509 44	107 27	616 71
00201	COMPUTER	05/20/1996	5y 0m	SL / AM	2 666 00	0 00	2,666 00	2,666 00	0 00	2,666 00
00203	SCANNER	02/18/1998	5y 0m	SL / AM	319 00	0 00	319 00	215 29	63 80	279 09
00205	SAFE	11/15/1998	7y 0m	SL / AM	260 00	0 00	260 00	99 04	37 14	136 18
00206	Printer	12/31/1999	5y 0m	SL / AM	483 94	0 00	483 94	145 18	96 79	241 97
00207	Fax Machine	07/19/2000	7y 0m	SL / AM	399 50	0 00	399 50	52 32	57 07	109 39
00208	Gateway Comouter & HP	09/11/2000	5y 0m	SL / AM	1,581 00	0 00	1,581 00	263 50	316 20	579 70
00209	Gateway Comouter & HP	03/22/2001	5y 0m	SL / AM	2,772 67	0 00	2,772 67	138 63	554 53	693 16
00210	Phone System	10/15/2001	7y 0m	SL / AM	1,208 70	0 00	1,208 70	0 00	129 50	129 50
00211	5 File Cabinets	01/15/2002	7y 0m	SL / AM	615 00	0 00	615 00	0 00	43 93	43 93
Grand Total for PEOPLE IN NEED, INC					11,378 51	0 00	11,378 51	4,089 40	1,406 23	5,495 63
Beginning Balances					9,554 81	0 00	9,554 81	4,089 40	1,232 80	5,322 20
Asset Additions					1,823 70	0 00	1,823 70	0 00	173 43	173 43
Asset Retirement					0 00	0 00	0 00	0 00	0 00	0 00
Ending Balances					11,378 51	0 00	11,378 51	4,089 40	1,406 23	5,495 63

Total Number of Assets on Report: 10