Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For the 2	2020 calendar year, or tax year beginning and	l ending		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	PEOPLE SERVING PEOPLE, INC.			
	Name change	Doing business as		41-14431	48
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 614 SOUTH THIRD STREET	Room/suite	E Telephone numbe 612-332-	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,530,493.
	Amended return			H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: RINAL RAY		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: $X = 501(c)(3)$ $501(c)($) $(insert no.)$ $4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		: ▶ WWW.PEOPLESERVINGPEOPLE.ORG		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	of formation: $1982 I$	VI State of legal domicile: MN
Р		Summary			
Governance	1 B	riefly describe the organization's mission or most significant activities: WE E	XIST T	O SEE FAMIL	IES THRIVE.
r	2 C	heck this box if the organization discontinued its operations or dispo	sed of more	1	1 -
Š	3 N			3	9
		umber of independent voting members of the governing body (Part VI, line 1b)			8
Activities &	5 To	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			111
ጅ	6 To	otal number of volunteers (estimate if necessary)			1296
۷	7a 10	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	N d	et unrelated business taxable income from Form 990-T, Part I, line 11			
	. 8 C	ontributions and grants (Part VIII, line 1h)		Prior Year 3,083,293.	Current Year 2,586,843.
4	9 P	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		5,712,324.	6,911,845.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-6,940.	-3,973.
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,788,677.	9,494,715.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		53,637.	21,229.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,233,467.	4,404,706.
Fxnenses	2 16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
٥	b To	otal fundraising expenses (Part IX, column (D), line 25)	^		
ú	i 17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,853,842.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,140,946.	8,728,317.
_		evenue less expenses. Subtract line 18 from line 12		647,731.	766,398.
t Assets or	Signatura		Ве	ginning of Current Year	End of Year
sset	ਰੂ 20 To	otal assets (Part X, line 16)		2,521,906.	3,165,702.
Net A		otal liabilities (Part X, line 26)		493,856. 2,028,050.	371,254. 2,794,448.
		et assets or fund balances. Subtract line 21 from line 20		2,020,030.	2,/34,440.
		es of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of w			y Kilowioago ana bollot, it io
	1	Value completed account and the property (containing the containing the containin	mon proparor	las any mismisage.	
Sig	_{an}	Signature of officer		Date	
He	Ι,	BETH NUTHALS, SENIOR DIRECTOR OF FINAN	ICE		
	IJ	Type or print name and title			
	F	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id <u>L</u>	AWRENCE H. MOHR, CPA LAWRENCE H. MOH	R, CP 0	7/16/21 self-emplo	•
	· —	irm's name BAKER TILLY US, LLP		Firm's EIN ▶	39-0859910
Use	e Only F	Firm's address ► 225 S 6TH ST #2300			
_		MINNEAPOLIS, MN 55402		Phone no. 6 1	2.876.4500
Ма	y the IRS	G discuss this return with the preparer shown above? See instructions			X Yes No

Fai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE EXIST TO SEE FAMILIES THRIVE. WE WORK WITH FAMILIES AMID THEIR
	EXPERIENCE OF HOMELESSNESS. WE PROVIDE SAFE AND DIGNIFIED SHELTER AND
	NUTRITIOUS MEALS, WHILE OFFERING WRAPAROUND AND TRAUMA RESPONSIVE
	SERVICES. THESE INCLUDE EDUCATIONAL SERVICES, ADVOCACY SERVICES, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $5,107,067.$ including grants of \$) (Revenue \$ $4,506,955.$)
	EMERGENCY SHELTER:
	IN 2020, PEOPLE SERVING PEOPLE (PSP) WELCOMED AN AVERAGE OF 237 GUESTS
	PER NIGHT. THROUGHOUT THE YEAR, 382 UNDUPLICATED FAMILIES RECEIVED
	MEALS AND SHELTER AT PSP, INCLUDING 782 UNDUPLICATED CHILDREN AND 495
	UNDUPLICATED ADULTS. OF THE GUESTS, 70% WERE UNDER THE AGE OF 24, 61%
	UNDER THE AGE OF 18, AND 35% UNDER THE AGE OF 6. ADDITIONALLY, 92.9% OF
	GUESTS IDENTIFIED AS BLACK, INDIGENOUS, OR PEOPLE OF COLOR. THE AVERAGE
	AGE OF CHILDREN STAYING AT PSP WAS 6 YEARS OLD. IN TOTAL, 86,347
	DUPLICATED GUESTS, INCLUDING 54,679 DUPLICATED CHILDREN, WERE HOUSED
	AND FED THROUGHOUT THE YEAR, WITH 160,937 MEALS DISTRIBUTED. DUE TO THE
	COVID-RELATED EVICTION MORATORIUM AND HESITATION OF FAMILIES TO ENTER
	PUBLIC SHELTERS, PSP DID SERVE FEWER GUESTS THAN 2019. HOWEVER, THE
4b	(Code:) (Expenses \$ 1,951,527. including grants of \$ 21,229.) (Revenue \$ 1,609,525.)
	EDUCATIONAL PROGRAMS:
	IN 2020, PSP'S EARLY CHILDHOOD DEVELOPMENT CENTER (ECDC) WELCOMED 85
	CHILDREN BETWEEN THE AGES OF SIX MONTHS AND SIX YEARS. ECDC IS A
	LICENSED, 4-STAR PARENT AWARE RATED AND NECPA NATIONALLY ACCREDITED
	PROGRAM THAT SERVES CHILDREN IN THREE CLASSROOMS INFANT, TODDLER, AND
	PRE-SCHOOL. THE STUDENTS, WHO ARE PSP'S YOUNGEST GUESTS, RECEIVE
	DEVELOPMENTALLY APPROPRIATE CURRICULUM AND RELATED ASSESSMENTS THAT
	STRIVE TO MINIMIZE ANY ADVERSE IMPACTS OF THEIR EXPERIENCES AND GET
	THEM READY TO THRIVE IN KINDERGARTEN. TYPICALLY, AFTERSCHOOL AND
	TUTORING PROGRAMS ARE ALSO OFFERED AT PSP. HOWEVER, WITH SOCIAL
	DISTANCING REQUIREMENTS THIS YEAR AND MINNEAPOLIS SCHOOLS GOING
	VIRTUAL, PSP'S EDUCATION PROGRAM LOOKED MUCH DIFFERENT. STUDENTS WERE
4c	(Code:) (Expenses \$564,598 • including grants of \$) (Revenue \$12,356 •)
	FAMILY SUPPORT SERVICES PROGRAMS:
	WHILE STAYING AT PSP, FAMILIES ARE ENCOURAGED TO PARTICIPATE IN THE
	ORGANIZATION'S STRENGTHS-BASED, CLIENT-CENTERED PROGRAMMING THAT SEEKS
	TO EMPOWER FAMILIES TO REACH STABILITY BY ADDRESSING THEIR
	SELF-IDENTIFIED BARRIERS AND AREAS OF POTENTIAL GROWTH. EVERY FAMILY IS
	ASSIGNED AN ADVOCATE WHO WILL BE THEIR PRIMARY TOUCH POINT THROUGHOUT
	THEIR STAY, ALTHOUGH THEY CAN SPEAK TO ANY ADVOCATE AT ANY TIME. THESE
	ADVOCATES OFFER INDIVIDUAL SESSIONS AND CONVERSATIONS TO FIGURE OUT
	WHAT EACH FAMILY IS SEEKING AND WHAT THEY NEED TO GATHER TO MOVE IN TO
	INDEPENDENT HOUSING. IN 2020, 465 FOLKS MET WITH ADVOCATES FOR A TOTAL
	OF 9,039 MEETINGS. IN ADDITION TO THESE INDIVIDUAL CONVERSATIONS, PSP
	ALSO OFFERS MORE STRUCTURED PROGRAMMING. UNFORTUNATELY, COVID MEANT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 804,871. including grants of \$) (Revenue \$ 521,920.)
4e	Total program service expenses ▶ 8,428,063.
_	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	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		Х
	Section 501(c)(3) organizations. 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	4	х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť	-	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		_X_
	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?			37
	If "Yes," complete Schedule D, Part IV	9		_X_
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
a I	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
I	Part VI	11a	X	
b [Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		х	
	u, rea, and u me organization answered, no no time iza men combletino acheonie D. Falis Atano Altis oblional	12h		X
		12b	1	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	13		
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15 I	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	13 14a 14b		X
15 i	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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	13 14a		X
15 i 16 i	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13 14a 14b		х х х
15 I 16 I	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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	13 14a 14b		X
15 i 16 i 17 i	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	13 14a 14b 15		X X X
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15 16 17 18 19 19 20a 1 21 1	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	13 14a 14b 15 16 17 18 19 20a		x x x x x

Form 990 (2020) PEOPLE SERVING PEOPLE, INC. 41-1443148 Page 4

Part IV Checklist of Required Schedules (continued)

