518000 07/18/2014 5:34 PM Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Duvall and ASSOCIATION Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

<u>A</u>	For the 2013 c	lendar year, or tax year beginning		, and ending					
В	Check if applicable:	C Name of organization					D Emplo	yer identii	fication number
	Address change	CHILDREN OF	PROMISE	INTERNAT:	IONAL				
H	Name change	Doing Business As					43-	-102	7276
	ivame change	Number and street (or P.O. box if mail is not delivered to s	street address)			Room/suite		one numbe	***************************************
	Initial return	6844 LOOP ROAD			į.		888	3-66	7-7426
	Terminated	City or town, state or province, country, and ZIP or foreign	postal code						
\Box	A	CENTERVILLE	OH 454	50-2150			- 0	· · · · · ·	1 240 045
\sqsubseteq	Amended return	F Name and address of principal officer:	ON 404	J9-Z1J9			G Gross rec	eipts \$	1,240,045
	Application pending	ROBERT ENGIMANN				H(a) Is this a gro	up return for s	ubordinates	? Yes X No
						11/5			Yes No
		6844 LOOP RD		E450 015	•	H(b) Are all sub			
		CENTERVILLE	OH 4	5459-215	9	if "No,"	attach a list.	see instruc	ctions)
<u> </u>	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (inse	ert no.)	4947(a)(1) or	527				
J	Website: ▶ W	WW.PROMISE.ORG				H(c) Group exer	·	>	
к	Form of organization:	X Corporation Trust Association	Other >		L Ye	ar of formation: 1	973	м State	of legal domicile: OH
∴P	arti Su	nmary							
	1 Briefly de	cribe the organization's mission or most signifi	icant activitie	es:					
a		CUPDITE O							
ä		Ÿ							
& Governance									*************
λe	2 Check thi	box ▶ if the organization discontinued its	onerations	or disposed of m	ore than 25% (of its net assets			
Ö		voting members of the governing body (Part \	-					5	
യ് ഗ	1							5	
ţį	4 Number o	independent voting members of the governing	g body (Part	vi, iiile (b)	• • • • • • • • • • • • • • • • • • • •		. 4	0	
Activities		per of individuals employed in calendar year 20	J13 (Paπ V,	line 2a)				6	
Ą								<u> </u>	
		ated business revenue from Part VIII, column							0
	b Net unrela	ed business taxable income from Form 990-T	, line 34		····		. 7b		0
		1 (D 1)/(II F 41)			ļ	Prior Yea			Current Year
ne	8 Contributi	ns and grants (Part VIII, line 1h)				1,173	3,310		1,240,013
Revenue	9 Program	ervice revenue (Part VIII, line 2g)					- 00		0
Š	10 Investmer	income (Part VIII, column (A), lines 3, 4, and				92		32	
_		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c,							0
		ue – add lines 8 through 11 (must equal Part				1,173			1,240,045
	13 Grants an	similar amounts paid (Part IX, column (A), lin	es 1–3)			1,086	5,586		1,064,879
	1	iid to or for members (Part IX, column (A), line							0
Si		her compensation, employee benefits (Part IX							0
nse	16a Profession	al fundraising fees (Part IX, column (A), line 11	1e)						0
Expenses		aising expenses (Part IX, column (D), line 25)	L		Δ h.:.				
ш	17 Other exp	nses (Part IX, column (A), lines 11a–11d, 11f-				42	,764		32,988
		nses. Add lines 13–17 (must equal Part IX, col				1,129	,350	1	1,097,867
	19 Revenue	ess expenses. Subtract line 18 from line 12					,112		142,178
် မိ						Beginning of Curr	ent Year		End of Year
Net Assets or Fund Balances	20 Total asse	s (Part X, line 16)				283	,037		424,357
d Be	21 Total liabil	ies (Part X, line 26)					993		135
필	22 Net assets	or fund balances. Subtract line 21 from line 20)			282	,044		424,222
Þ		nature Block							
Un		rjury, I declare that I have examined this return, inc	duding accom	panying schedules	and statements	and to the best	of my know	ledge an	d helief it is
		plete. Declaration of preparer (other than officer) is	-						
	A								
Sig	n Si	nature of officer		· · · · · · · · · · · · · · · · · · ·			Date	·	
_	1 .	ROBERT ENGIMANN			PRESID	r Nitr			
ler	1227	e or print name and title			LINIOID				
			nararis sia-st			Date	T	<u> </u>	PTIN
اد: و (parer's signature				Check	□"	TIN
aid	Directo 1					07/18/	14 self-emp		200081763
•	parer Firm's nam			NC.		Fin	n's EIN	31-	-1182600
ise	Only	301 W 1ST ST STE							
	Firm's addi						one no.	937-	-228-4272
/lay	the IRS discuss	his return with the preparer shown above? (se	e instruction	s)					Yes No

Form	1 990 (2013) CHILDREN OF PROM	ISE INTERNATIONAL	43-1027276	Page 2
-Juntoniande	statement of Program Serv			[]
		s a response or note to any line	in this Part III	X
	Briefly describe the organization's mission:			
S	SEE SCHEDULE O			
			,	
	Didd in the second of the seco	and the year which	vers not listed on the	
2	, ,			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Sched			
3	Did the organization cease conducting, or make		any program	
J	services?			Yes X No
	If "Yes," describe these changes on Schedule C			
4	Describe the organization's program service ac		est program services, as measured	by
	expenses. Section 501(c)(3) and 501(c)(4) orga			
	the total expenses, and revenue, if any, for each			
		78,305 including grants of \$		
C E T W	EXCLUSIVELY AND THROUGH ORPHANS IN 72 HOMES IN FROVIDED FEEDING AND NUTHANTIAN ASSISTANCE PROGRATIOR CARE OF HUNDREDS OF TORKERS ENGAGED IN CARING FOOR. THE ORGANIZATION AND REHALE OF ORPHANS AND	OREIGN COUNTRIES. I RITION PROGRAMS, FR MS. THE ORGANIZATIO WIDOWS, AS WELL AS G FOR ORPHANS, WIDO LSO ENGAGES IN ADVO	N ADDITION, THE O EE SCHOOLS, HIGHE N ALSO PROVIDED A SUPPORT FOR MISSI WS, DESTITUTE CHI	RGANIZATION R EDUCATION AND SSISTANCE FOR ONARIES AND LDREN, AND THE
С	N BEHALF OF ORPHANS AND	WIDOWS.		
4h	(Code:) (Expenses \$	including grants of \$) (Reven	ue \$
	(Code:) (Expenses +	*		
				,
			,	
4c	(Code:) (Expenses \$	including grants of \$) (Reven	ue \$
	(· · · · · · · · · · · · · · ·			
	*			
	Other program services (Describe in Schedule	0.)		
4d	Other program services. (Describe in Schedule (Expenses \$ inclu	O.) uding grants of \$) (Revenue \$)

P	art IV: Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			T
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	İ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			T
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			T
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
Ū	accordate Cabadeda D. Darf III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7.00		
11				
_	VII, VIII, IX, or X as applicable.	1000000	1414141414141414141414141	10000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	144-	Х	
	complete Schedule D, Part VI	11a	Λ	
b		445		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				**
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ì	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		İ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	Х	
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	Х	
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		X
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg \uparrow$	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	250 2 ma 250 organization ettach a copy of the dedictor interiorial ettachments to this fetame.		. 990	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 so, complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part II Х 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, Х or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O. 38

Form 990 (2013) CHILDREN OF PROMISE INTERNATIONAL 43

Part Vo. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part \	<i>l</i>				
		ا م ا	0	paren	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			3.000		40000
	reportable gaming (gambling) winnings to prize winners?			1c		1000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	0			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b		10000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	'				1000
2.0	Dilli			3a		Х
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O					1-2
_	At any time during the calendar year, did the organization have an interest in, or a signature or other aut				 	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	00			4a		x
b	16 West and the same of the foreign country				2000	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac					
5a				۔ ا		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				1	Х
c	14794 N. H. W. W. W. H. W. H. W. F. F. DOOD TO			5c	†	<u> </u>
6a	If "Yes" to line 5a or 5b, did the organization file Form 8885-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Ju				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				<u> </u>	
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conti	act?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as	required?	7g		X
h,	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a F	orm 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?					<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. 1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 19	041?		12a		
b	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.					
а				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	1 1				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?					<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			146		

