** PUBLIC DISCLOSURE COPY **

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For th	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicab	c Name of organization		D Employer identif	ication number
	Addre chang	es PEOPLE SERVING PEOPLE CHARITIES, INC.			
	Name			41-1965067	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final return	614 SOUTH THIRD STREET		612-332-4500)
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,775,926.
	Amen return	MINNEAFOLIS, MN 55415-1104		H(a) Is this a group r	eturn
	Applie tion	F Name and address of principal officer: KINAL KAT		for subordinates	s? Yes 🗴 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	a list. See instructions
_	Websi			H(c) Group exemption	on number
		organization: X Corporation Trust Association Other	L Year	of formation: 2000	M State of legal domicile: MN
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDULE O		
anc					
Governance	2	Check this box if the organization discontinued its operations or dispos			1
No.	3				4
		Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10 223
Activities &	6	Total number of volunteers (estimate if necessary)			
AC	/a	Total unrelated business revenue from Part VIII, column (C), line 12			
	<u>а</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,279,858.	2,801,323.
ne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,457,294.	2,069,036.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,297,332.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-67,752.	-56,347.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,966,732.	5,063,319.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,145,660.	1,397,615.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
c,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		508,251.	496,271.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Del	b	Total fundraising expenses (Part IX, column (D), line 25) 495,			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,011,814.	1,080,416.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,665,725.	2,974,302.
	19	Revenue less expenses. Subtract line 18 from line 12		1,301,007.	2,089,017.
or	<u> </u>		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		20,919,936.	21,607,389.
As As		Total liabilities (Part X, line 26)		2,768,732.	2,867,868.
Net		Net assets or fund balances. Subtract line 21 from line 20		18,151,204.	18,739,521.
P	art II	Signature Block			

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

Sign	Signature of off	cer		[Date		
Here	BETH CHALME	RS, DIRECTOR OF FINANCE					
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN	
Paid	KAREN A. GR	IES	KAREN A. GRIES	08/10/23	self-employed	₽00078514	
Preparer	Firm's name	BAKER TILLY US, LLP		F	irm's EIN 39	-0859910	
Use Only	Firm's address	225 S 6TH ST #2300					
		MINNEAPOLIS, MN 55402		F	hone no.612.8	76.4500	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 390 (2022) PEOPLE SERVING PEOPLE CHARTTIES, INC. Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Image: 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 CHARTTIES, INC.'S MISSION IS TO PROVIDE SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC. THIS SUPPORT INCLUDES FUNDRAISING, MARKETING, AND RECRUITING AND COORDINATING VOLUMPEERS. 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 th prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 3 Did the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported. 40 Code:) (Expenses 1, 397, 615. Including grants of 1, 397, 615.) PROVIDING FINANCIAL AND IN-KIND SUPPORT TO PEOPLE SERVING PEOPLE, INC., WHICH IS THE LARGEST AND MOST COMPREMENSIVE EMERGENCY SHELTER FOR PAMILIES EXPERIENCING HOMELESSNESS IN MINNESOTA AND A DEDICATED LEADER IN HOMELESSNESS FREVENTION THAT ENVISIONS HEALED FAMILIES AND TRANSFORMED COMUNITYIES, PREVENTION INCLUDES FRONTING VALUE ALLY CHILDHOD EDUCATION, WORKING TO CHANGE SYSTEMS AND IMPROVE THE FIELD OF TRAUMA INFORMED CARE,	e wes? Ye s, as measured by expense others, the total expenses, (Revenue \$	es X No es X No s. and
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which is the largest and most comprehensive emergency shelter for FAMILIES EXPERIENCING HOMELESSNESS IN MINNESOTA AND A DEDICATED LEADER IN HOMELESSNESS PREVENTION THAT ENVISIONS HEALED FAMILIES AND TRANSFORMED COMMUNITIES. PREVENTION INCLUDES PROVIDING EARLY CHILDHOOD EDUCATION, WORKING TO CHANGE SYSTEMS AND IMPROVE THE FIELD OF TRAUMA INFORMED CARE.		
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RENTING TO PEOPLE SERVING PEOPLE, INC. SPACE FOR THE OPERATION OF	Revenue \$ 1,9	91,112.)
PEOPLE SERVING PEOPLE, INC'S SHELTER AND RELATED SERVICES.		/
4c (Code:) (Expenses \$ including grants of \$)	Revenue \$)
4d Other program services (Describe on Schedule O.)		
	١	
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses 2,159,115.)	
	Form	990 (2022)
232002 12-13-22	1.0111	

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Form	990	(2022)

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067 Page **3**

Par	t 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8		x
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		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	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	х	
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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
222000				(2022)
232003	3 12-13-22			(2022)

12210810 144198 121667

04010 550

4

			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			
	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	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
U	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		X
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		X
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			
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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?			
	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	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dec	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 2 of Earm 1006. Enter 0, if not emplicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22		990	(2022)
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2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

	990 (2022) PEOPLE SERVING PEOPLE CHARITIES, INC. 41-196506	7	Р	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements		Yes	No
Za	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			
b	filed for the calendar year ending with or within the year covered by this return 2a 10 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		<u>20</u> 3a		x
	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	0.0		
14	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
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).			
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	L
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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? N/A	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a L				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a h	Gross income from members or shareholders <u>N/A</u> 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
1 2 a	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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	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 the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17		
	If "Yes," complete Form 6069.		0000	
232005	12-13-22	Form	990	(2022)

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⁶ 2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		A
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4	103	
	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		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2		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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			X
7a				
	more members of the governing body?		х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		х	
b	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'	? 11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15 b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(;)(3)s only)	availa	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	cial	
	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 books and records			
	BETH CHALMERS - 612-277-0245			
	614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104			
	UT DOUTH THIRD DIREFT, MINNERFOLD, MA SSAIS 1104		9 90	

<u>Form 990 (2022)</u>	PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067	Page /
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated	
Emplo	yees, and Independent Contractors		
Check if	Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	s, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this tal	ble for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organization	's tax year.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than o s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d	lirecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RINAL RAY	5.00	_		0	\mathbf{x}	Ξæ	<u> </u>			
CHIEF EXECUTIVE OFFICER	35.00			x				٥.	171,723.	11,154.
(2) BETH CHALMERS	5.00									
DIRECTOR OF FINANCE	35.00			х				0.	106,070.	9,465.
(3) JAKE GALE	5.00									
SR DIRECTOR OF OPERATIONS	35.00					X		0.	108,253.	7,030.
(4) STEFANI TYGAR BARNES	1.00									
BOARD CHAIR		Х		х				0.	0.	0.
(5) KEITH HUG	1.00									
BOARD VICE CHAIR		х		x				0.	0.	0.
(6) JOE CHYBOWSKI	1.00									
TREASURER		Х		х				0.	0.	0.
(7) KAREN KEPLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
			-			-				
							1			
			_	_		_	_			Form 990 (2022)

Form 990 (2022)

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	990 (2022) PEOPLE SERVIN	G PEOPLE C	HAR	ITI	ES,	IN	c.			41-19	6506	7	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unles	ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) stimate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e on ed
			-											
			-											
	Subtotal								0.	386,			27,	649.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	386,	0. 046.		27,	0. 649.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e			0
3	Did the organization list any former officer,	director. truste	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	ıch individual										3		X
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>											5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
	the organization. Report compensation for t (A)	he calendar ye	ear e	endir	ng w	ith c	or wit	hin:	the organization's tax yeta (B)	ear.		(0	<u></u>	
	Name and business	address							Description of s	ervices	C		nsatior	۱
	BERT MECHANICAL CONTR. LLC W 74TH ST., EDINA, MN 55439							-	HVAC CONTRACTOR				461,	500.
2	Total number of independent contractors (in	•	ot lin	nited	d to f		e list	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	allUll				-	-					Form	990 (2	2022)

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h c d e f g h 2 a b c d e f g 2 a b c d e f g 3 4 5 6 a b c d e f g b c d e f g h c d e f g h c c d e f g h c c d e f g h c c d e f g h c c d e g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c c d c c d c g h c c d c c c c c d c	PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ributio grants l above lines 1a l'S S S revent ding di	1a 1b 1c 1d pons) 1e s, and e 1f a-1f 1g since dividends, ir exempt boo	3 	168,109. 2,633,214. 254,647. Business Code 532000 624000 561000 	2,801,323. 1,378,700. 612,412. 77,924. 2,069,036. 273,355.	Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu
h c d e f g h 2 a b c d e f g 2 a b c d e f g 3 4 5 6 a b c d e f g b c d e f g h c d e f g h c c d e f g h c c d e f g h c c d e f g h c c d e g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c c d c c d c g h c c d c c c c c d c	Federated campaigns Membership dues Fundraising events Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ributio grants l above lines 1a l'S S S revent ding di	1a 1b 1c 1d pons) 1e S, and e 1f a-1f 1g nue	3 	168,109. 2,633,214. 254,647. Business Code 532000 624000 561000 	Total revenue 2,801,323. 1,378,700. 612,412. 77,924. 2,069,036.	Related or exempt function revenue	Unrelated	Revenue exclu from tax und sections 512 -
h c d e f g h 2 a b c d e f g 2 a b c d e f g 3 4 5 6 a b c d e f g b c d e f g h c d e f g h c c d e f g h c c d e f g h c c d e f g h c c d e g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c c d c c d c g h c c d c c c c c d c	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included in Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ributio grants l above lines 1a 25 25 25 25 25 25 25 25 25 25 25 25 25	1b 1c 1d pons) 1e s, and e 1f a-1f 1g	ntere	2,633,214. 254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			77,9
h c d e f g h 2 a b c d e f g 2 a b c d e f g 3 4 5 6 a b c d e f g b c d e f g h c d e f g h c c d e f g h c c d e f g h c c d e f g h c c d e g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c g h c c d c c d c c d c g h c c d c c c c c d c	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included in Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ributio grants l above lines 1a 25 25 25 25 25 25 25 25 25 25 25 25 25	1b 1c 1d pons) 1e s, and e 1f a-1f 1g	ntere	2,633,214. 254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ributio grants l above lines 1a 25 25 25 25 25 25 25 25 25 25 25 25 25	Ic 1d pons) 1e s, and 1f a-1f 1g \$	ntere	2,633,214. 254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f <u>OVERNMENT CONTRACT</u> PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Cross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ribution grants l above lines 1a revent ding di	inue	ntere	254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f <u>PSP RENT</u> <u>GOVERNMENT CONTRACT</u> <u>PSP SUPPORT SERVICE</u> All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Cross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	grants l above lines 1a 'S 'S 'S 'S 'S 'S 'S 'S 'S 'S 'S 'S 'S	s, and e 1f 1g sue dividends, ir exempt bo	ntere	254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	similar amounts not included Noncash contributions included in Total. Add lines 1a-1f <u>PSP RENT</u> GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	above lines 1a revent of tax-e	e 1f a-1f 1g nue dividends, ir	ntere	254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Noncash contributions included in Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (included) other similar amounts) Income from investment of Royalties Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di	a-1f 1g	ntere	254,647. Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Total. Add lines 1a-1f PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di	lividends, ir exempt bo	ntere	Business Code 532000 624000 561000 sst, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
2 a b c d enuevent f g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	PSP RENT GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	revent ding di	lue dividends, ir exempt bo	ntere	Business Code 532000 624000 561000 st, and roceeds	1,378,700. 612,412. 77,924. 2,069,036.			
enuevan d d e f g 3 4 5 6 a b c d 7 a b c d 8 a b c g a	GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di of tax-e	dividends, ir -exempt bo	ntere nd p	532000 624000 561000 	612,412. 77,924. 2,069,036.			
enuevan d d e f g 3 4 5 6 a b c d 7 a b c d 8 a b c g a	GOVERNMENT CONTRACT PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di of tax-e	dividends, ir -exempt bo	ntere nd p	624000 561000 st, and roceeds	612,412. 77,924. 2,069,036.			
9 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	PSP SUPPORT SERVICE All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di of tax-e	dividends, ir -exempt bo	ntere nd p	561000	2,069,036.			
9 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di of tax-o	dividends, ir -exempt bo	ntere nd p	ist, and roceeds	2,069,036.			
9 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	All other program service Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	reveni ding di of tax-o	dividends, ir -exempt bo	ntere nd p	ist, and roceeds				273,3
9 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ding di of tax-e 6a 6b	dividends, ir exempt bo	ntere nd p	ist, and roceeds				273,3
g 3 4 5 6 a b c d 7 a b c d 8 a b c 9 a	Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	ding di of tax-e 6a 6b	dividends, ir exempt bo	ntere nd p	ist, and roceeds				273,3
4 5 6 a b c d 7 a b c 8 a b c 9 a	other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	of tax-e	exempt bo	nd p	roceeds	273,355.			273,3
4 5 6 a b c d 7 a b c 8 a b c 9 a	Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	of tax-e	exempt bo	nd p	roceeds	273,355.			273,3
5 6 a b c d 7 a b c d 8 a b c 9 a	Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b	·					1 .	1
6 a b c d 7 a b c 8 a b c 9 a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b						<u> </u>	
b c d 7 a b c 8 a b c 9 a	Less: rental expenses Rental income or (loss) Net rental income or (loss)	6b	(I) Real		(III) Personal I				
b c d 7 a b c 8 a b c 9 a	Less: rental expenses Rental income or (loss) Net rental income or (loss)	6b							
с d 7 a b с d 8 a b с 9 a	Rental income or (loss) Net rental income or (loss)								
d 7 a b c d 8 a b c 9 a	Net rental income or (loss)	6c							
7 a b c d 8 a b c 9 a									
b c d 8 a b c 9 a	Gross amount from sales of	″ <u> </u>	(i) Securit		(ii) Other				
b d 8 a b c 9 a	assets other than inventory	7a	5,571,7						
c d 8a b c 9a	Less: cost or other basis								
c d 8a b c 9a	and sales expenses	7b	5,590,1	02.	5,708.				
8 a b c 9 a	Gain or (loss)	7c	-18,3	40.	-5,708.				
b c 9 a	Net gain or (loss)			· <u>·····</u>		-24,048.			-24,0
b c 9 a	Gross income from fundraising	-							
b c 9 a	including \$								
b c 9 a	contributions reported on		-		60.450				
с 9 а	Part IV, line 18			8a	60,450. 116,797.				
9 a	Less: direct expenses			8b	110,737.	-56,347.			-56,3
	Net income or (loss) from Gross income from gamin								50,5
	Part IV, line 19	-		9a					
b	Less: direct expenses			9b					
	Net income or (loss) from								
	Gross sales of inventory, I								
	and allowances			10a					
	Less: cost of goods sold			10b					
c	Net income or (loss) from	sales	of inventor	у				L	
					Business Code				
enueve enueve c d								<u> </u>	
b en								<u> </u>	
c ev								 	
] d									
е	All other revenue					5,063,319.	1,991,112.	0.	270,8

232009 12-13-22

12210810 144198 121667

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PEOPLE SERVING PEOPLE CHARITIES, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

41-1965067 Page **10**

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 1,397,615 1,397,615 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 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 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 423,935. 84,787. Other salaries and wages 339,148. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,754 551 2,203. 29,956 5,991 23,965. 9 Other employee benefits 39,626. 7,925 31,701. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 13,932. 13,932, С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 24,235. 24,235 f Other. (If line 11g amount exceeds 10% of line 25, g 204,050 43,213 158,820 2,017. column (A), amount, list line 11g expenses on Sch 0.) 13,700 13,700. Advertising and promotion 12 50,549. 1,906 48,643. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,718. 344. 1,374. Conferences, conventions, and meetings 19 38,990, 38,990, 20 Interest Payments to affiliates 21 664,922, 644,974, 19,948 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) BUILDING MAINTENANCE 35,400. 34,323, 1,077 а OPERATING EXPENSES 32,120 348 31,772, b DONATED FOOD 800. 800. С d All other expenses е 2,974,302, 319,864 495,323. Total functional expenses. Add lines 1 through 24e 2,159,115 25 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)

232010 12-13-22

11 2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

Form 990 (2022)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,644,252.	1	5,665,277
	2	Savings and temporary cash investments			· · · ·	2	· · · ·
	3	Pledges and grants receivable, net	179,046.	3	65,894		
	4	Accounts receivable, net			,	4	472,459
	5	Loans and other receivables from any current or					,
	•	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				Ŭ	
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · ·		7	
ets						8	
Assets	8	Inventories for sale or use				9	3,696
	9	· · · · · · · · · · · · · · · · · · ·	 I I			9	5,050
	iua	Land, buildings, and equipment: cost or other	10-	16,684,770.			
		basis. Complete Part VI of Schedule D	1 1	12,532,678.	4,163,080.	10.	1 152 092
		Less: accumulated depreciation		, ,			4,152,092
	11	Investments - publicly traded securities			10,558,488.	11	9,271,580
	12	Investments - other securities. See Part IV, line 1		Г		12	
	13	Investments - program-related. See Part IV, line 1		F		13	
	14	Intangible assets			285 080	14	1 056 201
	15	Other assets. See Part IV, line 11			375,070.	15	1,976,393
_	16	Total assets. Add lines 1 through 15 (must equa			20,919,936.	16	21,607,389
	17	Accounts payable and accrued expenses	25,377.	17	201,878		
	18	Grants payable			402.255	18	405 000
	19	Deferred revenue	483,355.	19	405,990		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form		· · · · · ·			
Liabilities		trustee, key employee, creator or founder, subst					
ab		controlled entity or family member of any of thes	e persor	IS		22	
┛╽	23	Secured mortgages and notes payable to unrela	ted third	parties	2,260,000.	23	2,260,000
	24	Unsecured notes and loans payable to unrelated	l third pa	irties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			2,768,732.	26	2,867,868
		Organizations that follow FASB ASC 958, che	ck here	X			
Sel		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			17,933,345.	27	18,213,446
Ba	28	Net assets with donor restrictions			217,859.	28	526,075
		Organizations that do not follow FASB ASC 9	58, chec	k here			
<u> </u>		and complete lines 29 through 33.					
۵ ۵	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	18,151,204.	32	18,739,521
-	33	Total liabilities and net assets/fund balances			20,919,936.	33	21,607,389

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

41-1965067 F

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067		Pag	_{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)	1	5,	063,	319.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	974,	302.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	089,	017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,	151,	204.
5	Net unrealized gains (losses) on investments	5	-1,	500,	700.
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	18,	739,	521.
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 on Schedule	0.			
2a			2a		Х
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022

o Dublid

Openitor	
Inspect	tion

Name of the organization

Nam	e of t	he organization						Employer	identification number
				CHARITIES, INC.					41-1965067
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
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	n 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	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	Х	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
r		university:							
10		An organization that normal							
		activities related to its exem		-					•
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11 [An organization organized a	•		•				
12		An organization organized a	-	-	-			•	
		more publicly supported org	-						Sheck the box on
-		lines 12a through 12d that o	• •					-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			majority o	t the direc	tors or trustee	es of the sl	apporting
h		organization. You must c	-		ion with it	ounnorte	d organizatio	n(n) by bo	lina
b		J Type II. A supporting orga control or management or	-				-		-
		organization(s). You mus			anie perso	15 11 141 001		ye the supp	Joned
с		Type III functionally inte			in connect	ion with	and functional	lv integrate	ad with
U	L	its supported organization						ly integrate	So with,
d		Type III non-functionally		-				ted organi:	zation(s)
u	L	that is not functionally inter						-	
		requirement (see instructi	с с	e ,			•	anatona	
е		Check this box if the orga						II. Type III	
•		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , p e	
f	Ente	r the number of supported o			0 0				
		vide the following information	•						<u> </u>
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
_									
Total									

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,795,807.	2,282,395.	4,184,110.	3,279,858.	2,801,323.	14,343,493.
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						
	Total. Add lines 1 through 3	1,795,807.	2,282,395.	4,184,110.	3,279,858.	2,801,323.	14,343,493.
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,						1 110 441
-	column (f)						1,118,441.
	Public support. Subtract line 5 from line 4.						13,225,052.
	••	(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018 1,795,807.	(b) 2019 2,282,395.	(c) 2020 4,184,110.	(d) 2021 3,279,858.	(e) 2022 2,801,323.	(f) Total 14,343,493.
	Amounts from line 4	1,755,007.	2,202,353.	4,104,110.	5,275,050.	2,001,525.	14,343,493.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	227,289.	278,300.	188,930.	218,595.	273,355.	1,186,469.
•	and income from similar sources Net income from unrelated business	227,205.	270,000.	100,550.	210,000.	275,555.	1,100,405.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	72,423.	50,000.	160,438.			282,861.
11	Total support. Add lines 7 through 10	, -	, -	,			15,812,823.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	7,673,818.
	First 5 years. If the Form 990 is for th		,			· · ·	
	organization, check this box and stor					- · (-/(-/	
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	83.63 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	81.34 %
	33 1/3% support test - 2022. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
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	
						Schedule A	(Form 990) 2022

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			1		-	L
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ					<u> </u>	
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ine 13, column (f))			%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
232023 12-09-22		16	5		Sched	lule A (Form 990) 2022

2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

17

232024 12-09-22

12210810 144198 121667

10b | | | Schedule A (Form 990) 2022

PEOPLE SERVING PEOPLE CHARITIES. INC. 41-1965067 Page 5

> Yes No

1

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Supporting Organi

		Æ
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.	_
2	Did the organization operate for the benefit of any supported organization other than the supported	
		1

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,

upervised, or controlled the supporting organization. Section 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			
	the supported organization(s)	1		

Section 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 on 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		

Section 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)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Part IV Supporting Organizations (continued)

2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

18

Schedule A	((Form	9	90)	2022
Dent V		T	-		Nar

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
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):			
а	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	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	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990 Part VI Supple	mental Information. Provide the e	EOPLE CHARITIES, INC.	41-1965067 Pag Part II, line 17a or 17b: Part III, line 12:
Part IV, line 1; P Section	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6	, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, ection E, lines 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
CHEDULE A, PART	II, LINE 10, EXPLANATION FOR	OTHER INCOME:	
THER INCOME			
018 AMOUNT: \$	22,423.		
020 AMOUNT: \$	363.		
EBT FORGIVENESS			
018 AMOUNT: \$	50,000.		
019 AMOUNT: \$	50,000.		
2020 AMOUNT: \$	160,075.		
32028 12-09-22		21	Schedule A (Form 990) 2

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	·	
I	PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067
Organization type (chec	ck 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

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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), 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 for an *exclusively* set in the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

PEOPLE SERVING PEOPLE CHARITIES, INC.			41-1965067		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$75,000.	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		
2		\$215,000.	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		
3		\$175,000.	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		
4		\$80,004.	Person X Payroll Noncash X (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.)		