22 X 23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Trey", complete Schedule I, Part I and III 24 Dd the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, tustees, key employees, and highest compensated employees? If "Yes,", complete Schedule I, Part IV IVI Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I/ "No", or to line an excove account other than a returning escrive any principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No", or to line an escrive account other than a returning escrive any time during the year to defease any lax exempt bonds? 24c Dd the organization meets an "on behalf of" issuer for bonds outstanding at any time during the year to defease any lax exempt bonds? 25d Dd the organization meets as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization are an excove account other than a returning escrive any time during the year. 25d Dd the organization are than the engaged in an excess benefit transaction with a decignalitie of person of unity they are If "Yes," complete Schedule I, Part II with that the transaction has not been reported on any of the organization with a discussified person of any experiment of the organization excellence in a secretary to the organization person of the organization excellence in the organization excellence				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ilins 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. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "No," yo to line 25a 25a Did the organization marks and you proceeds of fax-exempt bonds beyond a temporary period exception? 25b Did the organization marks and you proceeds of fax-exempt bonds and you will not be all of the part of the season and t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensated employees? If "Yes," complete Schedule I, and the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the said 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. 24a Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 25d Did the organization animation an escrow account other than a refunding escrow at any time during the year 10 delease any tax exempt bonds? 25d Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax exampt bonds the organization line they are also the organization they are also the organization they are also the organization as any tax exempt bonds? 25d Did the organization any are that the regaped in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I and that the transaction has not been reported on any of the organizations pior Farms 900 or 900-E27 If "Yes," complete Schedule L, Part I and the transaction has not been reported on any of the organization provide any organization provide any again or orther assistance to any current or former officing, director, furstance, lay again or orther assistance to any current or former officing, director, furstance, lay again or orther assistance to any current or former officing, director, furstance, lay again or orther assistance to any current or former officing, director, furstance, lay again or orther assistance to any current or former officing, director, furstance, lay again or orther assistance to		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. H." No." go to line 25a. b Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)3, 601(6)4), and 501(6)20 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 better the standard that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization promiter any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof or family member of any of these persons?		Schedule J	23	Х	<u> </u>
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b is the organization ware 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 990E2? If "Yes," complete Schedule L, Part I			24d		
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 980 or 990-E27 "Yes," complete Schedule L, Part I 250 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV (and the organization receive one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV (and the organization receive one than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV (and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV (and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II (and the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II,	25a		0.5		
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	,	230		
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) whereof or a family member of any of these persons? if "resp." complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization included, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, Iine 2 35b V If "Yes," complete Schedule R, Part IV, Iine 2 35b V If "Yes," complete Schedule R, Part IV, Iine 2 35b V If "Yes," complete Schedule R, Part IV, Iine 2 35b V If "Yes," complete Schedule R, Part IV, Iine 2 35b V If the organization complete Schedule R, Part IV, Iine 2 35b V If the organiz			26		x
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contributions? If "Yes," complete Schedule M 30	29	• •	29	X	<u> </u>
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	33		22		v
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V! 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 13 c Ves No 14 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable and reportable gaming (gambling) winnings to prize winners?	24		33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V! 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c V	04		34	х	
b 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	35a				х
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36	_		35b		
If "Yes," complete Schedule R, Part V, line 2 36	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains a response or note to any line in this Part V The image of the image of the schedule O contains are required to complete Schedule O contains a response or note to any line in this Part V The image of the image of the image of the schedule O contains are required to complete Schedule O contains are required to contains are re	37				
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	D-		38	X	<u> </u>
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1b 0 1b 1c	Par				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Uneck if Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		E		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?					
	C		10		
	032004			990	(2020)

PEOPLE SERVING PEOPLE 41-1443148 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 111 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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
 Section 501(c)(12) organizations. Enter:

... 10b

a Gross income from members or shareholders

 b Gross income from other sources (Do not net amounts due or paid to other sources against

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Is the organization licensed to issue qualified health plans in more than one state?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 the organization is licensed to issue qualified health plans
 c Enter the amount of reserves on hand

13b	
13c	

Did the organization receive any payments for indoor tanning services during the tax year?
 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form **990** (2020)

X

Х

Х

13a

14b

16

032005 12-23-20

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	. L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. L	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 ap	point c	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, st	ockhol	ders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	The governing body?			_{_8	За	X	
b	Each committee with authority to act on behalf of the governing body?			_ [3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the:				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X
Sec	tion B. Policies _{(This Section B requests information about policies not required by the Internal Re}	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the form?	1	1a	X	
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			_ 1_	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	. 1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es," de	escribe				
	in Schedule O how this was done			1	2c	X	
13	Did the organization have a written whistleblower policy?			Ŀ	13	Х	
14	Did the organization have a written document retention and destruction policy?			Ŀ	14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			1	5a	Х	
b	Other officers or key employees of the organization			1	5b		X
	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 arrangements	nent wi	th a				
	taxable entity during the year?			1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 501(c)(3)s o	nly) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd fir	nanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	BETH NUTHALS - 612-277-0245						
	614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104	<u> </u>					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	, unle	ss pei	rson i	than is bot	h an	compensation	compensation	amount of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		ee/	m pen		(44-27 1099-141130)		and related
	below	Individual trustee or director	Institutional trustee	, in	Key employee	Highest compensated employee	er.			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) DANIEL GUMNIT	35.00									
CEO & BOARD PRESIDENT (OUTGOING)	5.00	Х		Х				140,610.	0.	20,542
(2) RINAL RAY	35.00									
CHIEF EXECUTIVE OFFICER	5.00			Х				145,407.	0.	8,101
(3) BETH NUTHALS	35.00									
SR. DIR. OF FINANCE	5.00			Х				89,072.	0.	18,626
(4) KAREN KEPLER	1.00									
BOARD CHAIR	0.00	Х		Х				0.	0.	0 .
(5) ANDREA TURNER	1.00									
BOARD VICE CHAIR & SECRETARY	0.00	Х		X				0.	0.	0 .
(6) JOE CHYBOWSKI	1.00]								
BOARD MEMBER & TREASURER	0.00	Х		X				0.	0.	0.
(7) TERON BUFORD	1.00]								
BOARD MEMBER	0.00	Х						0.	0.	0 .
(8) JAMES ELASKY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) CHARLOTTE KINZLEY	1.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) KATIE DESANTIS	1.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) KEITH HUG	1.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0 .
(12) APRIL WAGNER	1.00									
BOARD MEMBER	0.00	Х				_		0.	0.	0 .
(13) KEVIN JACKSON	1.00									
BOARD MEMBER	0.00	Х				_	_	0.	0.	0 .
		4								
			_			_	<u> </u>			
		-								
			_			_	<u> </u>			
		-								
			_			_	<u> </u>			
	1]	l	1		1				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi			nne	Reportable	Reportable		Es	timate	∍d
		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	ו	an	nount	of
		week (list any		Lei an	lu a u	recto	i / ii us	lee)	from	from related			other	
		hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	9e or (stee			nsatec		(W-2/1099-MISC)	(** 2/ 1033 1/110	٦		anizat	
		organizations	trust	nal tru		yee	om pe					-	d relat	
		below	ndividual trustee or director	n stit utio nal tru stee	cer	key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	E Hig	ъ			\rightarrow			
			ł											
							-				\dashv			
											\dashv			
											\rightarrow			
											\dashv			
							-				\dashv			
1b	Subtotal								375,089.		0.	4	7,2	69.
С	Total from continuation sheets to Part VII	I, Section A						•	0.		0.		-	0.
	Total (add lines 1b and 1c)							•	375,089.		0.	4	7,2	69.
2	Total number of individuals (including but no							o re	ceived more than \$100,	000 of reportable				
	compensation from the organization													3
											г		Yes	No
3	Did the organization list any former officer,	·		•	•	•		•	·	•		_		37
_	line 1a? If "Yes," complete Schedule J for st											3		X
4	For any individual listed on line 1a, is the su	•							•	•			v	
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a											5		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedule	<i>J f</i> (or su	ıcn r	pers	on .					IJ		
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ntra	acto	rs th	at received more than \$	100.000 of comp	ensati	on fro	om	
	the organization. Report compensation for t	•	•											

The organization. Hoport compensation for the calcinate year entiring with or with		(0)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
AMERICAN SECURITY		
1717 UNIVERSITY AVE W, ST. PAUL, MN 55104	SECURITY	340,919.
ATOMIC DATA LLC., 250 MARQUETTE AVE S.,		
STE 225, MINNEAPOLIS, MN 55401	IT CONSULTANT	188,207.
NAC MECHANICAL & ELECTRICAL SERVICES, 1001	MECHANICAL &	
LABORE INDUSTRIAL COURT, STE B, VADNAIS	ELECTRICAL SERVICES	134,583.
HAVEN HOUSING	CONTRACT PARTNER IN	
1803 BRYANT AVE N, MINNEAPOLIS, MN 55411	OPERATING ISOLATION	117,602.
SYSCO FOOD SERVICES OF MN	FOOD AND FOOD	
PO BOX 49730, BLAINE, MN 55449	SUPPLIES	105,930.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		
	·	- 000 ()

Form 990 (2020) PEOPLE
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ي ق		c Fundraising events 1c					
fts, r A			86,843.				
ig ig		e Government grants (contributions) 1e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sin		f All other contributions, gifts, grants, and					
utic		similar amounts not included above1f					
Q Ë			31,888.				
no Du				2,586,843.			
OB		h Total. Add lines 1a-1f	Business Code	2,300,043			
_	•	GOVERNMENTAL CONTRACTS		5,381,865.	5 381 865		
ice		miii m i on	624200	931,907.	931,907.		
er ue		SHELTER FEES-SELF PAY	624200	193,342.	193,342.		
n S	•	PSP CHAR SUPPORT SVCS	561000	161,089.	193,344.		161,089.
gra Re	•	SUPPORTIVE HOUSING	624200		150 404		101,009.
Program Service Revenue	(624200	159,404. 84,238.	159,404. 84,238.		
-		f All other program service revenue			04,230.		
-		Total. Add lines 2a-2f		6,911,845.			
	3	Investment income (including dividends, interest		7 052			7 052
		other similar amounts)		7,953.			7,953.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties(i) Real	(") David and I				
			(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss)					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	23,852.				
	ı	b Less: cost or other basis	25 550				
ther Revenue		and sales expenses 7b	35,778. -11,926.				
, ve		· · · · · · · · · · · · · · · · · · ·		11 006			11 005
æ		d Net gain or (loss)		-11,926.			-11,926.
her	8 8	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events	>				
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities)				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory)				
ဖ		L	Business Code				
o on	11 a	a					
Miscellaneous Revenue	ı	o					
Sell	(·					
Mis	(d All other revenue					
	•	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		9,494,715.	6,750,756.	0.	157,116.