X

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	ction A. Governing Body and Management				Т	Т
		1		المراجعين ا	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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.		_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5	<u>—8388</u>		
2	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	<u> </u>	X
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	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			. 5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		İ
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the fo	ollowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Inte	rnal Re	evenue C	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?		11a	Х	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			4.4		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				3333	
	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		
Sec	tion C. Disclosure					
17	NONE	 	.,	.,	***************************************	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(
, 0	available for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*/			
	Own website Another's website X Upon request Other (explain in Schedule 0)					
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	nolicy o	nd			
19		policy, 8	ind			
20	financial statements available to the public during the tax year.	_				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT ENGIMANN 6844 LOOP ROAD	-				
-	OTT AF A	50-2	150 20	88-66	7-7	126
CE	ENTERVILLE OH 454) J ~ L -	00	טט טיי	, , , ,	2 K U

Section A.

Form 990 (2013) CHILDREN OF PROMISE INTERNATIONAL 43-1027276

.7276 Page **7**

Part VII	Compensation of Officers, Directo	s, Trustees	, Key Employees,	Highest	Compensated E	Employees, an	ıd
	Independent Contractors						

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

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.

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	bo	ox, unl	Pos check ess pe ind a c	erson i	than one s both a r/trustee	n :)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1080-MIGO)	organization and related organizations
(1) T.C. RICHARDSON	4 00									
DIRECTOR	1.00	x						0	0	o
(2) JOHN WENDT		1								
CITATOMAN	1.00			x				0	o	0
CHAIRMAN (3) GERALD O. TANSKY				^				<u> </u>	0	0
VICE-CHAIRMAN	1.00			x				0	0	0
(4) WILSON COHHON										
SECRETARY	1.00 0.00			Х				0	0	. 0
(5) ROBERT J. ENGIMA									:	
PRESIDENT	15.00 0.00			х				0	0	0
(6)										:
(7)									_	
·										
(8)										
(9)										
(10)							1			
(11)				\neg		\neg	\dashv			
										000

	<u>新作い用:</u> Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	((bi	do not ox, unl	Po: check less pe and a c	C) sition more erson directo	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(12)												
(13)												
(14)										·		
(15)												-
(16)												
(17)												
(18)												
(19)												
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (included reportable compensation from the substitution of t	ts to Part VII, Se	e ctio iited	n A				▶ Ve) v	vho received more than \$10	0,000 in		
3	Did the organization list any for employee on line 1a? If "Yes," c							loye	e, or highest compensated		3333 (3333 (3)	X Vo
4	For any individual listed on line organization and related organizindividual	zations greater th	an \$	150,6	000?	If "Y	'es,"	com	nd other compensation from plete Schedule J for such		4 2	X
5	Did any person listed on line 1a for services rendered to the organization.	receive or accrue	e cor	nper	satio	on fro	om ar	า y ur	nrelated organization or indi	vidual	5 Z	X
Secti 1	ion B. Independent Contractors Complete this table for your five		sater	d inde	enen	idenf	conf	racto	ors that received more than	\$100 000 of		•
	compensation from the organiza	ition. Report com							ear ending with or within th	e organization's tax year.	(C)	****
	Name and b	(A) pusiness address	····						Description	(B) on of services	(C) Compensation	waters
					······································							-
2	Total number of independent col received more than \$100,000 of							se lis	sted above) who	0		

Form 990 (2013) CHILDREN OF PROMISE INTERNATIONAL 43-1027276 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue (A) Total revenue exempt business excluded from tax function revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) ... 1e f All other contributions, gifts, grants, and similar amounts not included above 1,240,013 1f g Noncash contributions included in lines 1a-1f: 1,240,013 h Total, Add lines 1a-1f. Program Service Revenue Busn. Code f All other program service revenue g Total. Add lines 2a-2f ... Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ... 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a