Employer identification number

Name of organization

Schedule B (Form 990) (2022)

223452 11-15-22

12210810 144198 121667

	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
PEOPLE S	SERVING PEOPLE CHARITIES, INC.		41-1965067
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	FOOD AND SUPPLIES	_	
4		\$80,	004. 12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

12210810 144198 121667

25 2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

Page **4**

lame of org	ganization		Employer identification number				
EOPLE SE	RVING PEOPLE CHARITIES, INC.		41-1965067				
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious.	through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
		(-)					
	Transferee's name, address, a	nd 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							
·							
Ľ							
		(e) Transfer of gift					
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee				
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd 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. a		Relationship of transferor to transferee				
	Transferee's name, address, a						
	Transferee's name, address, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				

26

12210810 144198 121667

2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

	O urseless est	- Financial Otatamanta		OMB No. 1545-004	7
		al Financial Statements		2022	<u>,</u>
(Forr	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022	
		Attach to Form 990. 10 for instructions and the latest information.		Open to Public Inspection	C
	e of the organization		Employer	identification numl	ber
	PEOPLE SERVING PEOPLE CHARI			41-1965067	
Pa			ccounts.	Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		(b) Eurode an	d other accounts	
-	Tatel number at and of year		(D) FUIIUS all		
1 2	Total number at end of year 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		ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o		0		
Pa	impermissible private benefit? t II Conservation Easements. Complete if the org			Yes	No
1	Purpose(s) of conservation easements held by the organization	8	, III e 7.		
•	Preservation of land for public use (for example, recrea		orically impo	tant land area	
	Protection of natural habitat	Preservation of a cert	•		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co	nservation e	asement on the last	
	day of the tax year.		Held	at the End of the Tax Y	'ear
а	Total number of conservation easements		2a		
b			2b		
С	Number of conservation easements on a certified historic stru		2c		
d	Number of conservation easements included in (c) acquired a				
•	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organi	ization during	j the tax	
4	year Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	sements dur	ing the year	
•	Deep and appear when appearent reported on line 2(d) about	r_{0} action the requirements of eaction $170(h)(4)(D)$	(;)		
8	Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)?		.,	Yes	No
9	In Part XIII, describe how the organization reports conservation				NO
•	balance sheet, and include, if applicable, the text of the footr	-		the	
	organization's accounting for conservation easements.	-			
Pa	rt III Organizations Maintaining Collections of		Similar Ass	sets.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95			vorks	
	of art, historical treasures, or other similar assets held for pub		nce of public		
L.	service, provide in Part XIII the text of the footnote to its finar		- choot work	e of	
a	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	or the second of		, vice,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
			•		
2	If the organization received or held works of art, historical treater				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X		\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	^r Other	[·] Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	change progra	m					
b	Scholarly research	e	• 🗌 c	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	y further th	he organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang							, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year		ior year	(c) Two year			/ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a.	column (a)) held as:						
a	Board designated or quasi-endowment		%		,,,						
b	Permanent endowment	%									
c		<u></u> /°									
•	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses		ation that	are held a	nd administer	ed for th	e				
	organization by:						•		[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								_00		
	rt VI Land, Buildings, and Equipm	ŭ		145.							
	Complete if the organization answered), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	ed	(d) Boo	k valu	
		basis (investr		.,	(other)	• •	oreciation		(, 200		-
1a	Land		· ·		902,681.					902,	681.
	Buildings			14	,598,645.		12,171,	101.	2	427,	
	Leasehold improvements				, ,		,,				
					878,898.		361,	577.		517,	321
					304,546.		, see			304,	
	Other		V and	· (D) // · · ·	,				Δ	152,	
rota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	<u>quai Form 990, Part</u>	<u>x. columr</u>	ו (ש). Iine 1	UC.)				Ξ,		

Schedule D (Form 990) 2022

PEOPLE SERVING PEOPLE CHARITIES. INC. 41-1965067 Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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" 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 end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value ACCOUNT RECEIVABLE - PEOPLE SERVING PEOPLE, INC 1,976,391. (1) (2) (3) (4) (5) (6) (7) (8) (9) 1,976,391. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) 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 2. 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

X

Schedule D (Form 990) 2022

232053 09-01-22

1 Total revenue, gains, and other support per audited financial statements			1	3,976,625.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-1,500,700.		
b Donated services and use of facilities		321,444.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		116,797.		
e Add lines 2a through 2d			2e	-1,062,459
3 Subtract line 2e from line 1			3	5,039,084
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,235.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	24,235
				5,063,319
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 1.</i> Part XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F	Return.	· ·
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 Total expenses and losses per audited financial statements			1	3,388,308
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	321,444.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		116,797.		
e Add lines 2a through 2d			2e	438,241
3 Subtract line 2e from line 1			3	2,950,067
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,235.		
b Other (Describe in Part XIII.)				
· · · · · · · · · · · · · · · · · · ·				
c Add lines 4a and 4b			4c	24,235
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 14; Part IV, lines 1b a	nd 2b; Part V, line 4	4c 5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 14; Part IV, lines 1b a	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	18.) 14; Part IV, lines 1b a	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2:	18.) 14; Part IV, lines 1b a any additional inform	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTIN	18.) 4 ; Part IV, lines 1b a any additional inform NGENCIES IN	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTIN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES	18.) 4 ; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTIN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: PHE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES PHRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT	18.) 4 (; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT	nd 2b; Part V, line 4	5	2,974,302
	18.) 4 ; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY DRGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31,	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE 2022 AND 2021.	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY DRGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMPLE	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE 2022 AND 2021.	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: PHE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES PHRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT DESTIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY PREGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, PHE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMPLE	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE 2022 AND 2021.	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAY PERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY PREGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMPLES.	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE 2022 AND 2021.	nd 2b; Part V, line 4	5	2,974,302
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT EXERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY DRGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31,	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX F ARE NOT THE 2022 AND 2021.	Ind 2b; Part V, line 4 ation.	5	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 390. Part I. line</i> Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINE EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXA TEDERAL AND STATE AUTHORITIES.	18.) 14; Part IV, lines 1b a any additional inform NGENCIES IN S RECOGNITION N OF TAX T ARE NOT THE 2022 AND 2021. AMINATION BY	Ind 2b; Part V, line 4 ation.	5	2,974,302

PEOPLE SERVING PEOPLE CHARITIES, INC.

Schedule D (Form 990) 2022

41-1965067

Page 4

Schedule D (F	orm 990) 2022
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PEOPLE SERVING PEOPLE CHARITIES, INC.

Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	116,797.
	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2022		
Department of the Treasury Internal Revenue Service		Attach to Form 990 c						Open to Public Inspection		
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information	1.	Employer i	er identification number		
Nume of the organization		VING PEOPLE CHARITIES, INC.					41-1965			
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li	ne 1				
	complete this part				,,					
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Y	'es No be		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	y) to (or retained by)		
			Yes	No						
Total				1						
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration		

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Schedule G (Form 990) 2022

232081 10-27-22

PEOPLE SERVING PEOPLE CHARITIES, INC.

Part II 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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				END OF SCHOOL YR		(add col. (a) through
			ANNUAL GALA	CELEBRATION	4	col. (c)
			(event type)	(event type)	(total number)	COI. (C))
nu						
Revenue	1	Gross receipts	218,516.	10,043.		228,559
۳						
2	2	Less: Contributions	158,066.	10,043.		168,109
	3	Gross income (line 1 minus line 2)	60,450.			60,450
4	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	37,000.			37,000
, and the second	•		,			,
	7	Food and beverages	9,771.			9,771
_	8	Entertainment	20,933.			20,933
9		Other direct expenses		2,475.		49,093
1		Direct expense summary. Add lines 4 through	a			116,797
1	1	Net income summary. Subtract line 10 from li				-56,347
Part	t II	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Revenue	1	Gross revenue				
Sel	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
		Other direct expenses				

	5	Other direct expenses								
	6	Volunteer labor	Yes%] Yes %] No		Yes No	_ %		
	7	Direct expense summary. Add lines 2 through	15 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9	En	ter the state(s) in which the organization condu	cts gaming activities:							
		he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	state	s?				Yes	No No
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rmina	ated during the tax y	/ear?			Yes	No No

232082 10-27-22

Schedule G (Form 990) 2022

Sche	edule G (Form 990) 2022	PEOPLE SERVING PEOPLE CHARITIES, INC. 4	1-196506	7	Page 3
12	Is the organization a grantor, bene	ming activities with nonmembers?		Yes	
13	Indicate the percentage of gaming?	activity conducted in:	📖	Yes	└── No
		,,	13a		%
					%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam of gaming revenue retained by the	ing revenue received by the organization \$ and the amoun a third party \$	t		
С	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	retain the state gaming license?	state law to make charitable distributions from the gaming proceeds to		Yes	🗌 No
b	Enter the amount of distributions organization's own exempt activit	required under state law to be distributed to other exempt organizations or spent in the ies during the tax year \$	Э		
Pai	t IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and applicable. Also provide any additional information. See instructions.	l Part III, line	es 9, 9	o, 10b,
23208	3 10-27-22	Sc	hedule G (F	Form 9	90) 2022
		34	•		-

Schedule G (Form 990) Part IV Supplementa	PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067 Page 4
Part IV Supplementa	I Information (continued)	
		Schedule G (Form 990)
232084 04-01-22		

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35 2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

SCHEDU (Form 99		Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department	of the Treasury	Compi	ete il alle el guillatte	Attach to Forn				Open to Public
Internal Reve			Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of	the organization PEOPLE SERVIN	IG PEOPLE CHARI	TIES, INC.					Employer identification number 41-1965067
Part I	General Information on Grants a	and Assistance	·					
crit	es the organization maintain records eria used to award the grants or assi scribe in Part IV the organization's pr	stance?		·		<i>r</i> for the grants or assi		on X Yes No
Part II	Grants and Other Assistance to recipient that received more than	-				anization answered "	res" on Form 990, Part	IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
614 S.	SERVING PEOPLE INC. 3RD STREET OLIS, MN 55415	41-1443148	501(C)(3)	1,170,073.	227,542.	FMV	FOOD/SUPPLIES & DONATED SERVICES	SUPPORT FOR PROGRAMS AND SERVICES
_								
	er total number of section 501(c)(3) a er total number of other organization	о С		l e line 1 table		I		1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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

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 ORGANIZATION MONITORS THE USE OF GRANT FUNDS, THROUGH COMMON OFFICERS,

ATTENDANCE AT PEOPLE SERVING PEOPLE, INC.'S BOARD MEETING, AND LOCATION IN

COMMON WITH PEOPLE SERVING PEOPLE, INC. ADDITIONALLY GRANTEE PREPARES

REPORTS FOR SPECIFIC GRANTS AS REQUESTED BY GRANTOR.

SCHEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2022		
Department of the Treas	Department of the Treasury Attach to Form 990.		Open to		ic
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspe		
Name of the orgar		Employer ide		on nui	nber
Dort L Que	PEOPLE SERVING PEOPLE CHARITIES, INC. tions Regarding Compensation	41-19	65067		
Part I Que				Mar	
to Check the er	wannists bay/as) if the examination are vided any of the following to ar far a narran listed on Farm	000		Yes	No
•	propriate box(es) if the organization provided any of the following to or for a person listed on Form on A, line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	s or charter travel Housing allowance or residence for perso				
	companions Payments for business use of personal re				
	nnification and gross-up payments Health or social club dues or initiation fee				
Discretionary spending account					
b If any of the l	oxes on line 1a are checked, did the organization follow a written policy regarding payment or				
•	t or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	zation 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	n, if any, of the following the organization used to establish the compensation of the organization's	3			
	e Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
establish compensation of the CEO/Executive Director, but explain in Part III.					
Comper	sation committee Written employment contract				
Indeper	lent compensation consultant Compensation survey or study				
Form 99) of other organizations Approval by the board or compensation of	committee			
4 During the ye	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization	r a related organization:				
a Receive a se	erance payment or change-of-control payment?		. <u>4a</u>		X
•	or receive payment from a supplemental nonqualified retirement plan?		. 4b		X
c Participate in or receive payment from an equity-based compensation arrangement?		. 4 c		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
.					
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
0	the revenues of:		F -		v
a ine organiza	on?		5a		X X
	ganization?		5b		-
	e 5a or 5b, describe in Part III.	'n			
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation the pat company of:	511			
-	the net earnings of:		6a		x
 a me organiza b Any related c 	on?		6b		x
	ganization? e 6a or 6b, describe in Part III.		0.5		
	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
	on lines 5 and 6? If "Yes," describe in Part III		7		x
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		x
	e 8, did the organization also follow the rebuttable presumption procedure described in				
	ection 53.4958-6(c)?		9		
	rk Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2022
-					

232111 10-18-22

Schedule J (Form 990) 2022

41-1965067

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RINAL RAY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	169,576.	2,147.	0.	9,537.	1,617.	182,877.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

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.

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 J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

20

Complete if the organizations answered "Yes'	on Form	990, Part IV,	lines 29 or	30.
Attach to Forn	n 990.			

Department of the Treasury Internal Revenue Service

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

. Inspection Employer identification number

Name of the organization

PEOPLE	SERVING	PEOPLE	CHARITIES,	INC.

	PEOPLE SERVING PEO	PLE CHARI	TTIES, INC.		41-1	96506	7	
Par	t I Types of Property				· · · · · · · · · · · · · · · · · · ·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	0	 S
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 \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	12	125,133.	COST			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>SUPPLIES</u>)	X	231	129,514.	COST			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						_	
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	•	-	•	tions?	31	X	<u> </u>
32a	Does the organization hire or use third parties of		•					v
	contributions?					<u>32a</u>		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	r tor which column (a) is che	cked,			
	describe in Part II.				<u> </u>			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	vi (Forr	n 990)	2022

Schedule M (Form 990) 2022 PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	3, and whether the organiz ibination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER ON COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.		
232142 09-09-22	Schedule M (For	m 990) 2022
42		

12210810 144198 121667

2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization			identification number
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	11 1	
PEOPLE SERVING PEO	PLE CHARITIES, INC'S MISSION IS TO PROVIDE SUPPORT		
SOLELY TO PEOPLE S	ERVING PEOPLE, INC. FOR THE PROGRAMMING AND SERVICES		
OFFERED TO BREAK I	HE CYCLE OF POVERTY AND HELP FAMILIES THRIVE.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SERVICES TO FAMILI	ES AT-RISK OF AND EXPERIENCING HOMELESSNESS IN AN		
EFFORT TO END FAMI	LY HOMELESSNESS IN HENNEPIN COUNTY.		
FORM 990, PART VI,	SECTION A, LINE 7A:		
ONE OF THE DIRECTO	RS SHALL BE ELECTED BY THE BOARD OF DIRECTORS OF PEOPLE		
SERVING PEOPLE, IN	c.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PR	ESENTED TO THE FULL BOARD FOR ITS REVIEW AND DISCUSSION		
PRIOR TO FILING. B	OTH THE FINANCE COMMITTEE AND STAFF REVIEW THE DOCUMENT		
PRIOR TO PRESENTIN	G IT TO THE FULL BOARD AND ARE PRESENT TO ANSWER ANY		
QUESTIONS. UPON AP	PROVAL AND ACCEPTANCE OF THE FULL BOARD, THE FORM 990 IS		
APPROPRIATELY FILE	D.		
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		
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2022

12210810 144198 121667

43 2022.04010 PEOPLE SERVING PEOPLE CHA 121667_1

FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCU	UMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILAB	LE TO THE PUBLIC UPON REQUEST.
232212 10-28-22	Schedule O (Form 990) 202
10810 144198 121667	44 2022.04010 PEOPLE SERVING PEOPLE CHA 12166

Page **2**

PEOPLE SERVING PEOPLE CHARITIES, INC.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number 41-1965067

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

organizations during the tax year.	-						
(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) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PEOPLE SERVING PEOPLE, INC 41-1443148							
614 SOUTH THIRD STREET	TO SERVE HOMELESS CHILDREN						
MINNEAPOLIS, MN 55415	AND THEIR FAMILIES	MINNESOTA	501(C)(3)	LINE 7	N/A		х

45

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

Schedule R (Form 990) 2022

22 **Open to Public**

Employer identification number

41-1965067

Inspection

SCHEDULE R
(= 000)

(Form 990)

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
]								

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

			N.	N
NO	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
٦	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	1 a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	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		х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
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	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
-				
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		х
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)			
<u>(</u> 2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>_(6)</u>			

Schedule R (Form 990) 2022 PEOPLE SERVING PEOPLE CHARITIES, INC.

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)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II - RELATED PARTY

PEOPLE SERVING PEOPLE, INC. IS REPORTED AS A RELATED PARTY TO PEOPLE

SERVING PEOPLE CHARITIES, INC. THE MISSION OF THIS ORGANIZATION IS TO

PROVIDE SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC. FOR THE

PROGRAMMING AND SERVICES OFFERED TO FAMILIES EXPERIENCING HOMELESSNESS

AND OTHER ADVERSITIES.

Schedule R (Form 990) 2022

232165 09-14-22

** PUBLIC DISCLOSURE COPY **



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

ns) ZUZZ Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Α	For the	e 2022 calendar year, or tax year beginning and and	ending		
в	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre: chang				
	Name chang			41-1443148	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	614 SOUTH THIRD STREET	1100m/Julio	612-332-4500	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,827,322.
	Ameno			H(a) Is this a group re	
	Applic tion			for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
I	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` '	list. See instructions
	Websit			H(c) Group exemption	n number
к	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1982	I State of legal domicile: MN
	Part I	Summary			
	1	Briefly describe the organization's mission or most significant activities: WE EXI	ST TO SEE	E FAMILIES THRIVE.	
5	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
2	3 3	Number of voting members of the governing body (Part VI, line 1a)			13
		Number of independent voting members of the governing body (Part VI, line 1b)			12
5	ดู 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			127
i.	6	Total number of volunteers (estimate if necessary)			223
Activition 8	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
9	<u>v</u> 8	Contributions and grants (Part VIII, line 1h)		3,146,660.	1,397,615.
ŝ	9	Program service revenue (Part VIII, line 2g)		5,307,780.	7,427,213.
20		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,410.	-112,774.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,295.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,460,850.	8,713,349.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,475.	6,783.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	n 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,090,895.	4,777,842.
200	5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
\$		Total fundraising expenses (Part IX, column (D), line 25)	0.	4 549 052	5 007 274
	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,548,953. 8,651,323.	<u>5,007,374</u> 9,791,999.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-190,473.	-1,078,650.
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or	20 Jance	Total assets (Part X, line 16)		3,407,930.	4,260,133.
Asse	20 EEE 21	Total liabilities (Part X, line 26)	······	803,955.	2,742,562.
Vet /	21 22	Net assets or fund balances. Subtract line 21 from line 20	·····	2,603,975.	1,517,571.
	art II	Signature Block		2,000,0101	1,017,071.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the best of my	knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of w			momougo una pollol, it io
	.,				
Sig	an	Signature of officer		Date	
He		BETH CHALMERS, DIRECTOR OF FINANCE			
		Type or print name and title			
			11	Data	DTIN

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) PEOPLE SERVING PEOPLE, INC. 41-	1443148	Page 2
Par	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
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?	X Y	'es 🗌 No
	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?	Y	'es 🗴 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 measure	ed by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6, 031, 971. including grants of \$) (Revenue \$)	5,	056,768.)
	EMERGENCY SHELTER:		
	IN 2022 PEOPLE SERVING PEOPLE, INC'S (PSP) WELCOMED AN AVERAGE OF 266		
	GUESTS PER NIGHT. FAMILIES STAYED AN AVERAGE OF 78 DAYS AND HAD AN		
	AVERAGE FAMILY SIZE OF 3.22. PSP SERVED (UNDUPLICATED) 390 INDIVIDUAL		
	FAMILIES FOR A TOTAL OF 2,048 INDIVIDUAL GUESTS. THIS WAS 35% MORE		
	GUESTS THAN THE PREVIOUS YEAR 2021 WHERE PSP SERVED 1,348 GUESTS. IN		
	2022 PSP WELCOMED BACK VOLUNTEERS IN A LIMITED CAPACITY AND HAD A TOTAL		
	OF 223 VOLUNTEERS WHO DONATED 8,289 HOURS OF TIME. PSP SERVED A TOTAL		
	OF 187,008 MEALS AND DISTRIBUTED 11,017 DIAPERS PER MONTH. OF THE		
	GUESTS, 62% UNDER THE AGE OF 18, AND 31% UNDER THE AGE OF 6.		
	ADDITIONALLY, 93% OF GUESTS IDENTIFIED AS BLACK, INDIGENOUS, OR PEOPLE		
	OF COLOR. THE AVERAGE AGE OF CHILDREN STAYING AT PSP WAS 7 YEARS OLD.		
4b	(Code:) (Expenses \$1,939,657. including grants of \$6,783.) (Revenue \$		997 028)
40	EDUCATIONAL PROGRAMS:		<u> </u>
	PEOPLE SERVING PEOPLE'S COMMITMENT TO HELPING FAMILIES ADDRESS THE ROOT		
	CAUSES OF THEIR HOMELESSNESS AND RETURN TO STABILITY IS GROUNDED IN THE		
	IMPORTANCE OF EDUCATION. OUR SHELTER'S LICENSED AND NATIONALLY		
	ACCREDITED EARLY CHILDHOOD DEVELOPMENT PROGRAM AND K-5 AND 6-12		
	EDUCATIONAL SUPPORT AND ENRICHMENT PROGRAMS SERVE HUNDREDS OF CHILDREN		
	EACH YEAR. PSP ALSO OFFERS THE CENTER OF EXCELLENCE IN ELLIOT PARK IN		
	MINNEAPOLIS FEATURES EDUCATION AND CHILDCARE FOR INFANTS, PARENT		
	ENGAGEMENT PROGRAMS, AND SYSTEMS CHANGE WORK TO IMPROVE THE FIELD OF		
	FAMILY RESILIENCE AND TRAUMA-INFORMED EDUCATION AND SERVICE. THE CENTER		
	ENABLES US TO PROVIDE CONTINUITY OF SERVICES FOR FAMILIES LEAVING		
	SHELTER AND FAMILIES AT RISK OF EXPERIENCING HOMELESSNESS AND OTHER		
4.	(Code:) (Expenses \$783,668including grants of \$) (Revenue \$)		134 477)
4c	(Code:) (Expenses \$) (Hevenue \$) (Hevenue \$) (Hevenue \$) FAMILY SUPPORT SERVICES PROGRAMS:		<u> </u>
	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 2022, 461 GUESTS (UNDUPLICATED) MET WITH		
	ADVOCATES FOR A TOTAL OF 7147 MEETINGS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 584,376. including grants of \$) (Revenue \$ 1,08),120.)	
4e	Total program service expenses9,339,672.		
		Forr	m 990 (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)		
	3		- 01010

2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

 Form 990 (2022)
 PEOPLE
 SERVING
 PEOPLE,
 INC.

 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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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	<u>11a</u>	X	<u> </u>
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<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		<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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4 2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

Page 3

41-1443148

Form	990	(2022)
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Par	t IV Checklist of Required Schedules (continued)		F	aye
I UI	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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		x
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<u></u>
	"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	Х	
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		X
34	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
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	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5c Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0c	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		4.0		
	(gambling) winnings to prize winners?	<u> 1c</u>	990	<u> </u>
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2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

Page 4

41-1443148

	990 (2022) PEOPLE SERVING PEOPLE, INC.		41-144314	18	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		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	127			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	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	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 A	ccoun	ts (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 transa	ction?		5b		X
с	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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?	1	1	7c		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 c	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 3			
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A N/A	9a		<u> </u>
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	40-	1			
a h	Initiation fees and capital contributions included on Part VIII, line 12N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
44	Section 501(c)(12) organizations. Enter:					
	N/A	11a	1			
	Gross income from members or snarenoiders					
D.	amounts due or received from them.)	11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the event institute we are an an another few index at the prime can increase during the terror and		• ••••••	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.				000	
232005	12-13-22			Form	990	(2022)

6 2022.04010 PEOPLE SERVING PEOPLE, IN 81013__1

	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	check in Schedule C contains a response of note to any line in this Part Vi	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	3		
	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		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6		x
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decion B reguesis mornation about poincies not required by the internal neverale dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	х	
c		12.5		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
b		15a		x
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)		ovoilol	
		JS OFIIY)	avallal	ole
18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
18		d finan		
			lal	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.			

Form 990 (2022)) PEOPLE SERVING PEOPLE, INC.	41-1443148	Page 1
Part VII Cor	mpensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
Em	ployees, and Independent Contractors		
Chee	ck if Schedule O contains a response or note to any line in this Part VII		
Section A. Off	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete thi	is table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization'	s tax year.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		voldu	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RINAL RAY	35.00		-		<u> </u>					
CHIEF EXECUTIVE OFFICER	5.00	х		х				171,723.	0.	11,154.
(2) BETH CHALMERS	35.00									
DIRECTOR OF FINANCE	5.00			х				106,070.	0.	9,465.
(3) JAKE GALE	35.00									
SR DIRECTOR OF OPERATIONS	5.00					X		108,253.	0.	7,030.
(4) APRIL WAGNER	1.00									
CHAIR		Х		х				0.	0.	0.
(5) LUKE DERHERIM	1.00									
VICE CHAIR/SECRETARY		х		x				0.	0.	0.
(6) JOE CHYBOWSKI	1.00									
TREASURER		х		х				0.	0.	0.
(7) LAUREN DAY	1.00									
BOARD DIRECTOR	1.00	х			<u> </u>			0.	0.	0.
(8) KATIE DESANTIS	1.00									
BOARD DIRECTOR	1.00	х						0.	0.	0.
(9) MARCIE DEWALT	1.00									
BOARD DIRECTOR	1.00	х						0.	0.	0.
(10) EVAN DORAN	1.00									0
BOARD DIRECTOR	1.00	X						0.	0.	0.
(11) MAURA HOWARD	1.00									0
BOARD DIRECTOR	1.00	х						0.	0.	0.
(12) KEVIN JACKSON	1.00	x						0.	0.	0
BOARD DIRECTOR	1.00	X						0.	υ.	0.
(13) CHARLOTTE KINZLEY BOARD DIRECTOR	1.00	x						0.	0.	0
(14) PATRICIA MARTIN	1.00	~						0.	υ.	0.
BOARD DIRECTOR	1.00	x						0.	0.	0
(15) DOMINIC MCQUERRY	1.00	~						0.	υ.	0.
BOARD DIRECTOR	1.00	x						0.	0.	0
BOARD DIRECTOR		^	-		-	-		U.	0.	0.
	1	1		1	1		1	I		GOOD (0000)

232007 12-13-22

Form 990 (2022)

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8

Form 990 (2022) PEOPLE SERVIS	NG PEOPLE,	INC	•						41-14	4314	8	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck i ss per	C) ition more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related	e Estimation amount			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	ie tion ted
		-											
		-											
		•											
		-											
		-											
1b Subtotal c Total from continuation sheets to Part VI	I Section A							386,046.		0. 0.	27,649. 0.		
d Total (add lines 1b and 1c)								386,046.		٥.		27,	649.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			3
										ſ		Yes	No
3 Did the organization list any former officer,	-			•	-		Ŭ				0		x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											3		- 21
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." corr											5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat	ion fro	om	
(A) Name and business	address							(B) Description of s	ervices	С		C) nsatio	'n
GARDAWORLD SECURITY SERVICES													
PO BOX 843886, KANSAS CITY, MO 64184 SECURITY										325,	818.		
SYSCO MINNESOTA													
PO BOX 49730, BLAINE, MN 55449 FOOD SERVICES									134,	829.			
ATOMIC DATA LLC., 250 MARQUETTE AVE S.,													
STE 225, MINNEAPOLIS, MN 55401 IT CONSULTANT										133,	836.		
SDQ LTD PO BOX 533, EXCELSIOR, MN 55331 CLEANING SERVICES									114	832			
REDPATH CONSULTING GROUP LLC, 400 S	4ጥዝ							CLEANING SERVICES				··*,	833.
ST, STE 401-13, MINNEAPOLIS, MN 55415 PROJECT MGMT. SVCS.									114,527.				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	d to		se lis [.] 8	ted	above) who received mo	ore than				
,,												~~~	

232008 12-13-22

ar	t VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ins a respo	nse d	or note to any line			(-)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
0 E		Fundraising events								
ΓA		Related organizations				1,397,615.				
nile		Government grants (contr								
5		All other contributions, gifts,								
her		similar amounts not included								
Ö	g	Noncash contributions included in				227,542.				
anc	h	Total. Add lines 1a-1f					1,397,615.			
						Business Code				
	2 a	GOVERNMENTAL CONTRACTS 624200				624200	6,125,320.	6,125,320.		
~	b	TUITION				624200	997,028.	997,028.		
Revenue	с	PSP CHAR SUPPORT SV	CS		_	561000	158,820.			158,8
eve	d	SUPPORTIVE HOUSING				624200	134,477.	134,477.		
r	е	SHELTER FEES-SELF P	AY		_	624200	5,005.	5,005.		
	f	All other program service revenue			624200	6,563.	6,563.			
	g	Total. Add lines 2a-2f				7,427,213.				
	3	Investment income (includ	ding o	dividends, ir	tere	st, and				
		other similar amounts)					1,199.			1,1
	4	Income from investment of	of tax	exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b			113,973.				
		Gain or (loss)	7c			-113,973.				-
!		Net gain or (loss)			·····		-113,973.			-113,9
	8 a	Gross income from fundraisin including \$								
		contributions reported on								
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from			ts					
	9 a	Gross income from gamin	-							
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	L				
		Net income or (loss) from			; <u></u>					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b	L				
+	С	Net income or (loss) from	sales	of inventor	у					
		MICOPIIANDONO				Business Code	1 005			1 0
a		MISCELLANEOUS				900099	1,295.			1,2
Revenue	b									
Be	c									
1		All other revenue					1 005			
_		Total. Add lines 11a-11d					1,295.			
	12	Total revenue. See instruction	ons				8,713,349.	7,268,393.	0.	47,

41-1443148 Page **10**

Part IX Statement of Functional Expenses 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 6,783, 6,783, individuals. See Part IV, line 22 3 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 4 5 Compensation of current officers, directors, trustees, and key employees 412,077. 394,632. 17,445 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,515,189. 3,361,400. 153,789 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 87,479 87,479 372,116 348,315, 23,801 9 Other employee benefits 390,981 361,658. 29,323 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,733. 1,733. b Legal 17,028, 17,028 С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 848,198 712,379 135,819 column (A), amount, list line 11g expenses on Sch 0.) 1,747 1,747 Advertising and promotion 12 323,254 319,247. 4,007. 13 Office expenses Information technology 14 Royalties 15 2,042,305. 1,985,890. 56,415 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17,222. 16,535. 687. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 298,695 291,133, 7,562 22 Depreciation, depletion, and amortization 83,129. 80,710. 2,419 23 Insurance 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 0.) FOOD AND GUEST SUPPLIES 854,655, 854,568, 87. а OPERATING EXPENSES 336,492 336,019 473 b PROGRAM EXPENSES 164,450, 164,050, 400. С 16,818 TRAINING 18,157. 1,339. d 309 309 All other expenses е

9,791,999

11

 25 Total functional expenses. Add lines 1 through 24e
 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)

232010 12-13-22

Form 990 (2022)

Ο.

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452,327

9,339,672,

Par	τx	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			679,522.	1	1,489,864.
	2	Savings and temporary cash investments			183,394.	2	165,803.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,082,838.	4	843,253.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ			6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····		8	6,291.
۷	9			·····	78,664.	9	53,677.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation		1,822,634.	1,275,051.	10c	1,280,180.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	100 461	14	401 065		
	15	Other assets. See Part IV, line 11			108,461. 3,407,930.	15	421,065. 4,260,133.
	16	Total assets. Add lines 1 through 15 (must ed	347,376.	16	4,200,133.		
	17	Accounts payable and accrued expenses		547,570.	17	524,015.	
	18 19	Grants payable		81,509.	18 19	40,613.	
	20	Deferred revenue		20	10,013.		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complet				20	
	22	Loans and other payables to any current or fo				21	
Liabilities	LL	trustee, key employee, creator or founder, sub		· · · · ·			
bili		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	· · · · · · · · · · · · · · · · · · ·		375,070.	25	2,377,334.
	26				803,955.	26	2,742,562.
		Organizations that follow FASB ASC 958, c					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,603,975.	27	1,517,571.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC	958, chec	k here			
rFι		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fund				29	
sei	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Ne	32	Total net assets or fund balances			2,603,975.	32	1,517,571.
	33	Total liabilities and net assets/fund balances			3,407,930.	33	4,260,133. Form 990 (2022)

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) PEOPLE SERVING PEOPLE, INC.	41-144314	8	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				2
	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)	1	8	,713,	349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,791,	999.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,078,	650.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,603,	975.
5	Net unrealized gains (losses) on investments	5		-7,	754.
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	,517,	571.
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 on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	e basis,			
	consolidated basis, or both:				
	Separate basis 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	•			
	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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			v	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			v	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public

Inspection

Name	lame of the organization Employer i												
		E SERVING PEOPLE						41-1443148					
Part						ee instructions	S.						
	ganization is not a private found	•	e .		,								
1	A church, convention of ch	,			n 170(b)(1	l)(A)(i).							
2	A school described in sect												
3	• •	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organiz												
5	•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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).												
7 🖸	X An organization that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in					
	section 170(b)(1)(A)(vi). (C	complete Part II.)											
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)									
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college					
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or					
	university:												
10	An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co	npt functions, subject ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment					
11	An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4) .							
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or					
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	6 09(a)(3) . (Check the box on					
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving					
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	Ipporting					
	organization. You must	complete Part IV, Se	ections A and B.										
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatior	n(s), by hav	ving					
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the supp	ported					
	organization(s). You mus	st complete Part IV,	Sections A and C.										
С	Type III functionally inte						y integrate	ed with,					
	its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.							
d	Type III non-functionally						-						
	that is not functionally in	v	• •			•	an attentiv	/eness					
	requirement (see instruct	,	•										
е	Check this box if the org					Type I, Type I	I, Type III						
	functionally integrated, o	51	nally integrated supporti	ng organiz	ation.								
	Enter the number of supported	•											
<u> </u>	Provide the following informatio (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other					
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)					
Total													

41-1443148 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3,710,289.	3,083,293.	2,586,843.	3,146,660.	1,397,615.	13,924,700.		
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 \dots								
4	Total. Add lines 1 through 3	3,710,289.	3,083,293.	2,586,843.	3,146,660.	1,397,615.	13,924,700.		
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.						13,924,700.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	3,710,289.	3,083,293.	2,586,843.	3,146,660.	1,397,615.	13,924,700.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,129.	11,801.	7,953.	13,297.	1,199.	35,379.		
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.)					1,295.	1,295.		
11	Total support. Add lines 7 through 10						13,961,374.		
12	Gross receipts from related activities,	, etc. (see instructio	ns)			12	30,524,331.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and sto	phere							
Sec	ction C. Computation of Publ	ic Support Per	centage						
14	Public support percentage for 2022 (line 6, column (f), di	vided by line 11, c	olumn (f))		14	99.74 %		
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.77 %		
16 a	33 1/3% support test - 2022. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qua	lifies as a publicly s	upported organiza	tion					
17a	10% -facts-and-circumstances test	t - 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or		
	more, and if the organization meets the	he facts-and-circum	stances test, chec	k this box and sto	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation			
18	Private foundation. If the organization	on did not check a k	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a	nd see instructions			
						Schedule A	(Form 990) 2022		

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 ((line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	.022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22						dule A (Form 990) 2022
		16	5			•

2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

17

232024 12-09-22

PEOPLE SERVING PEOPLE. TNC 41-1443148 Page 5

Yes

Yes No

Yes No

1

2

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

ection B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.	
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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			ł.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ſ
	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		l
	the supported organization(s)	1	L

Section 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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-----------------	---------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Part IV Supporting Organizations (continued)

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2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

	(Form 990) 2022	Functionally
Dart V	Type III Non-	Functionally

_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	41-1443146 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instruction
•	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):			
а	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

ecu	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le responence		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
+	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Current Year

Section D - Distributions

Schedule A	(Form 990) 2022	PEOPLE SERV	/ING PEOPLE,	INC.		41-1443148	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1: Part IV. Section D.	, 2, 3b, 3c, 4b, 4 lines 2 and 3: Pa	c, 5a, 6, 9a, 9b art IV. Section E	, 9c, 11a, 11b, ar lines 1c. 2a. 2b	nd 11c; Part IV, Section B, . 3a. and 3b: Part V. line 1:	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Sectior ; Part V, Section B, line 1e; Part	۱C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	ection E, lines 2	2, 5, and 6. Also c	complete this part for any a	additional information.	
232028 12-09-2	2			21		Schedule A (Form	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

41-1443148

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

PEOPLE SERVING PEOPLE, INC.

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), 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 for an *exclusively* set in the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Em	ployer identification number
PEOPLE S	ERVING PEOPLE, INC.		41-1443148
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,397,615	Person X Payroll Noncash X (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 ON Noncash ON Noncash ON Noncash ON Noncash ON Noncash ON 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
223452 11-15		\$	Person Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

23 2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

	B (Form 990) (2022) rganization		Page 3 Employer identification number
PEOPLE SERVING PEOPLE, INC.			41-1443148
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	FOOD AND SUPPLIES		
1		—	
		\$227,	542. 12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page 4				
Name of o	organization		Employer identification number				
PEOPLE S	SERVING PEOPLE, INC.		41-1443148				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$				
(a) No.		İ					
`from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	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, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZI P + 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				
223454 11-15	5.22		Schedule B (Form 990) (2022)				

25 2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047
(Form 990)			2022			
For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.			LULL			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
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) org 	anizations: Corr	plete Parts I-A and B. Do not cor	nplete Part I-C.			
.,,,		01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.	
 Section 527 organiza 	•	,				
-		Form 990, Part IV, line 4, or Fo				
		have filed Form 5768 (election un		•		
	•	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Prox)	•			•
Tax) (See separate inst		r Form 330, Fart IV, inte 5 (FIOX)	y Tax) (See Separate I		1990-L4	L, Fait V, inte SSC (FLOXY
	••	tions: Complete Part III.				
Name of organization		·			Emplo	yer identification number
		VING PEOPLE, INC.				41-1443148
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	27 orga	anization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities ir	n Part IV.		
2 Political campaign a					\$_	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the ora	anization is exempt unde	er section 501(c)(3)		
-		incurred by the organization und		-	\$	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 t				
4a Was a correction m						
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 5	501(c)(3).
1 Enter the amount d	irectly expended	d by the filing organization for sec	tion 527 exempt functi	ion activities	\$_	
2 Enter the amount of	f the filing organ	ization's funds contributed to oth	ner organizations for se	ction 527		
exempt function ac	tivities				\$_	
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,			
						Yes No
		nployer identification number (EIN tion listed, enter the amount paic				
		omptly and directly delivered to a				
		additional space is needed, provi			-painte	oogi ogaloa iana on a
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
()	-		(0) =	filing organizatio	n's	contributions received and
				funds. If none, ent	er -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
For Paperwork Reducti	ion Act Notice.	see the Instructions for Form 9	90 or 990-EZ.		Sc	hedule C (Form 990) 2022

ce, se LHA

e C (Form 990) 2

232041 11-08-22

		VING PEOPLE, INC.				ge 2
	anization is	s exempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under	
section 501(h)).						
A Check if the filing organizati	ion belongs to	o an affiliated group (and list i	n Part IV each affiliated	group member's nam	ie, address, EIN,	
expenses, and share	e of excess lo	bbying expenditures).				
B Check if the filing organizati	ion checked b	box A and "limited control" pro	ovisions apply.		1	
Limits	s on Lobbyin	g Expenditures		(a) Filing organization's	(b) Affiliated gro totals	up
(The term "expendi	itures" mean	is amounts paid or incurred.)	totals	totais	
1a Total lobbying expenditures to influe	•		•••••••			
b Total lobbying expenditures to influe	-	• • • • •				
c Total lobbying expenditures (add lin						
 d Other exempt purpose expenditures e Total exempt purpose expenditures 		and 1d)				
f Lobbying nontaxable amount. Enter		,	h columps			
If the amount on line 1e, column (a) or		The lobbying nontaxable am				
Not over \$500.000		20% of the amount on line 1e				
Over \$500,000 but not over \$1,000,		\$100,000 plus 15% of the exc				
Over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the exc				
Over \$1,500,000 but not over \$17,0		\$225,000 plus 5% of the exce				
Over \$17,000,000	, í	\$1,000,000.				
· · · · ·		· , ,				
g Grassroots nontaxable amount (ente	er 25% of line	e 1f)				
h Subtract line 1g from line 1a. If zero	or less, ente					
i Subtract line 1f from line 1c. If zero	or less, enter	-0-	[
j If there is an amount other than zero	o on either lin	e 1h or line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this y	ear?				Yes	No
	4-Y	ear Averaging Period Under	Section 501(h)			
(Some organizations the		ection 501(h) election do not e separate instructions for li		f the five columns b	elow.	
	Lobbyin	g Expenditures During 4-Ye	ar Averaging Period			
Calandar year						
Calendar year (or fiscal year beginning in)	(a) 201	9 (b) 2020	(c) 2021	(d) 2022	(e) Total	
(
2a Lobbying nontaxable amount						
b Lobbying ceiling amount					_	
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Crassroots John ing overanditures						
f Grassroots lobbying expenditures				Cabad	Lula C (Earm 990)	

Schedule C (Form 990) 2022

232042 11-08-22

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)			
of the lobbying activity.		No	Amo	ount		
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:						
a Volunteers?	37	X				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	X	X				
d Mailings to members, legislators, or the public?		X				
e Publications, or published or broadcast statements?	X			100.		
f Grants to other organizations for lobbying purposes?	x	X		50.		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	x			750.		
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 	X			8,200.		
j Total. Add lines 1c through 1i				9,100.		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		-,		
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion			
			Yes	No		
1 Were substantially all (90% or more) dues received nondeductible by members?		1				
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				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 politic	al					
expenses for which the section 527(f) tax was paid).						
a Current year						
b Carryover from last year						
c Total						
		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the arganization agree to compute to the reasonable estimate of pendeductible lebbying and pe						
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditures next year?		4				
 5 Taxable amount of lobbying and political expenditures. See instructions 						
Part IV Supplemental Information						
Provide 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 a	nd 2 (See			
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			,			
PART II-B, LINE 1, LOBBYING ACTIVITIES:						
PEOPLE SERVING PEOPLE SUPPORTS PUBLIC POLICY THAT PROVIDES STABILITY						
FOR CHILDREN AND FAMILIES IN THE COMMUNITY AND WORKS TO MOVE UPSTREAM						
TO PREVENT FAMILY HOMELESSNESS THROUGH SYSTEMS CHANGE, CENTERING						
FAMILIES, AND LEADING WITH RACIAL EQUITY. IN 2022, STAFF LOBBIED ON						
BEHALF OF CHILD CARE ASSISTANCE, EARLY LEARNING SCHOLARSHIPS,				000) 0000		

232043 11-08-22

Schedule C (Form 990) 2022

Part IV Supplemental Information (continued)

AFFORDABLE HOUSING, AND STATEWIDE RENTAL ASSISTANCE PROGRAM 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 C (Form 990) 2022

232044 11-08-22

29 2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

		0	al Financial Statements	OMB No. 1545-0047
	HEDULE D			
(Forn	n 990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service	A	Attach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection
Nam	e of the organization			Employer identification number
De		PEOPLE SERVING PEOPLE, INC.		41-1443148
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	Counts. Complete if the
	organization			(b) Funds and other accounts
1	Total number at en	nd of year		
2		f contributions to (during year)		
3	Aggregate value of	f grants from (during year)		
4		end of year		
5	-		writing that the assets held in donor advised func	
6			exclusive legal control? dvisors in writing that grant funds can be used o	
6	-		or donor advisor, or for any other purpose conferm	•
				° — —
Par			ganization answered "Yes" on Form 990, Part IV,	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).	
	Preservation	of land for public use (for example, recrea	tion or education)	prically important land area
		f natural habitat	Preservation of a certi	ified historic structure
		of open space		
2	•		fied conservation contribution in the form of a con	nservation easement on the last Held at the End of the Tax Year
-	day of the tax year			
a b				2a 2b
c	v		ucture included in (a)	20 2c
d		vation easements included in (c) acquired a		20
			······································	2d
3			leased, extinguished, or terminated by the organi	ization during the tax
	year			
4		where property subject to conservation eas		
5	•	tion have a written policy regarding the per		
6	,	orcement of the conservation easements it		
6	Stall and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	in easements during the year
7	Amount of expense	—— es incurred in monitoring, inspecting, hance	lling of violations, and enforcing conservation eas	sements during the year
	· · ·			0,
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and			
			note to the organization's financial statements that	at describes the
Par		ounting for conservation easements.	f Art, Historical Treasures, or Other S	imilar Assets.
		the organization answered "Yes" on Form		
1a			8, not to report in its revenue statement and bala	ance sheet works
	•	· ·	blic exhibition, education, or research in furtheran	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works of
	art, historical treas	ures, or other similar assets held for public	e exhibition, education, or research in furtherance	e of public service,
	-	ng amounts relating to these items:		
~	.,			
2			asures, or other similar assets for financial gain, p	provide
а		Ints required to be reported under FASB A	ISC 958 relating to these items:	\$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2022

232051 09-01-22

2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

Sche		VING PEOPLE, INC						41-144		Pa	_{age} 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historic	al Treas	ures, or	Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the follo	wing that r	nake sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	l 🗌 Loar	n or exchan	ige prograr	n					
b	Scholarly research	е	e 🗌 Othe	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they fu	urther the o	rganizatior	ı's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historio	cal treasure	es, or other	similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anization a	nswered "Y	es" on l	Form 990	, Part IV,	ine 9, or		
	Is the organization an agent, trustee, custod		liary for contr	ributions or	other asse	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							····· <u> </u>]
-	······································								Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes	on Form	990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior	year (c	:) Two years	back ((d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, co	lumn (a)) he	eld as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held and a	dministere	d for the)		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds	6.							
Fai	Complete if the organization answere) Dort IV/ line	110 800	Earm 000	Dort V I	ino 10				
			<u> </u>						()		
	Description of property	(a) Cost or o basis (investr		b) Cost or basis (oth		• •	cumulate	d	(d) Boo	k value	9
1 a	Land										
b	Buildings										
с	Leasehold improvements				64,272.		39,	469.		114,	803.
d	Equipment			,	5,772.		1,613,			032,	
e	Other			30	2,770.		170,	034.		132,	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X. column (B</u>	<u>), line 10c.)</u>					1,	280,	180.

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) UNEMPLOYMENT TRUST	8,578.
(2) RIGHT-OF-USE ASSETS	400,522.
(3) SECURITY DEPOSIT	11,965.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	421,065.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCOUNTS PAYABLE - PEOPLE SERVING PEOPLE CHARITIES,	
(3)	INC.	1,976,391.
(4)	OPERATING LEASE LIABILITY	400,943.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,377,334.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 PEOPLE SERVING PEOPLE, INC.			41-1443148	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With R	evenue 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	8,822,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-7,754.		
b	Donated services and use of facilities		123,325.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				115 571
e	Add lines 2a through 2d			2e	<u>115,571.</u> 8,706,566.
3	Subtract line 2e from line 1			3	8,700,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a L	Investment expenses not included on Form 990, Part VIII, line 7b		6,783.		
b	Other (Describe in Part XIII.)		•	10	6 783
c F	Add lines 4a and 4b			4c 5	6,783. 8,713,349.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nts With F	xpenses per F		0,113,349.
1 u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	9,908,541.
2	Total expenses and losses per audited financial statements				
2	Donated services and use of facilities	2a	123,325.		
b	Prior year adjustments				
0					
с А	Other (Describe in Part XIII.)				
e				2e	123,325.
3	Add lines 2a through 2d Subtract line 2e from line 1				9,785,216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			5	
т 		4a			
b	Other (Describe in Part XIII.)		6,783.		
			'	4c	6,783.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				9,791,999.
Pa	t XIII Supplemental Information.			3	, , ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. lines 1b ar	nd 2b: Part V. line 4	: Part X, line 2: P	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	,		, i ui i x, iii io 2, i	urt / u,
PARI	X, LINE 2:				
	·				
THE	ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIE	S IN			
EVAI	UATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOG	NITION			
THRE	SHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TA	Х			
POSI	TIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE N	ОТ			
CERI	AIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE				
ORGA	NIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 A	ND 2021.			
THE	ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION	ON BY			
FEDE	RAL AND STATE AUTHORITIES.				
PARI	XI, LINE 4B - OTHER ADJUSTMENTS:				
SCHO	LARSHIPS AND TUITION DISCOUNTS	6,783.			
232054	09-01-22			Schedule D (Fo	orm 990) 2022

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33 2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

Schedule D (F	orm 990) 2022
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PEOPLE SERVING PEOPLE, INC.

Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND TUITION DISCOUNTS	6,783.
	0. h. shi k. D. (T

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I	l	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organizatio	d Individual	ls in the Ŭni	ted States		2022
Department of the Treasury		Compl	ete ir the organizatio	Attach to Forn		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service			Go to www.irs		the latest inform	ation.		Inspection
Name of the organizat	ion			-				Employer identification number
	PEOPLE SERVING	G PEOPLE, INC.						41-1443148
Part I General I	nformation on Grants a	nd Assistance						
Ũ	zation maintain records t		0	,	0 0 7	0	,	
	award the grants or assis							X Yes No
	IV the organization's pro							
	nd Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 PEOPLE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
					SCHOLARSHIPS FOR UNPAID
SCHOLARSHIPS	9	1,458.	0.	воок	CO-PAYS OR OTHER NON-PAYMENT OF EARNED TUITION BY THE COE
TUITION DISCOUNTS	24	5,325.	0.	воок	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:

THE STUDENTS AT THE CENTER OF EXCELLENCE (COE) ARE OVERWHELMINGLY FROM

FAMILIES WITH LOW INCOME. SCHOLARSHIPS ARE AWARDED BASED ON THE FAMILIES'

ABILITY TO PAY THEIR CO-PAYS AFTER THINKSMALL OR COUNTY ASSISTANCE IS

AWARDED.

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	,	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LULL			
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic	
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ider			mber	
- turi	ie er tre erganzation	PEOPLE SERVING PEOPLE, INC.	41-144		on nai		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
	X Form 990 of o	ther organizations	ommittee				
4	During the year did	any person listed on Form 000. Dort VII. Section A line 1a with respect to the filing					
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
а	-			4a		x	
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?		4b		x	
	-			4c		x	
U		eive payment from an equity-based compensation arrangement?					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the re						
а				5a		x	
b		ation?		5b		x	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
b	Any related organiz	ation?		6b		X	
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$				
		ies 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	ıe				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
	Regulations section	53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2022	

232111 10-18-22

41-1443148

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RINAL RAY	(i)	169,576.	2,147.	0.	9,537.	1,617.	182,877.	0
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (ii)							
	(i) (ii)							
	(i) (i)							
	(i) (ii)							

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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.

Department of the Treasury Internal Revenue Service

	Inspection					
Employer	Employer identification number					

.

Name of the organization

	PEOPLE SERVING PEO	DPLE, INC.					41-14431	18	
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) of determi ntribution a	0	s
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 \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	125,133.	COST				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>SUPPLIES</u>)	X	1	102,409.	COST				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	-						0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive b	-	•••••			hat it			
	must hold for at least 3 years from the date of	_							v
	exempt purposes for the entire holding period	?					<u>30a</u>		X
		policy that	auiroo the review	f on a nonotondard contails.	ional				x
31	Does the organization have a gift acceptance	•	-	-	IONS?		31		
32a	Does the organization hire or use third parties		•	· · ·					x
ь.	contributions?						<u>32a</u>		
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (a) fa	ratura of property	for which column (a) is share	kod				
33			a type of property	nor which column (a) is chec	, Keu,				
	describe in Part II.					<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022	PEOPLE	SERVING	PEOPLE	, INC.
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE NUMBER ON COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O	Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	n PEOPLE SERVING PEOPLE, INC.		identification number 43148
	TINE 1 DESCRIPTION OF ORCANIZATION MISSION.		
<u>.</u>	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SUPPORTIVE GROUPS.	WE ARE ALSO WORKING TO MOVE UPSTREAM TO PREVENT THE		
EXPERIENCE OF FAMI	LY HOMELESSNESS THROUGH BOTH PROGRAM AND SYSTEMS		
CHANGE. WE DO THIS	WORK WITH OUR FAMILIES, COMMUNITY PARTNERS, AND		
VOLUNTEERS. OUR UL	TIMATE GOAL IS TO BUILD STABILITY AND SEE FAMILIES		
THRIVE.			
FORM 990, PART III	, LINE 2, NEW PROGRAM SERVICES:		
HOMELESSNESS PREVE	NTION PROGRAM:		
THE FAMILY PREVENT	ION PROGRAM HELP FAMILIES PREVENT THE EXPERIENCE OF		
HOMELESSNESS THROU	GH CONNECTING THEM WITH FAST AND FLEXIBLE RESOURCES		
AND LIMITED CASE M	ANAGEMENT THAT ALLOW THEM TO STAY STABLY HOUSED AND		
PREVENT AN EXPERIE	NCE OF HOMELESSNESS. THE FAMILIES FOR FINANCE PROGRAM		
EMPOWERS FAMILIES	STAYING IN SHELTER AROUND FINANCIAL EDUCATION,		
ADDRESSES FINANCIA	L TRAUMA, AND THROUGH BUILDING ASSETS THROUGH AN		
ORGANIZATIONALLY M	ATCHED SAVINGS ACCOUNT. BOTH OF THESE PROGRAMS		
EXPANDED GREATLY I	N 2022. THE CENTER OF EXCELLENCE MOVED CLOSER PEOPLE		
SERVING PEOPLE'S D	OWNTOWN LOCATION, AND THE K-12 PROGRAM AND OTHER		
EDUCATION PROGRAMS	WERE ABLE TO BE REINSTATED SINCE THE BEGINNING OF		
THE PANDEMIC. VOLU	NTEERS WERE AGAIN WELCOMED TO SERVE ON-SITE AND PSP		
STARTED TO REINSTA	TE CONGREGATE DINING. AS OF JANUARY 1, 2022, SELF-PAY		
WAS ELIMINATED AFT	ER ADVOCACY BY PSP.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
PSP OFFERS GUESTS	A RANGE OF WRAP-AROUND SERVICES TO SUPPORT THEM IN		
THEIR JOURNEY TO S	TABILITY. GUESTS CAN CHOOSE WHETHER OR NOT TO ACCESS		
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Scheo	lule O (Form 990) 2022
	42		

11580810 144198 81013

2022.04010 PEOPLE SERVING PEOPLE, IN 81013_1

Schedule O (Form 990) 2022 Name of the organization	Employer identification number 41-1443148
PEOPLE SERVING PEOPLE, INC.	41-1442140
THESE SERVICES THAT INCLUDE: BASIC NEEDS, EDUCATION, EMPLOYMENT	
ASSISTANCE, TECHNOLOGY ACCESS, FINANCIAL LITERACY, SYSTEMS ADVOCACY,	
AND CONNECTIONS TO OTHER SUPPORTIVE LOCAL ORGANIZATIONS. PSP AS AN	
ORGANIZATION AND OUR GUESTS HAVE BEEN IMPACTED BY BOTH THE LIFTING OF	
THE EVICTION MORATORIUM AND INFLATION. PSP HAS BEEN AT MAXIMUM CAPACITY	
SINCE SUMMER 2022.	
TO PROMOTE THE SAFETY OF OUR STAFF, VOLUNTEERS, AND GUESTS, WE HAVE	
CONTINUED TO OFFER MEALS DELIVERED DIRECTLY TO ROOMS AND, IN THE FALL	
OF 2022, REOPENED (OPTIONAL) CONGREGATE DINING TO GUESTS IN OUR	
CAFETERIA. WE HAVE ALSO CONTINUED TO USE DISPOSABLE TRAYS, PLATES, AND	
PLASTICWARE, TO MINIMIZE THE RISK TO OUR KITCHEN STAFF AND HAVE	
CONTINUED ADHERING TO STRICT CLEANING REGIMES THROUGHOUT THE SHELTER.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CHRONIC ADVERSITIES. THE CENTER OF EXCELLENCE MOVED IN FALL OF 2022 TO	
A NEW LOCATION CLOSER TO PEOPLE SERVING PEOPLE.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
IN ADDITION TO THESE INDIVIDUAL CONVERSATIONS, PSP ALSO OFFERS MORE	
STRUCTURED PROGRAMMING, WHICH WAS GREATLY REINSTATED IN PERSON IN THE	
SECOND HALF OF 2022. 80 GUESTS WERE STILL ABLE TO ATTEND PERSONALIZED	
FINANCIAL FITNESS CLASSES, WHICH IS DOUBLE OF 2021, AND OF THOSE GUESTS	
19 OPENED SAVINGS ACCOUNTS. TO FIND JOB OPENINGS AND HOUSING	
OPPORTUNITIES, PSP SUPPORTED 77 GUESTS WITH EMPLOYMENT SERVICES	
SESSIONS AND 187 GUESTS MADE 584 VISITS TO PSP'S TECHNOLOGY RESOURCE	
CENTER TO SEARCH FOR JOBS, PREPARE RESUMES, AND SEEK OUT OPPORTUNITIES	
FOR THEIR CAREER. WHILE 12% OF GUESTS WERE EMPLOYED WHEN THEY ARRIVED	
AT PSP, 19.80% WERE EMPLOYED WHEN THEY LEFT.	
232212 10-28-22 4 3	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PEOPLE SERVING PEOPLE, INC.	41-1443148
	•
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	

HOMELESSNESS PREVENTION PROGRAM:

PSP LAUNCHED ITS NEW PREVENTION PROGRAM IN 2021. WITH COMMUNITY

SUPPORT, PSP WAS ABLE TO INCREASE THE DIRECT FINANCIAL ASSISTANCE TO

FAMILIES IN 2022 AND WAS RECENTLY AWARDED A HENNEPIN COUNTY GRANT TO

EXPAND THIS PROGRAM AND SERVE MORE FAMILIES.

FOR OUR FAMILY HOMELESSNESS PREVENTION PROGRAM, 2022 SAW A FAST

INCREASE IN THE NUMBER OF FAMILIES REQUESTING FLEXIBLE PREVENTION

SUPPORT FOR THINGS LIKE SECURITY DEPOSITS, BACK RENT, RENT SUPPORT, CAR

REPAIRS/TIRE REPLACEMENTS, CELL PHONES SO THEY COULD STAY STABLY

HOUSED. BECAUSE OF OUR OWN LIMITED FUNDING, ONE-MONTH LAST YEAR WE

RECEIVED 40 CALLS FOR ASSISTANCE AND COULD ONLY TAKE AN ADDITIONAL 2

FAMILIES. OUR PARTNERS AT THE COUNTY SHARE THAT THEY ARE ALSO SEEING AN

INCREASE IN REQUESTS FOR EMERGENCY ASSISTANCE.

THIS PROGRAM PROVIDES ASSISTANCE TO FAMILIES RESIDING IN HENNEPIN

COUNTY TO RECEIVE ONE-ON-ONE ASSISTANCE PROVIDING SUPPORT, FINANCIAL

ASSISTANCE, AND RESOURCES IN HOPES OF CREATING STABILITY IN THEIR

HOUSING TO PREVENT THEM FROM EXPERIENCING OR RE-EXPERIENCING

HOMELESSNESS. PSP'S PREVENTION COORDINATOR OFFERS PERSONALIZED

ASSISTANCE TO FAMILIES THAT ALLOWS THEM TO IDENTIFY THEIR OWN BARRIERS.

THEN FOLLOW UP IS PROVIDED THAT INCLUDES EVERYTHING FROM FINDING MORE

AFFORDABLE CHILDCARE TO FREE UP MONTHLY DOLLARS TO MEDIATING WITH

LANDLORDS TO PAYING FOR CAR REPAIRS SO PARENTS DO NOT LOSE THEIR JOBS.

THE PROGRAM ACTIVITIES INCLUDE: (1) PRE-SCREENING & INTAKE: FAMILIES DO

44

A PRE-SCREENING TO DETERMINE ELIGIBILITY. TO BE ELIGIBLE, THE

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
PEOPLE SERVING PEOPLE, INC.	41-1443148
PARTICIPANT MUST BE A FAMILY (SINGLE ADULT WITH CHILD(REN) UNDER 18, A	
COUPLE WITH CHILD(REN) UNDER 18, OR A PREGNANT PERSON). THE FAMILY MUST	
RESIDE IN HENNEPIN COUNTY AND THEY MUST MEET INCOME GUIDELINES; (2)	
CASE MANAGEMENT & FOLLOW UP MEETINGS:	
FAMILIES WORK WITH THE PREVENTION COORDINATOR TO SET UP GOALS RELATED	
TO FAMILY STABILITY. CASE MANAGEMENT AND COMMUNICATION FREQUENCY IS	
DECIDED BETWEEN THE COORDINATOR AND FAMILY BASED ON AVAILABILITY OF THE	
FAMILY. THE PREVENTION COORDINATOR WILL ASSIST IN PROVIDING RESOURCES	
AND PROGRAMS IN THE COMMUNITY THAT CAN BE ACCESSED TO HELP REACH	
ESTABLISHED GOALS. UPON PROGRAM COMPLETION, CHECK-IN'S ABOUT HOUSING	
STABILITY WILL TAKE PLACE AT THE 3 MONTH, 7 MONTH, AND ONE YEAR MARK.	
IN 2022 PSP'S PREVENTION COORDINATOR PROVIDED PREVENTION SERVICES TO	
125 FAMILIES IN 491 MEETINGS. FAMILIES IN THE PROGRAM RECEIVED A TOTAL	
OF \$73,200 IN DIRECT FINANCIAL ASSISTANCE TO PAY FOR WHAT THEY NEEDED	
TO MOVE TOWARDS STABILITY FROM CAR REPAIRS TO PAYING BACK RENT. THE TOP	
FIVE THINGS THAT DIRECT ASSISTANCE SUPPORTED WAS RENTAL ASSISTANCE,	
ENERGY ASSISTANCE, EMPLOYMENT SERVICES (PAYING FOR JOB TRAININGS AND	
MATERIALS NEEDED LIKE UNIFORMS), TRANSPORTATION ASSISTANCE (CAR	
REPAIRS, BUS CARDS, UBERS), AND CHILDCARE SUPPORT.	
EXPENSES \$ 584,376. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,080,120.	
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.	

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization

PEOPLE SERVING PEOPLE, INC.

Page 2 Employer identification number 41-1443148

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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

SCHEDULE R (Form 990)

Name of the organization

PEOPLE SERVING PEOPLE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
or folded of gamzatori		loreigit country)		501(c)(3))	on they	Yes	No
PEOPLE SERVING PEOPLE CHARITIES, INC	FUNDRAISING TO SUPPORT						
41-1965067, 614 SOUTH THIRD STREET,	PEOPLE SERVING PEOPLE,						
MINNEAPOLIS, MN 55415	INC. PROGRAMS	MINNESOTA	501(C)(3)	LINE 7	N/A		х
	_						
	-						
	_						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022 Open to Public

Employer identification number

41-1443148

Inspection

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
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	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percent ^{jing} owners	itage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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	512(b contr	tion b)(13) rolled tity?
		country)		or trusty		235013		Yes	No
	1								

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	s II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		,	
Gift, grant, or capital contribution from related organization(s)		X	٢
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)		-	
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	x	ζ
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	۱	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	٢
Sharing of paid employees with related organization(s)		, X	2
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	ζ
Reimbursement paid by related organization(s) for expenses			2
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cher transfer of cash or property from related organization(s)	1s		

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	1,170,073.	GRANT AMOUNT
(2) PEOPLE SERVING PEOPLE CHARITIES, INC.	ĸ	1,378,700.	RENT
(3) PEOPLE SERVING PEOPLE CHARITIES, INC.	0	236,774.	COST
(4) PEOPLE SERVING PEOPLE CHARITIES, INC.	Q	96,076.	соят
(5) PEOPLE SERVING PEOPLE CHARITIES, INC.	с	227,542.	NON-CASH AMOUNT
<u>(6)</u>			

Schedule R (Form 990) 2022 PEOPLE SERVING PEOPLE, INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22