Form 990 (2020) PEOPLE SERVIN Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	Γ
	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) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	21 220	21 220		
_	individuals. See Part IV, line 22	21,229.	21,229.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	422,358.	406,658.	15,700.	
6	Compensation not included above to disqualified	111,0001	200,0001	2377000	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,262,636.	3,136,359.	126,277.	
8	Pension plan accruals and contributions (include			•	
	section 401(k) and 403(b) employer contributions)	67,057.	67,057.		
9	Other employee benefits	414,224.	396,338.	17,886.	
10	Payroll taxes	238,431.	236,520.	1,911.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	121.		121.	
С	Accounting	15,743.		15,743.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	857,880.	827,918.	29,962.	
12	Advertising and promotion	3,615.	3,615.	5 5 5 5	
13	Office expenses	317,171.	310,613.	6,558.	
14	Information technology				
15	Royalties	1 074 010	1 001 005	F0 007	
16	Occupancy	1,974,012.	1,921,205.	52,807.	
17	Travel	15,688.	15,679.	9.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,249.		5,249.	
20	Interest	5,449.		5,449.	
21	Payments to affiliates	278,290.	271,618.	6,672.	
22	Depreciation, depletion, and amortization	67,787.	65,924.	1,863.	
23 24	Other expenses. Itemize expenses not covered	07,707	00,024.	1,003.	
+	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOOD AND GUEST SUPPLIES	502,024.	502,024.		
b	PROGRAM EXPENSES	16,902.	16,902.		
c	TRAINING	8,965.	8,012.	953.	
d		,	, -		
	All other expenses	238,935.	220,392.	18,543.	
:5	Total functional expenses. Add lines 1 through 24e	8,728,317.	8,428,063.	300,254.	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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	899,541.	1	1,162,528.
	2	Savings and temporary cash investments		2	143,665.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	252,796.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	74,579.	9	89,234.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,883,430 Less: accumulated depreciation 10b 1,770,179	. 112 640		1 112 051
	b	· · · · · · · · · · · · · · · · · · ·		10c	1,113,251.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	00 427	14	404 220
	15	Other assets. See Part IV, line 11		15	404,228.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,165,702. 370,027.
	17	Accounts payable and accrued expenses		17	370,027.
	18 19	Grants payable		18 19	1,227.
	20	Deferred revenue		20	1,2276
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	
Ë	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	58,645.	25	0.
	26	Total liabilities. Add lines 17 through 25	493,856.	26	371,254.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	2,028,050.	27	2,794,448.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne.	32	Total net assets or fund balances		32	2,794,448.
	33	Total liabilities and net assets/fund balances	2,521,906.	33	3,165,702.

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		9,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,72		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,02	8,0	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,79	4,4	48.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PEOPLE SERVING PEOPLE, INC. 41-1443148

Ра	111	Reason for Public C	marity Status.	(All organizations must c	omplete tr	iis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•		· ·			•
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	unction with a land-grant	college
		or university or a non-land-g				-	-	•
		university:		,		, ,	,	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem	•				· ·	
		income and unrelated busin	•	•				•
		See section 509(a)(2). (Cor		,		•	, ,	,
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	-					
а		Type I. A supporting orga						giving
		the supported organization		•	•	-		
		organization. You must o			, ,			
b		Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	· ·					-
		organization(s). You mus			•		0 11	
С		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with,
		its supported organization					•	•
d		Type III non-functionally		·				zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Part II 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	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2460611.	2041503.	3710289.	3083293.	2577121.	13872817.
2	Tax revenues levied for the organ-						
	ization'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	2460611.	2041503.	3710289.	3083293.	2577121.	13872817.
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.						13872817.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2460611.	2041503.	3710289.	3083293.	2577121.	13872817.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	381.	107.	1,129.	11,801.	7,953.	21,371.
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 VI.)	101,575.					101,575.
11	Total support. Add lines 7 through 10						13995763.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 26	,987,067.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.12 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.74 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
					Sche	edule A (Form 990	or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Г	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				(1)		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
30		
4a		
-1 a		
AL		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		· · · · ·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting orga	nization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2020

Fai	Type in Non-Functionally integrated 509	(a)(b) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	2	!	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	; <u> </u>
6	Other distributions (describe in Part VI). See instructions.		6	1
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER PROGRAM INCOME
2016 AMOUNT: \$ 101,575.
2010 AMOUNT: \$ 101,575.

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

PEOPLE SERVING PEOPLE, INC.

41-1443148

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigset*

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE, INC.

41-1443148

Part I	Contributors (see instructions). Use duplicate copies of Part I if	se duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$\$\$\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for				

Name of organization Employer identification number

PEOPLE SERVING PEOPLE, INC.

41-1443148

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD AND SUPPLIES		
		\$331,888.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** PEOPLE SERVING PEOPLE, INC. 41-1443148 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.		T_	
Nan	ne of organization			Empl	oyer identification number
D -	PEOPLE	SERVING PEOPLE,	INC.		41-1443148
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) (or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		▶ \$	
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made?				Yes No
b	o If "Yes," describe in Part IV.				1/01
	art I-C Complete if the org	-			
	Enter the amount directly expended	, , ,	•	***************************************	
2	Enter the amount of the filing organ		•		
_	exempt function activities				-
3	Total exempt function expenditures		·		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza				
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If			•	o oog, ogatou tanta or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)	
	e lobbying activity.	Yes No		Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X		01.4	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4	,814.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			436.	
	Other activities?	X			750.	
	Total. Add lines 1c through 1i			6	,000.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/-\/	-\			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(:	o), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year	? 3	Li		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		o :-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	NO" OR	(b) Part I	II-A, IINE	3, IS	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al				
	expenses for which the section 527(f) tax was paid).					
	Current year		I .			
	Carryover from last year		I			
_	Total					
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		_			
	expenditure next year?		I .			
	Taxable amount of lobbying and political expenditures (See instructions) t IV Supplemental Information		5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 ai	nd 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
D 7 T	OM II D IINE 1 IODDVING AGMINIMIEG.					
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
חם	NOTE GERVING DEODIE GUDDODMG DUDITG DOLLGV MUM DDOV	TDEC C	י דר משו	T (1137		
PEC	PLE SERVING PEOPLE SUPPORTS PUBLIC POLICY THAT PROV	IDES S	LABIL	T.I.X		
ח י	OUITIDDEN AND EAMTITED IN MUE COMMINITMY AND COORS	O MOT7T	ייים מידו די	D T7 7 7 4		
rUl	R CHILDREN AND FAMILIES IN THE COMMUNITY AND WORKS T	O MOVE	UPST.	KEAM		
шΩ	DDEVEND FAMILY HOMELEGGNEGG DIDOUGH GYGDENG CHANGE	CENTER	ביוד חי			
1.0	PREVENT FAMILY HOMELESSNESS THROUGH SYSTEMS CHANGE,	CENTE	RTING			
E172	אדו דהם אאה והאהדאום הודשו האמדאו המוידשע דאי 2000 מתא	הה ד י	ייחדם:	∩NT		
r Al	ILLIES, AND LEADING WITH RACIAL EQUITY. IN 2020, STA					
		Schedu	le C (Form	990 or 990)-EZ) 2020	

Part IV Supplemental Information (continued)
BEHALF OF CHILD CARE ASSISTANCE, EARLY LEARNING SCHOLARSHIPS,
AFFORDABLE HOUSING, AND TRAUMA INFORMED SYSTEMS AT THE STATE LEVEL
THROUGH LOBBY VISITS WITH LEGISLATORS AND STAFF IN THE GOVERNOR'S
OFFICE, PROVIDING TESTIMONY IN LEGISLATIVE COMMITTEE HEARINGS,
PARTICIPATION IN HOMELESS DAY ON THE HILL, AND HELPING TO SET
LEGISLATIVE STRATEGY IN COALITIONS. THE TOTALITY OF LOBBYING ACTIVITIES
WERE INSUBSTANTIAL TO ALL OTHER CHARITABLE ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEOPLE SERVING PEOPLE, INC. **Employer identification number** 41-1443148

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	* *	-
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	,	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statement	ents that describes the
Do	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Fai			nei Siiniai Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		ı gaın, provide
	the following amounts required to be reported under FASB AS		• •
a	, , , , , , , , , , , , , , , , , , , ,		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Pai	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(contin	nued)	
3		the organization's acquisition, accession								•	,	
	collect	ion items (check all that apply):										
а	F	Public exhibition	c	: L	Loan or exc	hange progra	ım					
b		Scholarly research	e		Other							
С	F	Preservation for future generations										
4	Provide	e a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5		the year, did the organization solicit o	· · · · · · · · · · · · · · · · · · ·		-	-						
	•	old to raise funds rather than to be ma				•				Yes		No
Pai		Escrow and Custodial Arrang								ine 9, or		
		reported an amount on Form 990, Par			Ü				,	,		
1a	Is the o	organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	ets not in	cluded				
		m 990, Part X?								Yes		No
b		," explain the arrangement in Part XIII										
			•	· ·						Amount	t	
С	Beginn	ing balance						1c				
d	-	ons during the year						1d				
е		utions during the year										
f		balance						1f				
		e organization include an amount on Fo								Yes		No
		," explain the arrangement in Part XIII.										ĺ
		Endowment Funds. Complete i										
		·	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginn	ing of year balance	(4.)	(=,-	,	.,,	,	<u>,</u>		(-)	<i>J</i>	
b		putions										
c		restment earnings, gains, and losses										
d		or scholarships										
e		expenditures for facilities										
Ū		ograms										
f	-	strative expenses										
g g		year balance										
2		e the estimated percentage of the curr	ent vear end balanc	e (line 1c	column (a)) held as:						
a		designated or quasi-endowment		% %	,, oolallii (a	mora ao.						
b		nent endowment		—′°								
c												
Ū		rcentages on lines 2a, 2b, and 2c sho	* -									
За	•	ere endowment funds not in the posse	•	ation that	t are held ar	nd administer	ed for the	organiza	ation			
	by:		56,51, 6, 11,6 6, gui <u>-</u> .					0.94		ſ	Yes	No
		related organizations								3a(i)		
		lated organizations								3a(ii)		
b		on line 3a(ii), are the related organiza								3b		
4		be in Part XIII the intended uses of the	·									
		Land, Buildings, and Equipm		WITTO TIE	arrao.							
		Complete if the organization answered). Part IV	. line 11a. S	See Form 990	Part X. li	ne 10.				
		Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Bool	k value	e
		Description of property	basis (investr		` '	(other)	` '	reciation		(u) Boo	· vaia	0
12	Land		<u> </u>	,		` '						
b		gs										
C		nold improvements			12	3,392.	1	08,4	48.	1 4	4,9	44.
d		nent				0,038.		61,7		1,098		
		ient.			_,,,	3,0000	_, _	·- , , .		_, _,	- , - ,	
		nes 1a through 1e. (Column (d) must o	•	V salum	n (D) line 1	1001				1.11:	3 21	51.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Ye (a) Description of security or category (including name of security		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
A) = 1		(b) Method of Valuation. Cost of C	na or year market value
1) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	(h) Deele velve
	(a) Description		(b) Book value
(1) UNEMPLOYMENT TRUST (2) ACCOUNTS RECEIVABLE - PE	ODIE CEDVING DI	EOPLE CHARITIES	83,994 320,234
. ,	OPLE SERVING PI	COPLE CHARIILES	320,23
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	U 15 \		404,228
otal. (Column (b) must equal Form 990, Part X. col. (B) Part X Other Liabilities.	<u>line 15.)</u>		101,220
Complete if the organization answered "Ye	s" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
(a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(5) (6) (7) (8)

			4 -								
Part XI	Recond	ciliation	of Revenue	ner Audi	ited Fina	ncial St	atements	With	Revenue	ner	Return
		Jiiiatioii	or record	PO. / 144.	tou i iiiu	noiai ot	acomonico			ρυ.	

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,635,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	162,120.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	162,120.
3	Subtract line 2e from line 1			3	9,473,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	21,229.		
С	Add lines 4a and 4b			4c	21,229.
				$\overline{}$	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· <u>··</u> ·····	5	9,494,715.
<u>5</u> Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		9,494,715.
<u>5</u> Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With e 12a.	Expenses per F		9,494,715. n.
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With e 12a.	Expenses per F		9,494,715.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With e 12a.	Expenses per F	Returi	9,494,715. n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With e 12a.	Expenses per F	Returi	9,494,715. n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a	Expenses per F	Returi	9,494,715. n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tements With e 12a. 2a 2b	Expenses per F	Returi	9,494,715. n.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Returi	9,494,715. n. 8,869,208.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	162,120.	Returi	9,494,715. n. 8,869,208.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	162,120.	Return	9,494,715. n. 8,869,208.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	162,120.	1 1 2e	9,494,715. n. 8,869,208.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	162,120.	1 1 2e	9,494,715. n. 8,869,208.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	162,120.	1 1 2e	9,494,715. n. 8,869,208. 162,120. 8,707,088.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	162,120. 21,229.	1 1 2e	9,494,715. n. 8,869,208.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BOTH PSP AND CHARITIES QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, AND ALSO ARE EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. BOTH PSP AND CHARITIES HAVE BEEN CLASSIFIED AS A PUBLIC CHARITY UNDER SECTIONS 501(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE, AND THEREFORE CHARITABLE CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

PEOPLE SI	ERVING PEO	PLE, INC.					41-1443148
Part I General Information on Grants	and Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's p	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	-	=	e line 1 table				Ł
• Enter total number of other organization	is listed in the line	I Lault					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CO-PAYS OR OTHER NON-PAYMENT OF EARNED TUTTION BY THE COE UITION DISCOUNTS 1 0. 10,024, BOOK EMPLOYEE TUITION DISCOUNTS PART IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: CHE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW ENCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						SCHOLARSHIPS FOR UNPAID
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PHE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO	SCHOLARSHIPS	13	0.	11,205.	воок	OF EARNED TUITION BY THE COE
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO	TUITION DISCOUNTS	1	0.	10,024.	воок	EMPLOYEE TUITION DISCOUNTS
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO						
PART I, LINE 2: THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO PAY THEIR CO-PAYS AFTER THINKSMALL OR COUNTY ASSISTANCE IS AWARDED.						
THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM LOW INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO	Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
INCOME FAMILIES. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES' ABILITY TO	PART I, LINE 2:					
	THE STUDENTS AT THE CENTER OF EXCE	LLENCE (C	OE) ARE OV	/ERWHELMING	LY FROM LOW	
	INCOME FAMILIES. SCHOLARSHIPS ARE	AWARDED B	ASED ON TH	HE FAMILIES	' ABILITY TO	
FAI THEIR CO-FAIS AFTER THINRSMADE OR COUNTY ASSISTANCE IS AWARDED.						
	TAT THEIR CO TAID AFTER THINKSMADE	OK COONI	1 ADDIDIAL	ICE ID AWAIL	<u>DED.</u>	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

PEOPLE SERVING PEOPLE, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 41 - 1443148 \end{array}$

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B	B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) DANIEL GUMNIT	i)	103,644.	20,625.	16,341.	7,208.	13,334.	161,152.	0.
	i)	0.	0.	0.	0.	0.	0.	0.
(2) RINAL RAY	i)	144,307.	1,100.	0.	7,270.	831.	153,508.	0.
	i)	0.	0.	0.	0.	0.	0.	0.
	i)							
	i)							
	i)							
	i)							
	i)							
·	i)							
	i)							
	i)							
	i)							
·	i)							
	i)							
	i)							
	i) ii)							
	i) ii)							
	i)							
	" ii)							
	i)							
	i)							
	i)							
	i)							
	i)							
	, ii)							
	i)							
	ii)							
	i)							
	i)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization PEOPLE SERVING PEOPLE, INC. Employer identification number 41-1443148

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of do noncash contribu	eterminin	_	;
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	155,	151.	COST			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (SUPPLIES)	X	1	176,	738.	COST			
26	Other • ()								
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organiz		•	1				_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29			_0_	
								/es	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		l contribution, and	which isn't required	to be us	sed for			
	exempt purposes for the entire holding period?						30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					ions?	31		_X_
32a	Does the organization hire or use third parties of		•						37
	contributions?						32a		<u> </u>
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.								

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Schedule M (Form 990) 2020

032142 11-23-20

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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEOPLE SERVING PEOPLE, INC. **Employer identification number** 41-1443148

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPORTIVE GROUPS. WE ARE ALSO WORKING TO MOVE UPSTREAM TO PREVENT THE EXPERIENCE OF FAMILY HOMELESSNESS THROUGH BOTH PROGRAM AND SYSTEMS CHANGE. WE DO THIS WORK WITH OUR FAMILIES, COMMUNITY PARTNERS, AND VOLUNTEERS. OUR ULTIMATE GOAL IS TO BUILD STABILITY AND SEE FAMILIES THRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LENGTH OF STAY FOR THESE GUESTS ROSE FROM AN AVERAGE OF $47\,$ DAYS TO $68\,$ DAYS AS FINDING HOUSING AND EMPLOYMENT WAS EXTREMELY DIFFICULT. THE GUESTS ALSO FACED MORE COMPLEX BARRIERS AND REQUIRED A GREATER DEAL OF INDIVIDUALIZED SERVICES IN THEIR JOURNEYS TO STABILIZATION. THESE SERVICES PROVIDED BY PSP INCLUDED BASIC NEEDS, EDUCATION, EMPLOYMENT ASSISTANCE, TECHNOLOGY ACCESS, FINANCIAL LITERACY, SYSTEMS ADVOCACY, AND CONNECTIONS TO OTHER SUPPORTIVE LOCAL ORGANIZATIONS. IN 2021, PSP IS PREPARED TO WELCOME SIGNIFICANT MORE GUESTS ONCE THE EVICTION MORATORIUM IS LIFTED AND COVID CASES DECREASE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SET UP WITH WORK STATIONS AND HEADPHONES WHERE THEY COULD "GO TO SCHOOL" VIRTUALLY AND RECEIVE HELP FROM ON-SITE TEACHERS. WHILE SOCIAL ACTIVITIES HAD TO BE CURBED, PSP MANEUVERED QUICKLY IN 2020 TO MAKE SURE THAT GUEST CHILDREN COULD STILL RECEIVE THE EDUCATION THEY DESERVE, EVEN IF DONE FROM OUR SHELTER. AS GUEST COUNTS ARE EXPECTED TO RISE NEXT FALL AFTER THE EVICTION MORATORIUM IS LIFTED AND ALL CHILDREN RETURN TO IN-PERSON LEARNING, THE EDUCATION DEPARTMENT WILL AGAIN

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** PEOPLE SERVING PEOPLE, INC. 41-1443148 ADJUST BACK TO ITS PREVIOUS MODEL AND WELCOME EVEN MORE CHILDREN IN ITS CLASSROOMS. IN SOUTH MINNEAPOLIS, PSP OFFERS ITS OFF-SITE CENTER OF EXCELLENCE PRESCHOOL AND LEARNING CENTER. THIS COMMUNITY-BASED CENTER ALLOWS PSP TO CONTINUE TO SERVE YOUNG GUESTS AFTER THEY LEAVE THE SHELTER AND SERVE OTHER NEIGHBORHOOD FAMILIES LOOKING FOR HIGH QUALITY CARE, ENRICHING CURRICULUM, AND PARENT ENGAGEMENT. THIS LICENSED CENTER ALSO HAS A 4-STAR PARENT AWARE RATING AND IS DESIGNATED A STRONG BEGINNINGS SITE BY HENNEPIN COUNTY. IN 2020, THE CENTER OF EXCELLENCE SERVED 75 UNDUPLICATED YOUTH. OF THESE YOUTH, 97% FELL BELOW 100% OF FEDERAL POVERTY GUIDELINES AND 92% IDENTIFIED AS CHILDREN OF COLOR. CHILDREN ARE ABLE TO EITHER STAY ALL DAY AT THE CENTER OR ATTEND BEFORE AND AFTERSCHOOL CARE. COVID CAUSED THE CENTER TO RESTRICT THE NUMBER OF ENROLLED CHILDREN AT A TIME TO ENSURE SAFE DISTANCING AND PARENTS/GUARDIANS ALSO CHOSE TO KEEP THEIR CHILDREN HOME MORE. HOWEVER, ATTENDANCE IS CURRENTLY INCREASING AS RESTRICTIONS ARE BEING LIFTED AND PARENTS/GUARDIANS ARE RETURNING TO IN-PERSON WORK. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THAT MANY PROGRAMS HAD TO BE ADJUSTED OR CANCELLED AS THEY RELIED ON GROUP CONVERSATIONS AND SUPPORT. WHILE VIRTUAL OPTIONS WERE TRIED, THERE WERE SIGNIFICANT TECHNOLOGY BARRIERS AND VARIED COMFORT LEVELS. THEREFORE, PSP STAFF ADJUSTED QUICKLY TO FIND NEW APPROACHES. FOR EXAMPLE, 13 GUESTS WERE STILL ABLE TO ATTEND PERSONALIZED FINANCIAL FITNESS CLASSES, 65 GUESTS ACCESSED MENTAL/CHEMICAL HEALTH FOCUSED

JOB OPENINGS AND HOUSING OPPORTUNITIES, 1162 VISITS WERE MADE TO PSP'S

SESSIONS, AND 29 GUESTS ACCEPTED SHORT-TERM THERAPY SESSIONS. TO FIND

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** PEOPLE SERVING PEOPLE, INC. 41-1443148 TECHNOLOGY RESOURCE CENTER BY 271 GUESTS. AS IT WAS DIFFICULT TO FIND JOBS FOR MOST OF 2020, 201 GUESTS ACCESSED 571 EMPLOYMENT SERVICES SESSIONS. WHILE 4% OF GUESTS WERE EMPLOYED WHEN THEY ARRIVED AT PSP, 14% WERE EMPLOYED WHEN THEY LEFT. ALTHOUGH 2020'S SERVICES LOOKED DIFFERENT THIS YEAR, GUESTS COULD STILL ACCESS THE CLIENT-CENTRIC PROGRAMS THAT PSP IS KNOWN FOR. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WHILE MUCH OF PSP IS FOCUSED ON FEEDING AND HOUSING HENNEPIN COUNTY FAMILIES, IT ALSO OFFERS MUCH MORE: SCATTERED THROUGHOUT THE SHELTER, PSP HAS TEN TWO-BEDROOM APARTMENTS THAT PROVIDE LONGER-TERM, AFFORDABLE HOUSING TO FAMILIES WITH MULTIPLE BARRIERS TO SELF-SUFFICIENCY. OUR PARENT ENGAGEMENT PROGRAM WORKS SIDE BY SIDE WITH PARENTS TO LEARN ABOUT CHILD DEVELOPMENT STAGES, RESOURCES, BEHAVIOR MANAGEMENT, ADVOCACY SKILLS, AND OTHER RELATED TOPICS AS PARENTS/GUARDIANS SEEK TO PROVIDE THE BEST ENVIRONMENT POSSIBLE FOR THEIR CHILDREN. NEW IN 2020, PSP'S HOMELESSNESS PREVENTION PROGRAM OFFERS FLEXIBLE, CLIENT-INFORMED SOLUTIONS TO FAMILIES WHO ARE AT RISK OF BECOMING HOMELESS. THIS COULD INCLUDE FINANCIAL RESOURCES TO FIX THEIR CAR SO THEY CAN GET TO WORK, MEDIATING WITH A LANDLORD OVER A DISPUTE, OR FINDING MORE AFFORDABLE CHILDCARE TO FREE UP THEIR MONTHLY BUDGET. HOMELESSNESS IS NOT AN ISSUE FACED BY INDIVIDUALS, IT IS AN ISSUE FACED BY COMMUNITIES. STRUCTURAL, INSTITUTIONAL BARRIERS ROOTED IN DECADES OF RACISM, CLASSISM, AND XENOPHOBIA LEADS TO INEQUALITIES THAT MAINTAIN A CONSTANT LEVEL OF HOUSING INSTABILITY. TO ADDRESS THESE

Name of the organization PEOPLE SERVING PEOPLE, INC.

Employer identification number 41-1443148

BARRIERS DIRECTLY, PSP ENGAGES IN ISSUE ADVOCACY AND DISCUSSIONS TO

EMPOWER THOSE MOST IMPACTED BY THE INEQUALITIES AND INFORM LAWMAKERS OF

WHAT TRUE CHANGE REQUIRES.

EXPENSES \$ 804,871. INCLUDING GRANTS OF \$ 0. REVENUE \$ 521,920.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR ITS REVIEW AND DISCUSSION

PRIOR TO FILING. BOTH THE FINANCE COMMITTEE AND KEY STAFF REVIEW THE

DOCUMENT PRIOR TO PRESENTING IT TO THE FULL BOARD AND ARE PRESENT TO ANSWER

ANY QUESTIONS. UPON APPROVAL OF AND ACCEPTANCE BY THE FULL BOARD, THE FORM

990 IS APPROPRIATELY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED BY ALL

BOARD MEMBERS AND KEY EMPLOYEES. PER THE POLICY, CONFLICTS ARISING ARE TO

BE REPORTED TO THE BOARD IN WRITING IMMEDIATELY UPON DISCOVERING THE

CONFLICT. WHERE A CONFLICT EXISTS, BOARD MEMBERS REFRAIN FROM VOTING AND

KEY EMPLOYEES ARE NOT ALLOWED TO EXERT ANY INFLUENCE ON ISSUES INVOLVING

THE CONFLICT. PROCEEDINGS ARE DOCUMENTED WITHIN MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR THE CEO'S SALARY. THE

COMMITTEE RESEARCHES COMPARABILITY DATA AND RECOMMENDS COMPENSATION. THE

FULL BOARD, IN CLOSED SESSION, APPROVES OF THE COMPENSATION.

THE CEO RESEARCHES COMPARABLE DATA TO DETERMINE THE COMPENSATION OF THE TOP MANAGEMENT OFFICIALS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

PEOPLE SERVING PEOPLE, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

41-1443148

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets	Direct contro entity		g
Part II Identification of Related Tax-Exempt Organionganizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))			Yes	No
PEOPLE SERVING PEOPLE CHARITIES, INC	FUNDRAISING TO SUPPORT PEOPLE SERVING PEOPLE,							
MINNEAPOLIS, MN 55415	INC. PROGRAMS	MINNESOTA	501(C)(3)	LINE 7	N/A			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
		l .					l						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No
-									

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			.,	
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		_X_
С	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		_X_
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEOPLE SERVING PEOPLE CHARITIES, INC.	С	2,254,955.	GRANT AMOUNT
(2) PEOPLE SERVING PEOPLE CHARITIES, INC.	K	1,382,496.	RENT STUDY
(3) PEOPLE SERVING PEOPLE CHARITIES, INC.	0	239,879.	COST
(4) PEOPLE SERVING PEOPLE CHARITIES, INC.	Q	107,134.	COST
(5) PEOPLE SERVING PEOPLE CHARITIES, INC.	С	331,888.	NON-CASH AMOUNT
<u>(6)</u>			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chan			41-19650	67
	Initial returr		Room/suite	E Telephone number	,
	Final return	614 SOUTH THIRD STREET		612-332-	
	terminated			G Gross receipts \$	8,707,884.
	Amer	MINNEAPOLIS, MN 55415-1104		H(a) Is this a group re	
	Appli- tion pendi	F Name and address of principal officer: KINAL KAI		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		te: WWW.PEOPLESERVINGPEOPLE.ORG	1	H(c) Group exemption	
	art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2000 N	1 State of legal domicile: MN
•	1	Briefly describe the organization's mission or most significant activities: SEE	CCHEDII	T.F. O	
ģ	₃ '	briefly describe the organization's mission of most significant activities.	<u>БСППРО</u>		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets
Ver	3			3	5
Ģ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			5
o V	5 5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			10
i‡i.	6	Total number of volunteers (estimate if necessary)			1296
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u>'</u> ь	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		2,282,395.	4,184,110.
5	9	Program service revenue (Part VIII, line 2g)		1,477,239.	1,461,286.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		365,620.	406,150.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,560.	175,905.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,094,694.	6,227,451.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,083,293.	2,586,843.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 445,891.	456,302.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		445,691.	456,302.
Fxnenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 480,4	<u> </u>	0.	0.
ž	17	Total fundraising expenses (Part IX, column (D), line 25) 480, 40 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,079,016.	1,046,141.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,608,200.	4,089,286.
	19	Revenue less expenses. Subtract line 18 from line 12		-513,506.	2,138,165.
	8 13 Y	Trevende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year
ets (일 20	Total assets (Part X, line 16)		18,117,467.	20,215,789.
Ass	명 21	Total liabilities (Part X, line 26)		3,511,354.	3,303,275.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		14,606,113.	16,912,514.
P	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		21			
Sig		Signature of officer		Date	
He	re	BETH NUTHALS, SENIOR DIRECTOR OF FINAN Type or print name and title	ICE		
			Тг	Date Check	I PTIN
D-:		Print/Type preparer's name Preparer's signature T AND ENGE II MOIID ODA		= 14 5 10 4 if	
Pai		LAWRENCE H. MOHR, CPA LAWRENCE H. MOHI	K, CPU	7/16/21 self-employ	<u>P00447603</u> 39-0859910
	parer	Firm's name BAKER TILLY US, LLP Firm's address 225 S 6TH ST #2300		FIRM'S EIN	J9-0033310
USE	Only	Firm's address 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402		Dhone no £1	2.876.4500
N/a	v tha !	•		I Priorie no. O I	77
ivia	ıy ırıe I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PEOPLE SERVING PEOPLE CHARITIES, INC.'S MISSION IS TO PROVIDE SUPPORT
	SOLELY TO PEOPLE SERVING PEOPLE, INC. THIS SUPPORT INCLUDES
	FUNDRAISING, MARKETING, AND RECRUITING AND COORDINATING VOLUNTEERS.
	THIS ALLOWS PEOPLE SERVING PEOPLE, INC. TO PROVIDE PROGRAMMING AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,586,843. including grants of \$2,586,843.) (Revenue \$160,438.) PROVIDING FINANCIAL AND IN-KIND SUPPORT TO PEOPLE SERVING PEOPLE, INC.,
	WHICH IS THE LARGEST AND MOST COMPREHENSIVE EMERGENCY SHELTER FOR
	FAMILIES EXPERIENCING HOMELESSNESS IN MINNESOTA AND A DEDICATED LEADER
	IN HOMELESSNESS PREVENTION THAT ENVISIONS A COMMUNITY IN WHICH ALL
	CHILDREN HAVE THE STABILITY AND SUPPORT THEY NEED TO DEVELOP THEIR FULL
	CAPACITY TO THRIVE. PREVENTION INCLUDES PROVIDING EARLY CHILDHOOD
	EDUCATION, WORKING TO CHANGE SYSTEMS AND IMPROVE THE FIELD OF TRAUMA
	INFORMED CARE.
4b	(Code:) (Expenses \$ 707,508 • including grants of \$) (Revenue \$1,382,496 •)
	RENTING TO PEOPLE SERVING PEOPLE, INC. SPACE FOR THE OPERATION OF
	PEOPLE SERVING PEOPLE, INC'S SHELTER AND RELATED SERVICES.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,294,351.
	Form 990 (2020)

Part 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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12	1 11 11 11 11 11 11 11 11 11 11 11 11 1	13	- 21	Х
13	, , ,			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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	17		<u> X</u>
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	X	<u> </u>
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form	990 (2020) PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965	067	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		v	
04-	Schedule J	23	X	
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	24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	v	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 *
30		38	Х	
Pai		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			"
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2020) PEOPLE SERVING PEOPLE CHARITIES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
a b		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
Ŭ	to file Form 8282?	7с		x
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 contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from other courses (De not not amounts due or paid to other sources against			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	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 the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	F	990	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
				_	Ye	s	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	_				
_				2			X	
•						+		
3	Did the organization delegate control over management duties customarily performed by or under the						v	
						+	<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 9					+	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		4	X	
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 ap	point	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, st	ockho	lders, or					
	persons other than the governing body?			7b			Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а								
b	Each committee with authority to act on behalf of the governing body?			81:	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9			Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			. , -	- 1			
	This Section B requests information about policies not required by the internal ne	venue	Code.)		Ye		No	
100	Did the organization have local chapters, branches, or affiliates?			10		+	X	
				10	2	\dashv		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10				
44-	· · · · · · · · · · · · · · · · · · ·					-		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betoi	e filing the form?	11:	a X	-		
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					-		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12) X	4		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	,						
	in Schedule O how this was done			12		-		
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	. X			
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15	а		X	
	Other officers or key employees of the organization			15	.	T	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 arrangem	nent w	ith a					
	taxable entity during the year?			16	a	Т	Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•					
	exempt status with respect to such arrangements?			16	,			
Sec	tion C. Disclosure			100	<u>, </u>			
17	List the states with which a copy of this Form 990 is required to be filed ►MN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd aan	-T (Section 501(a)	3)e on!	(/) ava	ilah		
10	for public inspection. Indicate how you made these available. Check all that apply.	iu 330	1 (06011011 301 (0))	uja Uili	y) ava	ııaD	10	
40	X Own website Another's website X Upon request Other (explain			.a.d.e				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict (or interest policy, a	na fina	ncial			
•	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	BETH NUTHALS - 612-277-0245							
	614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104	<u> </u>						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	Cer ai	lu a u	recid	JI/II US	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 27 1000 141100)		and related
	below	idual	ution	, in	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) DANIEL GUMNIT	5.00									
CEO & BOARD PRESIDENT (OUTGOING)	35.00			Х				0.	140,610.	20,542.
(2) RINAL RAY	5.00									
CHIEF EXECUTIVE OFFICER	35.00			X				0.	145,407.	8,101.
(3) BETH NUTHALS	5.00	1								
SR. DIR. OF FINANCE	35.00			X				0.	89,072.	18,626.
(4) GUY BECKER	1.00]								
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(5) STEFANI TYGAR BARNES	1.00	1							_	_
BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(6) JOE CHYBOWSKI	1.00	1							_	_
TREASURER	0.00			X				0.	0.	0.
(7) LA TOYA BURRELL	1.00	1							_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) MICHAEL KREMENAK	1.00	J								
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) JESSE BERGLAND	1.00	ļ								
BOARD MEMBER	0.00	Х						0.	0.	0.
		4								
		4								
		4								
		-								
		1								
	-	<u> </u>								
		1								
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		1								
	+	1	\vdash		-					
		1								
			<u> </u>			<u> </u>	l	1	l	

		ERVING F	EC	PI	Έ	CH	ΙAR	ΙΊ	TIES, INC.	41-1	965	067	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box	, unle	Pos heck i ss per	more rson i	than of s both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from relate organization	on d	am	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		fro orga and	om the anizati d relate nizatio	e on ed
			-											
	Subtotal Total from continuation sheets to Part VII							<u> </u>	0.	375,0	89.	47	7,26	59. 0.
	Total (add lines 1b and 1c) Total number of individuals (including but no							o re	0. eceived more than \$100	375,0 ,000 of reportabl		47	7,26	59. 0
3	compensation from the organization Did the organization list any former officer,	director, trusto	ee, k	еу е	empl	loye	e, or	hig	ghest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	Х	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue comper	ısati	on f	rom	any	unre	elate	ed organization or indivi	dual for services		5	Λ	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors										pensat	ion fro	m	
	the organization. Report compensation for t (A) Name and business) NI		ith C	or wi	tnin	the organization's tax y (B) Description of s		С	(C omper		า
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos (ted	above) who received m	ore than		Form (9 90 (2020/
												· OHIH •	(2	_0_0)

Form 990 (2020) PEOPLE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Officer if Octredule O Contains a response of	n note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
irai our	k	b Membership dues 1b					
s, G	(c Fundraising events1c	203,501.				
äf. ar	C	d Related organizations 1d					
s, (mil	6	e Government grants (contributions) 1e					
ion	f	f All other contributions, gifts, grants, and					
out the		similar amounts not included above	3,980,609.				
Öİİ		g Noncash contributions included in lines 1a-1f	333,453.				
Sor	ŀ	h Total. Add lines 1a-1f	•	4,184,110.			
			Business Code				
•	2 8	a PSP RENT	532000	1,382,496.	1,382,496.		
/ice	2 4	b PSP SUPPORT SERVICES	561000	78,790.			78,790.
er) ue		~	301000	70,730.			70,750.
n S /en	(·					
arai Be	(d					
Program Service Revenue	•	e					
Д		f All other program service revenue					
		Total. Add lines 2a-2f		1,461,286.			
	3	Investment income (including dividends, interes					
		other similar amounts)		188,930.			188,930.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
	k	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,685,608.					
	ŀ	b Less: cost or other basis					
ō	_	and sales expenses 7b 2,468,388.					
nu.		c Gain or (loss) 7c 217, 220.					
Revenue		d Net gain or (loss)		217,220.			217,220.
her F		a Gross income from fundraising events (not					
Othe	0 4	including \$ of					
O							
		contributions reported on line 1c). See	27,512.				
	_	Part IV, line 18					
		b Less: direct expenses 8b	12,045.	15 467			15 467
		c Net income or (loss) from fundraising events	·····	15,467.			15,467.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	b Less: direct expenses 9b					
	C	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	b Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory	>				
•			Business Code				
sno é	11 a	a DEBT FORGIVENESS INCOME	525990	160,075.	160,075.		
ne	k	MISC INCOME	900099	363.	363.		_
ella		c					
Miscellaneous Revenue		d All other revenue					
2	_	e Total. Add lines 11a-11d		160,438.			
	12	Total revenue. See instructions		6,227,451.	1,542,934.	0.	500,407.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,586,843. 2,586,843. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 371,300. 74,260. 297,040. Other salaries and wages 7 Pension plan accruals and contributions (include 2,181. 10,905. 8,724. section 401(k) and 403(b) employer contributions) 45,855. 9,171. 36,684. Other employee benefits 9 28,242. 5,648. 22,594. 10 Payroll taxes Fees for services (nonemployees): Management Legal 13,554. 13,554. Accounting Lobbying Professional fundraising services. See Part IV, line 17 39,000. 39,000. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 161,114. 166,114. 5,000. column (A) amount, list line 11g expenses on Sch O.) 13,600.13,600. Advertising and promotion 12 68,754.1,975. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 181. 181. Conferences, conventions, and meetings 19 28,439. 28,439. 20 Payments to affiliates 21 670,687. 650,566. 20,121. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 29,384. 28,503. 881. BUILDING MAINTENANCE 16,428. 142. 16,286. All other expenses 4,089,286. 3,294,351. 314,493. 480,442. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2020)

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Part 2	A	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,921,953.	1	5,971,932
:	2	Savings and temporary cash investments			777,392.	2	303,209
;	3	Pledges and grants receivable, net			7,640.	3	267,663
4	4	Accounts receivable, net		4			
;	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these		5			
(6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
တ္ ြ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹ 9	9	B			12,680.	9	17,628
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		16,077,819.			
	b	Less: accumulated depreciation	10b	11,305,403.	5,443,103.	10c	4,772,416
11	1	Investments - publicly traded securities			8,896,054.	11	8,882,941
12	2	Investments - other securities. See Part IV, line 11				12	
13	3	Investments - program-related. See Part IV, line 11				13	
14	4	Intangible assets		14			
14	5	Other assets. See Part IV, line 11			58,645.	15	0
10	6	Total assets. Add lines 1 through 15 (must equal	line 3	3)	18,117,467.	16	20,215,789
17	7	Accounts payable and accrued expenses			88,229.	17	26,326
18	8	Grants payable				18	
19	9	Deferred revenue	460,000.	19	696,715		
20	0	Tax-exempt bond liabilities			20		
2	1	Escrow or custodial account liability. Complete Pa				21	
ရွ 2	2	Loans and other payables to any current or former					
≝		trustee, key employee, creator or founder, substar					
Liabilities		controlled entity or family member of any of these			0.000.105	22	0.000.000
2		Secured mortgages and notes payable to unrelate			2,963,125.	23	2,260,000
24		Unsecured notes and loans payable to unrelated t				24	
2	5	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24).	Complete Part X	0		200 024
		of Schedule D			0.	25	320,234
20	6			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3,511,354.	26	3,303,275
ر س		Organizations that follow FASB ASC 958, check	k here				
و ع	_	and complete lines 27, 28, 32, and 33.			11 512 706		16 500 252
<u>a</u> 2					14,513,786.		16,599,253
<u>m</u> 28	8	Net assets with donor restrictions			92,327.	28	313,261
<u>š</u>		Organizations that do not follow FASB ASC 958	3, che	ck here L			
교	_	and complete lines 29 through 33.		00			
St 29		Capital stock or trust principal, or current funds		29			
88 30		Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated inco			1/ 606 112	31	16,912,514
_		Total net assets or fund balances			14,606,113. 18,117,467.	32	20,215,789
33	<u>ა</u>	Total liabilities and net assets/fund balances			10,111,40/	33	Eorm 990 (202

Form **990** (2020)

	n 990 (2020) PEOPLE SERVING PEOPLE CHARITIES, INC.	41-196	<u> 5067</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				·
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>6,227</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		4,089		
3	Revenue less expenses. Subtract line 2 from line 1		2,138		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	4,606		
5	Net unrealized gains (losses) on investments	5	168	3,2	<u>36.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1	6,912	2,5	<u>14.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

ZUZU
Open to Public

Inspection

Name of the organization

Employer identification number

PEOPLE SERVING PEOPLE CHARITIES 41-1965067 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965067 Page 2

Part II 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.)

Se	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1950633.	1854483.	1795807.	2282395.	4183784.	12067102.
2	Tax revenues levied for the organ-						
	ization'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	1950633.	1854483.	1795807.	2282395.	4183784.	12067102.
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)						766,471.
6	Public support. Subtract line 5 from line 4.						11300631.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1950633.	1854483.	1795807.	2282395.	4183784.	12067102.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	204,695.	188,925.	227,289.	278,300.	188,930.	1088139.
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 VI.)	55,894.	553,407.	72,423.	50,000.		892,162.
11	Total support. Add lines 7 through 10						14047403.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 7	,042,356.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2020 (I					14	80.45 %
	Public support percentage from 2019					15	74.53 <u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<u>X</u>
k	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•				
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		,
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	eaule A (Form 990	or 990-EZ) 2020

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						1
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						
c Add lines 7a and 7b						+
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2017	(0) 2010	(4) 2013	(6) 2020	(i) rotai
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						
c 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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	
Public support percentage from 2019	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves						
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and line 1	
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, chec	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
20 Private foundation. If the organization						
-c rato rourrautioni, ii tilo organization	. Gra Hot Officer a	~~~ OII III IO 17, 13	a, or roo, orrook tr			🔽 🗀

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Ou		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
35		
9с		
10a		
10b		

b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	٤
	Activities Test. Answer lines 2a and 2b below.		L
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l
	those supported organizations and explain how these activities directly furthered their exempt purposes,		l
	how the organization was responsive to those supported organizations, and how the organization determined		l
	that these activities constituted substantially all of its activities.	2a	L
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		l
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		l
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		l
	these activities but for the organization's involvement.	2b	l

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2020.04001 PEOPLE SERVING PEOPLE CHA 121667_1

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	T V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	mizations (continu	<u>ıed)</u>	T
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			_1_	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
organizations, in excess of income from activity				2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9				9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) 2020

b Applied to 2020 distributable amount

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2016 AMOUNT: \$	5,894.
2017 AMOUNT: \$	4,407.
2018 AMOUNT: \$	22,423.
2020 AMOUNT: \$	363.
DEBT FORGIVENESS	
2016 AMOUNT: \$	50,000.
2017 AMOUNT: \$	549,000.
2018 AMOUNT: \$	50,000.
2019 AMOUNT: \$	50,000.
2020 AMOUNT: \$	160,075.

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Filers of:

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Organization type (check one):

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

Section:

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \int \frac{

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 289,179. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	Tunio, dudioso, dilu Eli T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, audiess, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 209,616. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- - \$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- - \$\$ <u>85,633.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- \$\$83,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1		\$129,179 .	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD	\$85,633 . _	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965067 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-1965067

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Complete if the digalization answered Tes Offronti 990, Fart IV, line TTa. See Forth 990, Fart X, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		902,681.		902,681.			
b Buildings		14,598,645.	10,995,207.	3,603,438.			
c Leasehold improvements							
d Equipment		576,493.	310,196.	266,297.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal	4,772,416.						

Schedule D (Form 990) 2020

	NG PEOPLE CH	ARITIES, INC. 41-	1965067 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 900 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1) Financial derivatives		, ,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	5 000 B + 11/4 II	44 0 5 000 5 1 1 1	
Complete if the organization answered "Yes" o	Description	Tid. See Form 990, Part X, line 15.	(b) Book value
	<u> </u>		(b) DOOK Value
<u>(1)</u>			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 000 Bort V line 25	
(a) Describellar of Palatin	TI FOITH 990, Part IV, IINE	THE OF THE SEE FORM 990, Part A, line 25.	(b) Book value
(1) Federal income taxes			(S) DOOK VAIGO
(2) ACCOUNTS PAYABLE - PEOPLE	SERVING	<u> </u>	
(2) ACCOUNTS FATABLE - FEOFILE	D-11. A TIAG	+	220 224

(4) (5) (6) (7) (8)

320,234. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

351,471.