1,240,045

0

d All other revenue

e Total. Add lines 11a-11d

Statement of Functional Expenses

_					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	. (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	1,064,879	1,064,879		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	- 15 for all All Hills Annual			
6	Compensation not included above, to disqualified				
	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				
11	Fees for services (non-employees):				
a	······· [
	Legal	5,000		5,000	
C	1.11	3,000		3,000	
d	~ ~				
e f	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25; column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4,013		4,013	
14	Information technology	-, -, -, -, -, -, -, -, -, -, -, -, -, -		1,010	
15	Royalties				
16	Occupancy				
17	Travel	54		54	
18	Payments of travel or entertainment expenses				The second secon
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	425		425	
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.)				
a	HEALTH INSURANCE	11,506	11,506		
b	BANK CHARGES	6,622	1,920	4,702	
c	REGISTRATION FEES	3,705		3,705	
d	MAINTENANCE	1,663		1,663	
	All other expenses	1 007 00-	1 050 00=	d /v =	
25	Total functional expenses. Add lines 1 through 24e	1,097,867	1,078,305	19,562	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 283,037 424,357 Cash—non-interest bearing 2 2 Savings and temporary cash investments _____ 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. 5 Complete Part II of Schedule L 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,987 10a 2,987 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 283,037 424,357 16 16 993 17 135 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 993 135 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 48,418 104,853 Unrestricted net assets 27 319,369 Temporarily restricted net assets 233,626 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 282,044 424,222 33 33 Total net assets or fund balances

> 424,357 Form 990 (2013)

283,037

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b 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.

the Single Audit Act and OMB Circular A-133?

Form **990** (2013)

3a

X

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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

			CHILDREN OF	' PROMISE	INTERNA	TION	YL			43	-102	27276		
P	art l	∰ Reas	son for Public Charit	y Status (All o	rganizations	must c	omplete	this p	art.) Se	e inst	ruction	าร.		
The	orga	nization is not	t a private foundation becaus	se it is: (For lines 1	through 11, ch	neck only o	one box.)							
1		A church, co	onvention of churches, or as	sociation of church	es described in	n section	170(b)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1))(A)(ii). (Attach Sch	nedule E.)									
3		A hospital or	r a cooperative hospital serv	ice organization de	escribed in sec	tion 170(l	o)(1)(A)(i	ii).						
4		A medical re	esearch organization operate	ed in conjunction w	ith a hospital d	escribed i	section	170(b)(1)(A)(iii)	. Enter	the hosp	oital's name,		
		city, and stat	te:	·										
5			tion operated for the benefit	of a college or univ	versity owned o	or operated	by a gov	vernmen	tal unit d	escribe	d in			
	ш	•	(b)(1)(A)(iv). (Complete Par	_	•	·	, ,					,		
6			ate, or local government or g	•	described in se	ction 170	(b)(1)(A)	(v).						
7	X		tion that normally receives a						m the ae	eneral p	ublic			
-		-	section 170(b)(1)(A)(vi). (0			. 5			. 0	'				
8			y trust described in section		Complete Part	fl.)								
9	\vdash		tion that normally receives: (ntribution	s memb	pership f	ees and	d aross			
•	ш	_	n activities related to its exer	•							-			
		•	gross investment income a		-	•								
			the organization after June 3			,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10			tion organized and operated				•							
11	H	•	ion organized and operated	-	•	-			carry or	ıt the				
• •	ш	~	one or more publicly support	•					-		ction			
			heck the box that describes	•										
		a Type			pe III-Function			d			on-functi	ionally integra	ated	
е	\Box		this box, I certify that the org		•							ioriany micogra	itou	
•	ш	,	undation managers and other		•									
		or section 50	· ·								-(-)(-)			
f			ation received a written dete	ermination from the	IRS that it is a	Type I. T	vpe II. or	Type III :	supportir	na				
•		_	check this box				, ,	. 7		.5				[7]
g			t 17, 2006, has the organiza	tion accepted any	aift or contribut	ion from a	nv of the							. L.
9		following per	· · ·		g o. oo		,							
			n who directly or indirectly co	ontrols either alone	e or together w	ith person	s describ	ed in (ii)	and				Yes	No
			w, the governing body of the									11g(i)		
			member of a person describ									11g(ii		1
			controlled entity of a person of		ii) above?							11g(ii		
h			following information about t										21	
	Name	of supported	(ii) EIN	(iii) Type of o		(iv) is the	organization	(v) Did	you notify	(vi)	Is the	(vii) Amoun	of mon	etarv
(-)		anization	(,	(described o		1	isted in your	the orga	nization in	organiza	tion in col.		port	
				above or IR		governing	document?		of your port?		ized in the S.?			
				(see instru	uctions))	Yes	No	Yes	No	Yes	No			
—— А)								<u> </u>						
,														
B)						1	†	 		<u> </u>				
Δ,														
C)						-			 	 	 			
U ,														
D)						 		<u> </u>	 	 				
<i>-</i>)														
E)					***************************************	+		 	<u> </u>	<u> </u>				
E)														
						100000	40000	50000					***************************************	
·														

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,134,460	1,072,964	1,090,804	1,173,370	1,240,013	5,711,611
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,134,460	1,072,964	1,090,804	1,173,370	1,240,013	5,711,611
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	[::::::::::::::::::::::::::::::::::::::	······				5,711,611
	tion B. Total Support	T					
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,134,460	1,072,964	1,090,804	1,173,370	1,240,013	5,711,611
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161	76	13	92	32	374
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20					20
11	Total support. Add lines 7 through 10						5,712,005
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2013 (line 6,	column (f) divided by	y line 11, column (f))		14	99.99%
15	Public support percentage from 2012 Scheo	dule A, Part II, line 1	4			15	99.79%
16a	33 1/3% support test-2013. If the organize	zation did not check	the box on line 13	, and line 14 is 33 1	/3% or more, check	this	
	box and stop here. The organization qualifi						▶ X
b	33 1/3% support test—2012. If the organization	zation did not check	a box on line 13 or	r 16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organiza		. , ,				▶
17a	10%-facts-and-circumstances test-201						
	10% or more, and if the organization meets		•				
	Part IV how the organization meets the "fact	ts-and-circumstance	s" test. The organi	zation qualifies as a	a publicly supported	i	
	organization						▶ □
b	10%-facts-and-circumstances test—201	-				Э	
	15 is 10% or more, and if the organization n						
	Explain in Part IV how the organization mee	ts the "tacts-and-cire	cumstances" test.	The organization qu	latities as a publicly		. []
8	Private foundation. If the organization did	not check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check to	his box and see		. [
··········	instructions						

Page 3

Schedule A (Form 990 or 990-EZ) 2013 CHILDREN OF PROMISE INTERNATIONAL Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	**************************************					
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						***
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from						
200	line 6.) tion B. Total Support	Income and a second					
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2003	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	·					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						SIAMANANA AND AND AND AND AND AND AND AND AN
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						🕨 📗
Sect	ion C. Computation of Public Su			····			
5	Public support percentage for 2013 (line 8,	column (f) divided b	by line 13, column (f))		15	%
6	Public support percentage from 2012 Sched						%
	ion D. Computation of Investmen						
7	Investment income percentage for 2013 (lin		E 47			1 40	%
8 9a	Investment income percentage from 2012 S 33 1/3% support tests—2013. If the organ			1 and line 15 is me			%
Jđ	17 is not more than 33 1/3%, check this box				•		>
b	33 1/3% support tests—2012. If the organ	•					······
	line 18 is not more than 33 1/3%, check this						> []
0	Private foundation. If the organization did						>

Schedule A (Form 99	90 or 990	-EZ) 20	13 C F	HILDR	REN OF	PRO	MISE	INTER	OITAN	NAL	43-10	27276	Page 4
Part IV	Su	ppleme	ental li	nformat	tion. Pr	rovide th	ne expla	nations	required	d by Part	II, line 10 See instr	D; Part II, li	ne 17a or	17b; and
									iai iiiioii	nation. (occ msu	uctions).		
PART	II.,	LINE	10	- OTI	ER I	NCOME	DETA	7IL						* * * * * * * * * * * * * * * * * * * *
OTHER	INC	OME						\$		20				
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

CHILDREN OF PROMISE INTERNATIONAL 43-1027276 Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization 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 X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047 2013 Open to Public. Inspection

Name of the organization

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

lame of the organization		Employer identification number
CHILDREN OF PROMISE INTERNATION	JAL	43-1027276
	vised Funds or Other Similar Funds or A	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		·
5 Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
funds are the organization's property, subject to the organiza	tion's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpose	
conferring impermissible private benefit?	<u> </u>	Yes No
Part It Conservation Easements. Complete if the organization answered	'Yes" to Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organizat		
Preservation of land for public use (e.g., recreation or ed		portant land area
Protection of natural habitat	Preservation of a certified historic	c structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a conserva	ation
easement on the last day of the tax year.		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic stre	ucture included in (a)	2c
d Number of conservation easements included in (c) acquired a		
historic structure listed in the National Register		2d
3 Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organization	n during the
tax year 🕨		
4 Number of states where property subject to conservation eas	ement is located	
5 Does the organization have a written policy regarding the per		
violations, and enforcement of the conservation easements it		
6 Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements during the year	•
7 Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the year	
> \$:	(1.6.4)	
8 Does each conservation easement reported on line 2(d) abov		□ vaa □ Na
(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation		Yes No
balance sheet, and include, if applicable, the text of the footnotest		
organization's accounting for conservation easements.	ote to the organization's financial statements that desc	ribes trie
	s of Art, Historical Treasures, or Other S	Similar Assets
Complete if the organization answered "		······································
1a If the organization elected, as permitted under SFAS 116 (AS	•	
works of art, historical treasures, or other similar assets held	for public exhibition, education, or research in furthera	nce of
public service, provide, in Part XIII, the text of the footnote to		
b If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and balance	sheet
works of art, historical treasures, or other similar assets held to	for public exhibition, education, or research in furtheral	nce of
public service, provide the following amounts relating to these		
(i) Revenues included in Form 990, Part VIII, line 1		
(ii) Assets included in Form 990, Part X		
2 If the organization received or held works of art, historical treat	sures, or other similar assets for financial gain, provid	e the
following amounts required to be reported under SFAS 116 (A		
a Revenues included in Form 990, Part VIII, line 1		
h Assets included in Form 000 Port V		Bro- C

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(other)

2,987

Schadula D	(Form	9901	2013

2,987

1a Land **b** Buildings

e Other

c Leasehold improvements

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" to	o Form 990, Part IV, I	ine 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial (
(2) Closely-he	eld equity interests		
(3) Other			
(B)			
(D)			
(E)			
(F)			
(G)			
(LI)		,	
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
.;;h.9hh.7hh.;	Complete if the organization answered "Yes" to	Form 990 Part IV/ II	no 11c Soo Form 000 Port V line 12
	(a) Description of investment	(b) Book value	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost of enu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)	***************************************		
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Total. (Column Part IX	Other Assets.		
		Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
	Other Assets.	Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
Part IX	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
Part IX	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, li	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to (a) Description	Form 990, Part IV, li	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, li	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability	Form 990, Part IV, lin	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DAA

Schedule D (Form 990) 2013

Schedule D (Fo	rm 990) 2013	CHILDREN	OF'	PROMISE	INTERNATIONA	L 43-1027276	Page 5
Part XIII	Supplemen	CHILDREN ntal Information	(cor	ntinued)			
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					.,		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CHILDREN OF PROMISE INTERNATIONAL

Employer identification number

Part		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n on Activities Ou	tside the United States. Co	pmplete if the organization answer	
a	or grantmal ssistance, th	kers. Does the organiz e grantees' eligibility fo	ation maintain records to r the grants or assistand	o substantiate the amount of its gra se, and the selection criteria used to	award the	Yes No
		kers. Describe in Part \ tside the United States		cedures for monitoring the use of its	s grants and other	
2 A	otivitiaa nas [Pagion (The following	Dort I line 2 table can be	e duplicated if additional space is ne	anded)	
	Region	(b) Number of	(e) If activity listed in (d) is a program service,	(f) Total		
		offices in the region	employees, agents, and independent contractors in region	region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	i					
(9)						
(10)						
(11)						
(12)						
(13)						
(14)		that a				
(15)						
16)						
17)						
	total		-			
b Total fr	om continuation					
sheets c Total	to Part I					
	3a and 3b)					

Part II

Page 2

43-1027276 CHILDREN OF PROMISE INTERNATIONAL

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Schedule F (Form 990) 2013

(i) Method of valuation (book, FMV, appraisal, other) FMV FMV FMV FMV FMV FMV FMV FMV (h) Description of non-cash assistance (g) Amount of Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. assistance WIRE TRANSFER TRANSFER TRANSFER TRANSFER TRANSFER TRANSFER TRANSFER TRANSFER (f) Manner of disbursement cash WIRE WIRE WIRE WIRE WIRE WIRE WIRE 97,569 12,123 136,623 117,567 155,724 298,297 8,209 8,164 (e) Amount of cash grant CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAM central america and the caribbean CENTRAL AMERICA AND THE CARIBBEAN AND THE PACIFIC ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT ORPHAN SUPPORT (d) Purpose of NORTH AMERICA SOUTH AMERICA SOUTH ASI EAST ASIA (c) Region section and EIN (if applicable) (b) IRS code (a) Name of organization 12) (13) 3 0 4 9 9 E (8) **6** 9 7 35 (46)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013 CHILDREN OF PROMISE INTERNATIONAL 43-1027276

Part III can be duplicated if additional space is needed.

Page 3

(h) Method of valuation (book, FMV, appraisal,	Uniter)	V111	FMV										-							Schedule F (Form 990) 2013
(g) Description of non-cash assistance								100.0												Schedule
(f) Amount of non-cash assistance									-	-	THE PERSON NAMED IN COLUMN TO SERVICE AND							-		
(e) Manner of cash disbursement	WIRE TRANSFER		WIRE TRANSFER																	
(d) Amount of cash grant	PACIFIC 40,412	PACIFIC	22,700																	
(c) Number of recipients	THE	AND THE		7																
(b) Region	EAST ASIA AND	EAST AS																		
(a) Type of grant or assistance	(1) MISSIONARY SUPPORT		(2) MISSIONARY SUPPORT	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

	Part IV: Foreign Forms	rage
	10000	
	1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	X No
2	2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	
	U.S. Owner (see Instructions for Forms 3520 and 3520-A)	X No
3	3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
	Certain Foreign Corporations. (see Instructions for Form 5471) Yes	X No
4	4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund. (see Instructions for Form 8621) Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain	
	Foreign Partnerships. (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions	
	for Form 5713)	X No

SCHEDULE O (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
2013

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.

Open to Public Inspection

Name of the organization	Employer identification number
CHILDREN OF PROMISE INTERNATIONAL	43-1027276
FORM 990 - ORGANIZATION'S MISSION	
CHILDREN OF PROMISE INTERNATIONAL IS A NONPROFIT ORGA	ANIZATION PROVIDING
HUMANITARIAN AID, RELIEF AND DEVELOPMENT IN APPROXIMA	ATELY 23 COUNTRIES FOR
THE PURPOSE OF CARING FOR ORPHANS, WIDOWS, AND DESTIT	TUTE CHILDREN AND
OUTREACH TO THE POOR AND NEEDY.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
BOARD PRESIDENT REVIEWS 990 RETURN BEFORE IT IS FILED) <u>.</u>
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT	'S POLICY
POLICY IS REVIEWED AT BOARD MEETINGS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPLANATION
GOVERNING DOCUMENTS, CONFLICT POLICY, AND FINANCIAL S	TATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
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· · · · · · · · · · · · · · · · · · ·	