Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

PEOPLE IN NEED, INC. OF DELAWARE 31-1019655
COUNTY OHIO

Net Asset / Fund Balance at Beginning of Year			1,217,261
Revenue			
Contributions	1,802,020		
Program service revenue			
Investment income	8,476		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	1,958		
Total revenue		1,812,454	
Expenses			
Program services	1,442,401		
Management and general	78,741		
Fundraising	54,291		
Total expenses		1,575,433	
Excess / (deficit)			237,021
Changes			-2,202
Net Asset / Fund Balance at End of Year			1,452,080

Reconciliation of Revenue

Total revenue per financial statements	1,812,454
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	1,812,454

Reconciliation of Expenses

Total expenses per financial statements	1,575,433
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	1,575,433

Balance Sheet

	Beginning	Ending	Differences
Assets	1,239,365	1,526,999	
Liabilities	22,104	74,919	
Net assets	1,217,261	1,452,080	234,819

Miscellaneous Information

Amended return	
Return / extended due date	11/16/20
Failure to file penalty	

PIN 11/06/2020 3:36 PM

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19 , and ending 06/30/20

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/ terminated
- Amended return
- Application pending

C Name of organization: PEOPLE IN NEED, INC. OF DELAWARE COUNTY OHIO

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 138 JOHNSON DRIVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: DELAWARE OH 43015

D Employer identification number: 31-1019655

E Telephone number: 740-363-6284

G Gross receipts $: 1,812,454

F Name and address of principal officer:
MARTIN TERRY
138 JOHNSON DRIVE
DELAWARE OH 43015

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.DELAWAREPEOPLEINNEED.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1981

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ASSISTING FAMILIES AND INDIVIDUALS OF DELAWARE COUNTY IN A COLLABORATIVE EFFORT BY PROVIDING PERSONAL EMERGENCY ASSISTANCE WITH DIGNITY AND RESPECT IN THEIR TIME OF NEED.

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	2909
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,347,146	1,802,020
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,022	8,476
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,888	1,958
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,359,056	1,812,454
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199,207	282,597
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,291		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,040,321	1,292,836
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,239,528	1,575,433
	19 Revenue less expenses. Subtract line 18 from line 12	119,528	237,021

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,239,365	1,526,999
	21 Total liabilities (Part X, line 26)	22,104	74,919
	22 Net assets or fund balances. Subtract line 21 from line 20	1,217,261	1,452,080

Part II Signature Block

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

▶ Signature of officer — Date

▶ MARTIN TERRY — PART YR EXE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
CATHERINE E. OTTINGER,CPA	CATHERINE E. OTTINGER,CPA	11/06/20		P00642528

Firm's name ▶ OTTINGER & ASSOCIATES, LLC — Firm's EIN ▶ 31-1621273

Firm's address ▶ PO BOX 185 GALENA, OH 43021-0185 — Phone no. 740-965-6853

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2019)