6,188,451.

3

39,000.

4a

	dule D (Form 990) 2020 PEOPLE SERVING PEOPLE CHARI	TIE	S, INC.	41-	1965067	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	ts Wi	th Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,539	,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	168,236.			
b	Donated services and use of facilities	2b	171,190.			
С	Recoveries of prior year grants	2c				
					1	

Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

39,000. Add lines 4a and 4b 4c 6,227,451

Pai	T XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	ih Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,233,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	171,190.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	12,045.		
е	Add lines 2a through 2d			2e	183,235.
3	Subtract line 2e from line 1			3	4,050,286.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,000.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	39,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	4,089,286.
Da:	t VIII Cumplemental Information				

Part XIII Supplemental Information.

d Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BOTH PEOPLE SERVING PEOPLE, INC. AND CHARITIES QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, AND ALSO ARE EXEMPT FROM STATE INCOME TAX. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. BOTH ORGANIZATIONS HAVE BEEN CLASSIFIED AS A PUBLIC CHARITY UNDER SECTIONS 501(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE, AND THEREFORE CHARITABLE CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nama	of the	organizatio	,

Employer identification number

PEOPLE	SERVING PEOPLE CHA	RIT	[ES	, INC.	41-1965	067
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais a	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity				(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E		Schedule G (Form 9	90 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965067 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BACK TO NONE (add col. (a) through ANNUAL GALA SCHOOL BREAK col. (c)) (event type) (event type) (total number) 198,024. 32,989. 231,013. Gross receipts 170,512. 32,989. 203,501. 2 Less: Contributions 27,512. **3** Gross income (line 1 minus line 2) 27,512. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 10,545. 1,500. 12,045. Other direct expenses 12,045 **10** Direct expense summary. Add lines 4 through 9 in column (d) 15,467 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1	L965067	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ī	retain the state gaming license?	Yes	No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lines 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	.,,
_	ros, ros, ro, and rro, as approase. ruse provide any additional information.		
_			

Schedule G	G (Form 990 or 990-EZ)	PEOPLE	SERVING	PEOPLE	CHARITIES,	INC.	41-1965067	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(con:}	tinued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization PEOPLE SERVING PEOPLE CHARITIES, INC.							Employer identification number
	41-1965067						
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p							
aranto ana o trior 7 toolotarioo t					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	<u> </u>	· ·	· ·		(f) Method of	(a) Description of	(h) Dumass of suppl
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEOPLE SERVING PEOPLE INC.							
614 S. 3RD STREET		504 (5) (0)	0.054.055	224 222		L	SUPPORT FOR PROGRAMS AND
MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	2,254,955.	331,888.	F'MV	FOOD/SUPPLIES	SERVICES
	1						
2 Enter total number of section 501(c)(3)	-	-	e line 1 table				<u> </u>
3 Enter total number of other organization	ns listed in the line	1 table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part IV Supplemental Information. Provide the information rec	 quired in Part I, lin	e 2; Part III, columr	l n (b); and any other ad	ditional information.	
ART I, LINE 2:					
HE ORGANIZATION MONITORS THE USE	OF GRANT	FUNDS, THI	ROUGH COMMO	N OFFICERS,	
TTENDANCE AT PEOPLE SERVING PEOPL					
OMMON WITH PEOPLE SERVING PEOPLE,					
EPORTS FOR SPECIFIC GRANTS AS REQ			Old III		
MAN GA GIMANÐ SITISATG NOT GINOTE	OESTED BI	GRANION.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-1965067

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	, , , , , , , , , , , , , , , , , , , ,	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	1	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DANIEL GUMNIT (i)	0.	0.	0.	0.	0.	0.	0.
CEO & BOARD PRESIDENT (OUTGOING) (ii)	103,644.	20,625.	16,341.	7,208.	13,334.	161,152.	0.
(2) RINAL RAY (i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER (ii)	144,307.	1,100.	0.	7,270.	831.	153,508.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							
(i) (ii)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							

Tax III Ouppenditus information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS NOT COMPENSATED BY THE
ORGANIZATION BUT IS COMPENSATED BY A RELATED ORGANIZATION, PEOPLE SERVING
PEOPLE, INC. PEOPLE SERVING PEOPLE, INC. USES THE FOLLOWING METHODS TO
ESTABLISH COMPENSATION OF THE TOP MANAGEMENT OFFICIAL:
-COMPENSATION COMMITTEE
-COMPENSATION SURVEY OR STUDY
-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization PEOPLE SERVING PEOPLE CHARITIES, INC. Employer identification number 41-1965067

	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) nod of determir contribution a	•	ts
1	Art - Works of art			,	,				
2	Art - Historical treasures								
}	Art - Fractional interests								
	Books and publications								
	Clothing and household goods								
	Cars and other vehicles								
	Boats and planes								
	Intellectual property								
	Securities - Publicly traded								
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
	Qualified conservation contribution -								
	Historic structures								
	Qualified conservation contribution - Other								_
	Real estate - Residential								_
	Real estate - Commercial								_
	Real estate - Other								_
	Collectibles								_
	Food inventory	X	13	155	,151.	COST			_
	Drugs and medical supplies	F			,,	0022			_
	Taxidermy								_
	Historical artifacts								_
									_
	Scientific specimens								_
	Archeological artifacts Other ▶ (SUPPLIES)	X	143	178	3,302.	COST			_
			1 1 1 1 1	170	7,304.	CODI			_
	Other ()								_
	Other ()								_
_	Other ()								_
	Number of Forms 8283 received by the organi							0	
	for which the organization completed Form 82	183, Part V, L	onee Acknowleag	ement	29			-	Т
	B				4.11			Yes	H
1	During the year, did the organization receive b	•		•	_				1
	must hold for at least three years from the dat								Н
	exempt purposes for the entire holding period	?					<u>30a</u>		L
)	If "Yes," describe the arrangement in Part II.							37	H
	Does the organization have a gift acceptance		•	•		tions?	<u>31</u>	X	+
1	Does the organization hire or use third parties contributions?		•				32a		L
כ	If "Yes," describe in Part II.								
	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column	n (a) is ched	cked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

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.

► Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-1965067

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE SERVING PEOPLE CHARITIES, INC'S MISSION IS TO PROVIDE SUPPORT

SOLELY TO PEOPLE SERVING PEOPLE, INC. FOR THE PROGRAMMING AND SERVICES

OFFERED TO BREAK THE CYCLE OF POVERTY AND HELP FAMILIES THRIVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO FAMILIES AT-RISK OF AND EXPERIENCING HOMELESSNESS IN AN

EFFORT TO END FAMILY HOMELESSNESS IN HENNEPIN COUNTY.

FORM 990, PART VI, SECTION A, LINE 7A:

ONE OF THE DIRECTORS SHALL BE ELECTED BY THE BOARD OF DIRECTORS OF PEOPLE SERVING PEOPLE, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR ITS REVIEW AND DISCUSSION

PRIOR TO FILING. BOTH THE FINANCE COMMITTEE AND STAFF REVIEW THE DOCUMENT

PRIOR TO PRESENTING IT TO THE FULL BOARD AND ARE PRESENT TO ANSWER ANY

QUESTIONS. UPON APPROVAL AND ACCEPTANCE OF THE FULL BOARD, THE FORM 990 IS

APPROPRIATELY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

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

ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED BY ALL

BOARD MEMBERS AND KEY EMPLOYEES. PER THE POLICY, CONFLICTS ARISING ARE TO

BE REPORTED TO THE BOARD IN WRITING IMMEDIATELY UPON DISCOVERING THE

CONFLICT. WHERE A CONFLICT EXISTS, BOARD MEMBERS REFRAIN FROM VOTING AND

KEY EMPLOYEES ARE NOT ALLOWED TO EXERT ANY INFLUENCE ON ISSUES INVOLVING

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

PEOPLE SERVING PEOPLE CHARITIES, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1965067

(f) t controllin entity	
kempt	
con	(g) ection 512(b)(13) controlled entity?
Yes	es No
	X
_	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

	11 mm m (D1) 10 1 m T 11 D1 11	0 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	IIX/II F 000	D - + N / P 0 4	to a contract the first of the contract of the
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate itions?	Code V-UBI amount in box 20 of Schedule	managir partner	or Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions w	with one or more rel	ated organizations listed ir	Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
					1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)								
-									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	Performance of services or membership or fundraising solicitations for related organiz				11	Х			
	Performance of services or membership or fundraising solicitations by related organiz				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	()			1n	Х			
					10	Х			
_									
р	Reimbursement paid to related organization(s) for expenses				1p	х			
	Reimbursement paid by related organization(s) for expenses				1q	Х			
٩	The most be made by related enganization (by for expenses				-19				
r	Other transfer of cash or property to related organization(s)				1r		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who				1s		X		
				•					
	(a)	(b)	(c)	(d)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEOPLE SERVING PEOPLE, INC	В	2,254,955.	GRANT AMOUNT
(2) PEOPLE SERVING PEOPLE, INC	J	1,382,496.	RENT STUDY
(3) PEOPLE SERVING PEOPLE, INC	0	239,879.	COST
(4) PEOPLE SERVING PEOPLE, INC	P	107,134.	COST
(5) PEOPLE SERVING PEOPLE, INC	В	331,888.	NON-CASH AMOUNT
(6)			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

032165 10-28-20 Schedule R (Form 990) 2020