

Click on the question-mark icons to display help windows.
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 1/1, 2016, and ending 12/31, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ln PARTNERSHIP FOR INDIGENOUS PEOPLES-PIPES INTERNATIONAL		D Employer identification number ln 453884659
Number and street (or P.O. box, if mail is not delivered to street address) ln Room/suite 904 ALTAVIA DRIVE		E Telephone number 6362191101
City or town, state or province, country, and ZIP or foreign postal code HAZELWOOD MO. 63042		F Group Exemption Number ▶ ln

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **ln**

I Website: ▶ www.pipesinternational.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **ln**

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Revenue	1 Contributions, gifts, grants, and similar amounts received																	120,530																					
	2 Program service revenue including government fees and contracts																	2,450																					
	3 Membership dues and assessments																	0																					
	4 Investment income																	0																					
	5a Gross amount from sale of assets other than inventory						0																																
	b Less: cost or other basis and sales expenses						0																																
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								0																														
	6 Gaming and fundraising events																																						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)									0																													
b Gross income from fundraising events (not including \$ 13,317 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										0																													
c Less: direct expenses from gaming and fundraising events										0																													
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																							
7a Gross sales of inventory, less returns and allowances																																							
b Less: cost of goods sold																																							
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																							
8 Other revenue (describe in Schedule O)																																							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																							
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																						
	11 Benefits paid to or for members																																						
	12 Salaries, other compensation, and employee benefits ln																																						
	13 Professional fees and other payments to independent contractors ln																																						
	14 Occupancy, rent, utilities, and maintenance																																						
	15 Printing, publications, postage, and shipping																																						
	16 Other expenses (describe in Schedule O) ln																																						
17 Total expenses. Add lines 10 through 16 ▶																																							
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																						
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																						
	20 Other changes in net assets or fund balances (explain in Schedule O)																																						
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																																						

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,373	12,765
23 Land and buildings		0
24 Other assets (describe in Schedule O)		0
25 Total assets		12,765
26 Total liabilities (describe in Schedule O)		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		12,765

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 EDUCATION PROGRAM: We have offered quality education and scholarships to 700 children in DR Congo who would not have accessed quality education without our intervention. Additionally we have assisted 20 orphans and vulnerable children in Kenya and Rwanda who have achieved great outcomes. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,879
29 EVANGELISM, TRAINING & DISCIPLESHIP PROGRAMS: Part of our mission is to share the gospel to unreached. In 2016, we reached 10,000 people and distributed Bibles in Kenya, Rwanda, DR Congo and Pakistan. We also trained 100 community leaders to enable them solve their community challenges. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	21,607
30 FEEDING, FOOD SECURITY & AGRICULTURAL PROGRAMS: We fed 700 children in DR Congo with quality meals, school attendance and better health outcomes. Similarly, we assisted 40 families in Kenya and Congo to grow crops resulting to improved health outcome and food security. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,173
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	26,318
32 Total program service expenses (add lines 28a through 31a)	32	82,977

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
1. SAMUEL MWANGI EXECUTIVE DIRECTOR	40	32,450	0	0
2. JEAN CHAPPEL VICE PRESIDENT	10	0	0	0
3. CONNIE KRAUS TREASURER	10	0	0	0
4. ESTHER MWANGI SECRETARY	10	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. . . .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	✓	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	✓	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a _____		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ MISSOURI		
42a	The organization's books are in care of ▶ SAMUEL MWANGI Telephone no. ▶ 6362191101 Located at ▶ 904 ALTAVIA DR. HAZELWOOD, MO. 63042 ZIP + 4 ▶ 1202		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____		✓
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44c	c Did the organization receive any payments for indoor tanning services during the year?		✓
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

inc

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

inc

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

inc

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

	Date <u>5/1/2017</u>
Type or print name and title SAMUEL MWANGI, EXECUTIVE DIRECTOR	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

PARTNERSHIP FOR INDIGENOUS PEOPLES-PIPES INTERNATIONAL

453884659

EDUCATIONAL PROGRAMS. 21,879

EVANGELISM, TRAINING & DISCIPLESHIP PROGRAMS. 21,607

FEEDING, FOOD SECURITY & AGRICULTURAL PROGRAMS. 13,173

56,659

OTHER EXPENSES

TRANSPORTATION (LOCAL & INTERNATIONAL) 11,472

SCHOOL SUPPLIES & CHILDREN UNIFORMS. 4,380

PASTORAL SUPPORT 3,719

FUNDRAISING EXPENSES. 2,175

CONFERENCES, MEALS, & FUELING 1,744

BANK & ONLLINE PROCESSING FEES 1,008

INTERNET & WEBSITE SERVICES. 660

MISCELLANEOUS 1,360

26,318

TOTAL EXPENSES 82,977

Name of the organization

Employer identification number

PARTNERSHIP FOR INDIGENOUS PEOPLES-PIPES INTERNATIONAL

453884659

Area with horizontal dashed lines for supplemental information.

State of Missouri



Robin Carnahan
Secretary of State

CERTIFICATE OF INCORPORATION MISSOURI NONPROFIT

WHEREAS, Articles of Incorporation of

Partnership For Indigenous Peoples (PIPES)-International
NO1180788

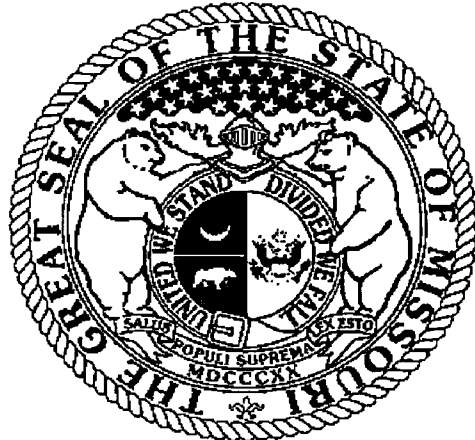
have been received and filed in the Office of the Secretary of State, which Articles, in all respects, comply with the requirements of Missouri Nonprofit Corporation Law;

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of the State of Missouri do by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the Missouri Nonprofit Corporation Law.

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
31st day of October, 2011.

Robin Carnahan

Secretary of State



INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 11 2014**

PARTNERSHIP FOR INDIGENOUS PEOPLES
INTERNATIONAL
904 ALTAVIA DRIVE
HAZELWOOD, MO 63042

Employer Identification Number:
45-3884659
DLN: 17053034305024
EIN: 45-3884659
Contact Person: CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(B)(1)(A)(VI)
Form 990 Required:
YES
Effective Date of Exemption:
OCTOBER 31, 2011
Contribution Deductibility:
YES
Addendum Applies:
YES


Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations