** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2016
Open to Public Inspection

| Α | For th | e 2016 calendar year, or tax year beginning and | ending | | |
|---------------|----------------------|---|--------------|------------------------------|--|
| В | Check i | C Name of organization | | D Employer identifi | cation number |
| | Addr chan Nam | | | _ | |
| Ļ | chan | Doing business as | | | |
| L | retur | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | |
| | Final | | | 612- | 332-4500 |
| | term ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 7,084,265. |
| | Ame retur | ded MINNEAPOLIS, MN 55415-1104 | | H(a) Is this a group r | |
| | Appl tion pend | | | for subordinates | s? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | or 52 | 7 If "No," attach a | list. (see instructions) |
| | | te: WWW.PEOPLESERVINGPEOPLE.ORG | | H(c) Group exemption | |
| | | forganization: X Corporation Trust Association Other | L Yea | r of formation: 1982 1 | VI State of legal domicile; MN |
| P | art I | Summary | | | |
| d) | 1 | Briefly describe the organization's mission or most significant activities: SEE 3 | SCHEDU | JLE O | |
| ğ | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | e than 25% of its net as | |
| Š | 3 | | | 3 | 13 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 12 |
| se se | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 102 |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | | 4082 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | <u>7a</u> | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | <u> </u> | Prior Year | Current Year |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | 2,367,412. | 2,460,611. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 4,570,622. | 4,521,697. |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 64. | 381. |
| 4 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 59,478. | 101,576. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,997,576. | 7,084,265. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| တ္ထ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,067,263. | 3,367,007. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ăx | . b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | | |
| Ш | 1 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,729,690. | 3,755,974. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,796,953. | 7,122,981. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 200,623. | -38,716. |
| Net Assets or | | | В | eginning of Current Year | End of Year |
| SSet | 20 | Total assets (Part X, line 16) | | 1,618,019. | 2,205,001. |
| A A | 21 | Total liabilities (Part X, line 26) | | 436,605. | 1,062,303. |
| _ | | Net assets or fund balances. Subtract line 21 from line 20 | | 1,181,414. | 1,142,698. |
| V03662-65 | art II | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | iich prepare | r has any knowledge. | |
| | | Signature of officer | | Date | |
| Sig | | · · · | | Date | |
| Hei | e | VERNON SOWELL, DIRECTOR OF FINANCE Type or print name and title | | | |
| | | | 1 | Date Check C | DTIM |
| . . | | Print/Type preparer's name T AND FINAL AND TO A PROPERTY OF A PROPERTY | | if | PTIN |
| Paid | | LAWRENCE H. MOHR, CPA | | self-employ | |
| | parer | Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP | | Firm's EIN ▶ | 39-0859910 |
| Use | Only | Firm's address 225 S 6TH ST #2300 | | | 2 076 4500 |
| _ | | MINNEAPOLIS, MN 55402 | | Phone no. 6 1 | 2.876.4500 |
| Ma | y the | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

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Part IV | Checklist of Required Schedules

| Significan | | | Yes | No |
|------------|--|---|-----------------|----------------|
| | Letter awarding described in section E01(a)(0) or 4047(a)(1) (athor then a private foundation)(2) | | 168 | INU |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | Х | |
| _ | If "Yes," complete Schedule A | 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 7.7 |
| | 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 | | | 77 |
| | similar amounts as defined in Revenue Procedure 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 | | <u> X</u> |
| 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 | | | |
| | 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 temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, | J.E. C. | Section and the | 2010/02/02/04 |
| u | Part VI | 11a | Х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | <u> </u> | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| _ | | 110 | | |
| С | | 11c | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 110 | | |
| d | | 11d | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11e | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 116 | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | | x |
| | Schedule D, Parts XI and XII | 12a | | ^ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | ٠,,, | v | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | _X_ | v |
| 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 | | <u> </u> |
| 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> X</u> |
| 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 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | | X |
| | | Ear- | aan | (2016) |

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Part IV Checklist of Required Schedules (continued)

| **************** | i (GOTTH MOST) | | Yes | No |
|------------------|--|-------------|------|--------|
| | The state of the s | 20a | res | No_X |
| _ | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 21 | | Х |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | | Х |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | - 21 |
| 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 | 23 | х | |
| | Schedule J | 23 | - 22 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24a | | х |
| | Schedule K. If "No", go to line 25a | 24a | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| | any tax-exempt bonds? | 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <u> 24u</u> | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25a | | Х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | - 21 |
| 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 | 05h | | Х |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes," | 26 | | х |
| 07 | complete Schedule L, Part II | 20 | | |
| 27 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | | 27 | | x |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | | | |
| 28 | | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 28a | | X |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| b | the state of the s | 200 | | |
| С | | 28c | | х |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 29 | Х | |
| 29 | Did the organization receive more than \$25,000 in hori-cash community. If "Yes," complete Schedule in | | | |
| 30 | · | 30 | | х |
| | contributions? If "Yes," complete Schedule M | 00 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | х |
| 00 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| 32 | · | 32 | | х |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and | " | | |
| 34 | Part V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ooa b | and the second of the second o | | | |
| ט | 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? | | | |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| 00 | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | 100017 N. 1 C. 11. 000 NOTO 010 1010 101 1010 1010 1010 1010 101 | | | (2016) |

| Part | V | Statements | Regarding | Other IRS | Filings | and | Tax | Compliance |
|------|---|------------|-----------|-----------|---------|-----|-----|------------|

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|------------|--|----------|-----------------------|------|---|--------------------|
| | Official in Conficuation Configuration of Finds to daily line in the configuration | | | | Voc | No |
| | E. J. H. J. D. O. C. France 1000. Fator O. March conditionals | 4- | 7 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 1b | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | |
| С | | | o gariirig | 1c | | |
| 0- | (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | I | •••••• | IC. | | |
| 2a | | 2a | 102 | | | |
| 1 | filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | х | |
| b | | | | 20 | | |
| ٥- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 6 | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | - CD | | |
| 4a | financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account. | | | 4a | | х |
| h | If "Yes," enter the name of the foreign country: | ccourr | 9: | | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | count | s (FBAR) | | | |
| 5 0 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| 5а ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | | 5b | | X |
| b | 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 | | | | | |
| oa | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | |
| D | were not tax deductible? | | giito | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| , a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv | vices pi | rovided to the pavor? | 7a | 100000000000000000000000000000000000000 | Х |
| a h | | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | | |
| Ŭ | to file Form 8282? | | | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | ? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | . , | • | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | 4 | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10417 |) | 12a | | No de transporte |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | TO SERVICE STATE OF THE | agent to to star 4 |
| | 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 organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule | 0 | | 14b | <u> </u> | <u> </u> |
| | | | | Form | 1990 | (2016) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|-----|---|-----------|-------------------|---------|---------|---------------|---------------------|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | _1a | | 13 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | iny 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, or 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 9 | 90 was | s filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point o | one or | | | | |
| | more members of the governing body? | | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | ders, 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 | | | | | | |
| а | The governing body? | | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | d8 | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | |
| | | | • | | | 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 ch | apters | , 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 | / befor | e filing the form | 1? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conf | licts? | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," d | escribe | | | | |
| | in Schedule O how this was done | | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | X | News Notice Service |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by ind | dependent | | | | |
| | 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 | | | | 15b | X | siginikos. |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | ith a | | | | |
| | taxable entity during the year? | | | | 16a | No. Section 1 | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | e its p | articipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | 's | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶MN | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Secti | on 501(c)(3)s or | nly) av | ailable |) | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | oflict of | interest policy, | and t | inanc | ial | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | l records: 🕨 _ | | | | |
| | VERNON SOWELL - 612-277-0245 | | | | | | |
| | 614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104 | Ę | | | | | |

Form **990** (2016)

632006 11-11-16

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | organization compensate (C) Position | | | | | | (D) | (E) | (F) |
|---------------------------|------------------------|--------------------------------------|-----------------------|----------------|---------------|---------------------------------|----------|----------------------|----------------------------------|--------------------------|
| Name and Title | Average | (do | not el | Posi heck r | ition more | l than c | one | Reportable | Reportable | Estimated |
| | hours per | box | unles | ss per | son i | s both an or/trustee) | | compensation | compensation | amount of |
| | week | - | Jes all | uau | recto | i/aus | .00) | from | from related | other |
| | (list any hours for | director | | | | L | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | 1 5 | tee | | | sated | | (W-2/1099-MISC) | (***2/1033-141100) | organization |
| | organizations | trustee | Institutional trustee | | yee | Highest compensated employee | | (** 2, 1000 (***100) | | and related |
| | below | individual | ution | <u>ا</u> د | Key employee | est co oyee | 13 | | | organizations |
| | line) | Indiv | Instil | Officer | Key (| High man | Former | | | |
| (1) DREW FESLER | 1.00 | | | | | | | | | |
| BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (2) JOSEPHINE PUFPAFF | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | | X | | | | | | 0. | 0. | 0. |
| (3) CHRIS CLARK | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (4) VERNON ROWLAND | 1.00 | 1 | | | | | | | _ | _ |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (5) MICHAEL KREMENAK | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | X | <u> </u> | | | | | 0. | 0. | 0 |
| (6) CORA MCCORVEY | 1.00 | | | | | | | _ | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (7) GRETCHEN MUSICANT | 1.00 | 1 | | | | | | _ | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (8) RYAN STRACK | 1.00 | | | | | | | _ | | |
| BOARD MEMBER | | X | | | | <u> </u> | | 0. | 0. | 0 |
| (9) LATOYA BURRELL | 1.00 | | | | | l | | _ | | |
| BOARD MEMBER | | X | <u> </u> | | | | | 0. | 0. | 0 |
| (10) KAREN KEPLER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | _ | | | | | 0. | 0. | 0 |
| (11) STEFANI TYGAR BARNES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | ļ | | _ | | 0. | 0. | 0 |
| (12) ANDREA TURNER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | L | | | | 0. | 0. | 0 |
| (13) DANIEL GUMNIT | 20.00 | 1 | | | | | | | | .= |
| CHIEF EXECUTIVE OFFICER | 20.00 | X | | Х | | | <u> </u> | 174,846. | 0. | 27,881 |
| (14) JANINE WENHOLZ | 36.00 | 1 | | | | | | | | |
| CHIEF OPERATING & FINANCE | 4.00 | | | X | <u> </u> | | | 86,200. | 0. | 20,781 |
| | | | | | | | | | | |
| | | - | | | <u> </u> | - | | | | |
| | | - | | | | | | | 1 | |
| | | 1 | <u> </u> | _ | <u> </u> | | | | | |
| | | + | | | | | | | | |
| 632007 11-11-16 | | 1 | L | l | | <u> </u> | | | | Form 990 (2016 |

| Form 990 (2016) PEOPILE 31 | TVATIAG E | LiO | 'E II | <u>, u</u> | | .110 | • | | | | | 1 age e |
|--|-------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|---------------------------|--------------------------|--------|---------------|----------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | ploye | ees, | and | Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) | (B) Average | | | (C Posi | | 1 | | (D) Reportable | (E) Reportable | | | (F) mated |
| Name and title | hours per | | not ch | neck r | more | than d | | compensation | compensation | n | | unt of |
| | week | | | | | or/trus | | from | from related | 1 | ot | her |
| | (list any | ector | | | | | | the | organizations | | | ensation |
| | hours for related | or dir | e e | | | ated | | organization | (W-2/1099-MIS | C) | | n the |
| | organizations | nstee | trust | | 8 | npens | | (W-2/1099-MISC) | | | _ | nization related |
| | below | Individual trustee or director | Institutional trustee | | Key employee | st cor | | | | | | izations |
| | line) | Indivi | Institt | Officer | Key er | Highest compensated employee | Former | | | | | |
| | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
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| And the second s | | ├ | | | | ├ | | | | | | |
| | | ┨ | | | | | | | | | | |
| 1b Sub-total | | J | I | | L | | ▶ | 261,046. | | 0. | 48 | ,662. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 261,046. | | 0. | 48 | ,662. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | - 1. | 1 |
| | | | | | | | | | | E | Y | res No |
| 3 Did the organization list any former officer, | | | | | | | | | | | | x |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | ar componentian from t | | | 3 | - 2 |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | 18 | 4 | x |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | | **** | | |
| rendered to the organization? <i>If</i> "Yes," <i>com</i> | | | | | | | | | | | 5 | Х |
| Section B. Independent Contractors | ipioto corrodar | <u> </u> | <u> </u> | , O, I , | | | | | | | | |
| Complete this table for your five highest co | mpensated inc | depe | nde | nt co | ontr | acto | rs th | hat received more than \$ | 3100,000 of comp | ensati | on fron | 1 |
| the organization. Report compensation for | the calendar y | ear e | endir | ng w | ith (| or wi | thir | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | am dans | C+ | (C) ompens | nation |
| Name and business | | 775 | | <u> </u> | T 37 | rna | | Description of s | services | | mpens | |
| WATSON FORSBERG, 6465 WAY | ZATA BL | תאי | , | SA | ΤIΛ | l.T. | | GENERAL CONTRACTOR/C | ONTOMPTTOM | | 271 | ,300. |
| LOUIS PARK, MN 55426 | | | | | | | | GENERAL | ONSINGI | | 2/1 | , 300. |
| SCHREIBER MULLANEY CONSTRUCTION COMPANY 1286 HUDSON RD, ST PAUL, MN 55106 | | | | | | | | CONTRACTOR/CONSTRUCT | | | 223 | ,053. |
| DEALER SERVICES GROUP INC | | | | | | | | 001(1111101011) | 0110111001 | | | ,,,,,,, |
| 44 ST CROIX TRAIL SO., LA | | W | Ί | 55 | 04 | 3 | | SECURITY | | | 197 | ,104. |
| SYSCO FOOD SERVICES OF MM | | | | | | | | FOOD AND FOO | D | | | |
| PO BOX 49730, BLAINE, MN | | | | | | | | SUPPLIES | | | 164 | ,246. |
| PREMIER RESTUARANT EQUIPM | MENT, 71 | | | | | | | | | | | |
| NORTHLAND TERRACE N, MINI | NEAPOLIS | 5, | MN | | | | | EQUIPMENT SU | | | 112 | ,805. |
| 2 Total number of independent contractors (i | | ot lir | mited | d to | | | ted | l above) who received m | ore than | | | |
| \$100,000 of compensation from the organi | zation 🕨 | | | | ! | 5 | | | | | | |

Form 990 (2016) PEOPLE
Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lin | e in this Part VIII | | •••• | |
|---|----------|--|---------------------------------|-------------------------|--|---|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | 100 | |
| an | b | Membership dues | | | | | | |
| @ ब्रे | С | Fundraising events | | | | | | |
| If B | d | Related organizations | | 460,611. | | | | |
| ٣, E | e | Government grants (contributi | | | 12 | | | 1.56 |
| Sist | f | All other contributions, gifts, grant | | | | | | |
| E E | • | similar amounts not included abov | · I I | | | | | |
| F | | Noncash contributions included in lines | | 279,760. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts. | e h | Total. Add lines 1a-1f | • | | 2,460,611 | • | | 10.00 |
| <u> </u> | | Total / Nad in 190 Ta 11 | ******************************* | Business Code | englis Safri send sembras and Safri Sembras Anna Pilla sabre Sestimati | | | |
| | 2 a | GOVERNMENTAL CO | NTRACTS | | | .3,947,290. | | |
| Š | | SHELTER FEES-SE | 624200 | 281,575 | | | | |
| je sj | | PSP CHAR SUPPOR | | 561000 | 159,050 | | | 159,050. |
| E A | | SUPPORTIVE HOUS | | 624200 | 133,782 | | | |
| gra | e | | | | | • | | |
| Program Service Revenue | _ | All other program service reve | nue | | | | | |
| _ | | Total. Add lines 2a-2f | | | 4,521,697 | • | | |
| | 3 | Investment income (including | | | | | | |
| | Ü | other similar amounts) | | | 381 | | | 381. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | | | *************************************** | |
| | J | Tioyanico | (i) Real | (ii) Personal | | | | |
| | 6 2 | Gross rents | (i) Tioui | (ii) i ordonar | | | 1000000 | |
| | | Gross rents | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | ı a | assets other than inventory | tij Gecuntics | (ii) Otrici | | | | |
| | L | Less: cost or other basis | | | | | | |
| | D | and sales expenses | | | | 100000000000000000000000000000000000000 | at the second | |
| | _ | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| | | Gross income from fundraising | | | | | | |
| ne | оа | including \$ | | | | | | |
| e l | | contributions reported on line | | | | | | |
| Other Revenu | | • | | | | | | |
| ĕ | L | Part IV, line 18 Less: direct expenses | | | | | | |
| ₹ | | Net income or (loss) from fund | | | | | | |
| | | | | | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | 71 | |
| | | Less: direct expenses Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | _ | | | | | |
| | 10 a | | | | | | | |
| | | and allowances | | 1 | | | | |
| | | Less: cost of goods soldNet income or (loss) from sale: | | L | | | | |
| | | | | | 60 U U U U U U U U U U U U U U U U U U U | | | |
| | | Miscellaneous Revenue PSP BASKETS | U | Business Code 900099 | 50,000 | . 50,000. | | |
| | | DAMILIANI ET CONO | T.ARGHTD | 900099 | 50,000 | | | |
| | b | | TUNDITE | 900099 | 1,576 | | | |
| | | MISC INCOME | | | 1,5/6 | 1,3/0 | <u> </u> | |
| | | All other revenue | | | 101,576 | | | |
| | | Total. Add lines 11a-11d | | | | .4,464,223. | <u> </u> | 159,431. |
| | 12 | Total revenue. See instructions. | | <u></u> | 1,,004,200 | · [± , ± 0 ± , △ △ ɔ • | 1 0. | 109,431. |

Form 990 (2016) PEOPLE SERVING PEOPLE, INC. Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations | | • | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | 00WF/4F | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 200 700 | 200 000 | 10 700 | |
| | trustees, and key employees | 309,708. | 289,980. | 19,728. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 405 000 | 2,327,426. | 158,483. | |
| 7 | Other salaries and wages | 2,485,909. | 4,341,440. | TOO, 400. | |
| 8 | Pension plan accruals and contributions (include | 64,031. | 59,952. | 4,079. | |
| _ | section 401(k) and 403(b) employer contributions) | 309,298. | 289,577. | 19,721. | |
| 9 | Other employee benefits | 198,061. | 185,436. | 12,625. | |
| 10 | Payroll taxes | 190,001. | 100,400. | 12,025 | |
| 11 | Fees for services (non-employees): | 101,856. | 95,363. | 6,493. | |
| | Management | 6,214. | 73,303. | 6,214. | |
| b | Legal | 13,936. | | 13,936. | |
| | Accounting | 13,730. | | 13,330. | |
| | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 367,802. | 324,437. | 43,365. | |
| 10 | Advertising and promotion | 00,,002, | <u> </u> | | |
| 12 13 | Office expenses | 468,776. | 457,688. | 11,088. | |
| 13 14 | Information technology | 2007 | | , | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,805,020. | 1,750,868. | 54,152. | ///** |
| 17 | Travel | 47,705. | 44,663. | 3,042. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 10.00 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 215,950. | 209,471. | 6,479. | |
| 23 | Insurance | 58,240. | 56,493. | 1,747. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line] | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD AND GUEST SUPPLIES | 456,737. | 456,737. | | |
| b | MISCELLANEOUS OPERATING | 86,176. | 80,682. | 5,494. | |
| С | EQUIPMENT MAINTENACE | 67,617. | 65,589. | 2,028. | |
| d | WORKFORCE DEVELOPMENT | 46,664. | 46,664. | | |
| е | All other expenses | 13,281. | 13,281. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,122,981. | 6,754,307. | 368,674. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2016 |

| Part X | 31 | | | |
|---|---|---|----------|--|
| | Check if Schedule O contains a response or note to any line in this Part X | | i | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 457,828. | 1 | 630,404. |
| 2 | Savings and temporary cash investments | 51,866. | 2 | 52,166. |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 214,858. | 4 | 119,507 |
| 5 | Loans and other receivables from current and former officers, directors, | | | 100 |
| | trustees, key employees, and highest compensated employees. Complete | | | |
| | Part II of Schedule L | ting the state of | 5 | t et er geget te de en en gegen de tit de te de die de de de de en en en en en en en en de de te en en en en d |
| 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| 2 | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets 7 | Notes and loans receivable, net | | 7 | |
| ₹ 8 | Inventories for sale or use | | 8 | **** |
| 9 | Prepaid expenses and deferred charges | 68,497. | 9 | 103,597 |
| 10 a | | | | |
| | basis. Complete Part VI of Schedule D 10a 2,446,182. | - AF AFF | | 1 011 001 |
| b | | 745,355. | | 1,211,821 |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | **** | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | 70 615 | 14 | 97 506 |
| 15 | Other assets. See Part IV, line 11 | 79,615. 1,618,019. | 15 | 87,506. 2,205,001. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 391,405. | 16 | 1,062,303 |
| 17 | Accounts payable and accrued expenses | 331,403 | 17 18 | 1,002,303 |
| 18 19 | Grants payable Deferred revenue | 45,200. | 19 | |
| 20 | Tax-exempt bond liabilities | 10,1000 | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 00 | Loans and other payables to current and former officers, directors, trustees, | | | All of the second states |
| 1 1 1 | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | Complete Part II of Schedule L | | 22 | |
| ື່ ₂₃ | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 436,605. | 26 | 1,062,303. |
| | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and | | | |
| ရွ | complete lines 27 through 29, and lines 33 and 34. | 4 4 6 4 4 4 4 | | 1 110 600 |
| 27 | Unrestricted net assets | 1,181,414. | 27 | 1,142,698 |
| Net Assets or rund balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Temporarily restricted net assets | | 28 | |
| 29 | Permanently restricted net assets | | 29 | |
| Ē | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| 5 | and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 8 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 1,181,414. | 32 33 | 1,142,698. |
| ~ | Total net assets or fund balances Total liabilities and net assets/fund balances | 1,618,019. | 33 | 2,205,001. |
| 34 | Total liabilities and het assets/fund balances | <u> </u> | J-4 | Form 990 (2016 |

Form **990** (2016)

| Form | 990 (2016) PEOPLE SERVING PEOPLE, INC. | | | Pag | ge 12 |
|------|---|----------|------|---------------|------------|
| Pai | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,08 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,12 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 8 , 7: | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,18 | <u>1,4</u> | <u>14.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| (C) | column (B)) | 10 | 1,14 | 2,6 | <u>98.</u> |
| Pai | TXII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | |
| 2a | • | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 77 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | 4 | | |
| | 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 | | | 77 | |
| | 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 in Sche | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | | _ | | 37 |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | (2245) |
| | | | Form | 990 (| (2016) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

OMB No. 1545-0047

2016

Open to Public Inspection

| | PEOP | LE SERVING | PEOPLE, INC. | • | | | | |
|---|--|--|--|--------------------------------|--|------------------|---------------|----------------------------|
| Part I | Reason for Public (| Charity Status 🖟 | All organizations must co | mplete thi | is part.) Se | e instructions | | |
| The organ | zation is not a private found | | | | | | | |
| 1 | A church, convention of chi | | | | | I)(A)(i). | | |
| 2 | A school described in secti | · · | | | | | | |
| 3 | A hospital or a cooperative | | · · | | | i). | | |
| 4 | A medical research organiza | | | | | | (iii). Enter | the hospital's name. |
| 4 | | ation operated in cor | ijanotion min a noophai | 400011004 | 00000 | (2)(.)(.) | (111)1 =/1101 | , |
| - - | city, and state: An organization operated for | or the honofit of a coll | laga or university owned | or operate | ed by a go | vernmentalun | it describe | od in |
| 5 | | | lege of diliversity owned | or operati | ed by a go | verrimental ar | iit describe | , |
| | section 170(b)(1)(A)(iv). (C | • | | 4- | 70/1-1/41/81 | (. A | | |
| 6 | A federal, state, or local gov | _ | | | | | | |
| 7 X | An organization that norma | | itial part of its support fr | om a gove | ernmental i | unit or from the | e generai p | oublic described in |
| | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 🖳 | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Part | : 11.) | | | | |
| 9 🔛 | An agricultural research org | | | | | | | |
| | or university or a non-land-g | grant college of agricu | ulture (see instructions). | Enter the i | name, city | , and state of t | he college | or |
| | university: | | | | | | | 14.40 |
| 10 | An organization that normal | lly receives: (1) more | than 33 1/3% of its supp | ort from c | contribution | ns, membersh | ip fees, an | d gross receipts from |
| | activities related to its exem | npt functions - subjec | t to certain exceptions, | and (2) no | more than | 33 1/3% of its | s support f | rom gross investment |
| | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the orga | anization a | fter June 30, 1975. |
| | See section 509(a)(2). (Cor | | | | | | | |
| 11 | An organization organized a | • | vely to test for public sat | ety. See | section 50 |)9(a)(4). | | |
| 12 | An organization organized a | | | | | | ry out the | purposes of one or |
| | more publicly supported or | | | | | | | |
| | lines 12a through 12d that | - | | | | | | |
| | Type I. A supporting orga | | | | | | | aivina |
| a | the supported organization | | | | | | | |
| | organization. You must o | | | majority o | n the direc | note of tractice | 0 01 410 00 | .pport.i.ig |
| | | | | ion with it | o aunnorta | d organization | v(a) by bay | dna |
| b [| Type II. A supporting org | · | | | | | | |
| | control or management o | | | ame perso | ns that coi | ntroi or manag | e me supp | Jonea |
| r | organization(s). You mus | • | | | | | | 1 11 |
| С | | - | | | | | y integrate | ed With, |
| | its supported organization | | | | | | | |
| d | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection w | vith its support | ted organiz | zation(s) |
| | that is not functionally int | egrated. The organiz | ation generally must sati | isfy a distr | ibution rec | quirement and | an attentiv | /eness |
| | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | Check this box if the orga | anization received a v | vritten determination fro | m the IRS | that it is a | Type I, Type I | l, Type III | |
| | functionally integrated, or | r Type III non-functior | nally integrated supportin | ng organiz | ation. | | | |
| f Ente | er the number of supported o | organizations | | | | | | |
| a Prov | vide the following information | about the supporte | d organization(s). | | | | | |
| | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orgain your govern | anization listed ing document? | (v) Amount of | - | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) |
| | | | | | | | | |
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| Total | | Log Control of the Co | | 1 1000 | 1 | 1 | | 1 |

Schedule A (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE, INC. 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.)

| Section A. Public Support | | | | | | | | |
|---------------------------|--|----------------------|----------------------|--------------------------|---------------------------|---|-----------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1224479. | 1518143. | 1876106. | 2367412. | 2460611. | 9446751. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1224479. | 1518143. | 1876106. | 2367412. | 2460611. | 9446751. | |
| 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 | | | | | 1000000 | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 0446851 | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 9446751. | |
| | ction B. Total Support | | | () 6544 | () 0045 | 4.3.0040 | (O T- 1-1 | |
| | ndar year (or fiscal year beginning in) | (a) 2012 1224479. | (b) 2013 1518143. | (c) 2014 1876106. | (d) 2015 2367412. | (e) 2016 2460611. | (f) Total 9446751. | |
| | Amounts from line 4 | 12244/9. | 1518143. | 19/0100. | Z30/41Z. | 2400011. | 9440/31. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | 212 | 422. | 10. | 64. | 381. | 1,190. | |
| | and income from similar sources | 313. | 422. | 10. | 04. | 201. | 1,190. | |
| 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 | 85,350. | 198,582. | 61,686. | 59 478 | 101,575. | 506 671. | |
| | assets (Explain in Part VI.) | 03,330. | 190,302. | 01,000. | 33,470. | 101,575 | 9954612. | |
| | Total support. Add lines 7 through 10 Gross receipts from related activities, | ata (asa instructio | na) | | | 12 18 | ,124,363. | |
| | First five years. If the Form 990 is for | | | I fourth or fifth ta | | | , | |
| 13 | organization, check this box and stor | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | | | | *************************************** | | |
| | Public support percentage for 2016 (I | | | olumn (f)) | | 14 | 94.90 % | |
| | Public support percentage from 2015 | | | | | 15 | 94.91 % | |
| | 33 1/3% support test - 2016. If the | | | | | ore, check this box | and | |
| | stop here. The organization qualifies | | | | | | ▶ ▼ | |
| b | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| | and stop here. The organization qual | | | | | | . I I | |
| 17a | 10% -facts-and-circumstances test | - 2016. 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 "fac | | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | | |
| b | 10% -facts-and-circumstances test | - 2015. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or | |
| | more, and if the organization meets the | ne "facts-and-circui | mstances" test, ch | eck this box and | stop here. Explain | in Part VI how the |) | |
| | organization meets the "facts-and-circ | | | | | | ▶□ | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | · > | |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2016 | |

Schedule A (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | 5.51.5 p. 6.50.5 | | | | | |
|---------|--|------------------|-----------------|------------------|----------|---------------------|-----------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7g from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10 | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | - | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | - |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | - 6 | | | n F01/a)/2\ arra='- | l ation |
| 14 | First five years. If the Form 990 is fo | | | | | | |
| <u></u> | check this box and stop here ction C. Computation of Publi | ic Support De | rcentage | <u></u> | | | |
| _ | Public support percentage for 2016 (| | | rolumn (f\) | | 15 | % |
| | | | | | | 16 | |
| 16 | Public support percentage from 2015 ction D. Computation of Inves | | | | | 10 | 70 |
| | Investment income percentage for 20 | | | ne 13 column (f) | | 17 | % |
| | | | | | | 18 | % |
| 18 | a 33 1/3% support tests - 2016. If the | | | | | | |
| 19 | more than 33 1/3%, check this box a | | | | | | ▶ [] |
| | 5 33 1/3% support tests - 2015. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | | | | | | | |
| _ | | | | | <u> </u> | | ================================= |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|--|----------------|-----|--|
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| a mornos | 2 3a | | |
| and the second second | 3b | | |
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| | 9c | | |
| | 10a | | |
| | 10b | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? Provide details in Part VI.

| The Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Paccoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) c Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition in debtactions applicable to non-exempt-use assets 5 Description in detail in Part VI): 5 Application in debtaction in Part VI): 5 Application in debtaction in debtaction in Part VI): 6 Application in debtaction in debtaction in Part VI): 7 Application in debtaction in debtaction in Part VI): 8 Agustract line 2 from line 1d 9 Carrent Year 9 Current Year 9 Current Year 9 Current Year | | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | ınizations | 1 490 0 |
|--|------|--|----------------|---------------------------------|-------------------------------|
| Section A - Adjusted Net Income (A) Prior Year (cptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a Varrage monthly value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 Descount 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 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Mutityly line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions | 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | ig trust oi | n Nov. 20, 1970 (explain in Pa | rt VI.) See instructions. All |
| 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a Average monthly cash balances 1b C Fair market value of other non-exempt-use assets 1c C d Total (add lines 1a, 1b, and 1c) 1d C 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 3 C Acquisition in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 6 Net value of non-exempt-use assets (subtract line 3 for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Net value of non-exempt-use assets (subtract line 4 from line 5 b, .035 6 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | | other Type III non-functionally integrated supporting organizations must co | mplete S | Sections A through E. | |
| 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions | Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 to c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 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 1 d 4 Cash deemed held for exempt use. Enter 1-1/296 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) | 1 | Net short-term capital gain | 1 | | |
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| Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e 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 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) | 7 | | 7 | | |
| Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) | 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
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| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | | instructions for short tax year or assets held for part of year): | | | |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | a | Average monthly value of securities | 1a | | |
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| e 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 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | d | Total (add lines 1a, 1b, and 1c) | 1d | | |
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| 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | 2 | | 2 | | |
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| see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | | | 4 | | |
| 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | 5 | | 5 | | |
| 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 | | | 6 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 | | | 7 | | |
| | | | 8 | | |
| | | | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 | 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 2 | 2 | | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 | 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 | | | 4 | | |
| 5 Income tax imposed in prior year 5 | 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 | | · · · · · · · · · · · · · · · · · · · | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | 7 | | lly integra | ated Type III supporting organi | ization (see |
| instructions). | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

| | t V Type III Non-Functionally Integrated 509 | | nizations (continued) | Fage / |
|-------------------|---|---|---|--|
| Secti | on D - Distributions | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Continued | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| 0 | - Distribution Allered (one instructions) | Excess Distributions | Underdistributions | Distributable |
| Secti | on E - Distribution Allocations (see instructions) | | Pre-2016 | Amount for 2016 |
| _1_ | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | The administration of the section is designed to the latter of the section of the section contact designed as | The state of the s |
| _3_ | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f_ | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2016 distributable amount | | | |
| <u>i_</u> | Carryover from 2011 not applied (see instructions) | | | |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| _8_ | Breakdown of line 7: | | | |
| <u>a</u> | | | | |
| | Excess from 2013 | - 10 H | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | TOTAL SECTION OF THE | | |
| <u> e</u> | Excess from 2016 | | | Form 990 or 990-F7\ 2016 |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE, INC. | Page 8 |
|----------------|--|-----------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | C, ∶V, |
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Employer identification number Name of the organization PEOPLE SERVING PEOPLE, INC. Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 ______ \$ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

| PEOPLE | SERVING | PEOPLE, | INC. |
|--------|---------|---------|------|
| | | | |

| 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 | | \$ <u>2,460,611</u> . | 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 Oncash Occuplete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE, INC.

| 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) | (d) Date received |
| | FOOD AND SUPPLIES | | |
| 1 | | | |
| | | \$ <u>279,760.</u> | 12/31/16 |
| (a) | | (c) | |
| No. from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | Description of noncasti property given | (See instructions) | Date reserved |
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| | | \$ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions) | Date 1000ived |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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| | | \$ | |
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| (a) | | (c) | , |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions) | (d) Date received |
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| | | Schodule P (Form (| 000 000 E7 or 000 DE) (2016) |

| | (Form 990, 990-EZ, or 990-PF) (2016) | | Page 4 | | | | |
|---------------------------|--|--|---|--|--|--|--|
| Name of orga | anization | | Employer Identification number | | | | |
| PEOPLE | SERVING PEOPLE, INC. | | 1000 | | | | |
| Part III | Exclusively religious, charitable, etc., contr the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | Olumns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less fo | tion 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations string the year. (Enter this info. once.) | | | | |
| (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, ar | nd ZIP + 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 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 Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
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| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| : | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2016
Open to Public Inspection

Employer identification number Name of the organization PEOPLE SERVING PEOPLE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

632051 08-29-16

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 PEOPLE SERV | ING PEOPLE, | INC. | | Page 3 |
|---|--|------------------------|--|----------------------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method o | f valuation: Cost or end- | of-year market value |
| (1) Financial derivatives | P-340449 | | | |
| (2) Closely-held equity interests | 40.0007.0007.00 | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | Anway . |
| (D) | ALL CONTRACTOR OF THE CONTRACT | | | |
| <u>(E)</u> | | | | |
| (F) | | | | |
| (G) | | | | *** |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | **** | | | |
| Part VIII Investments - Program Related. | 5 000 B 134 | | O. David V. Brand O. | |
| Complete if the organization answered "Yes" (a) Description of investment | on Form 990, Part IV, (b) Book value | line 11c. See Form 990 | J, Part X, line 13. f valuation: Cost or end- | of year market value |
| | (b) BOOK Value | (C) Welliod O | Valuation, Cost of end | or year market value |
| (1) | | | | |
| (2) | | | | |
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| (4) | | | and with the same of the same | |
| <u>(5)</u> | | | and the second s | |
| (6) | | | | |
| (7) (8) | | | | - WEI W |
| (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 99 | 0, Part X, line 15. | |
| | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | <u>) 15.) </u> | |) | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, | | orm 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | | | —————————————————————————————————————— | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

FEDERAL AND STATE AUTHORITIES.

| Schedule | D (Form 990) 2016 | PEOPLE | SERVING | PEOPLE, | INC. | | Page 5 |
|-------------|---|----------------------------|-------------|---|--|----|---------------|
| Part XII | I Supplemental In | formation _{(cont} | inued) , | | | | |
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number PEOPLE SERVING PEOPLE, INC.

| FC | arti Questions negarding Compensation | | | |
|----|---|-------------------|-------------------|---|
| | | Town College Cont | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | |
| h | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| ~ | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | 11.70.2 Ved-071- | 10211-0-2-1014-1014 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| _ | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | 62(25)22(44)(45) | 100000000000000000000000000000000000000 |
| | trustees, and onicers, including the OLO/Executive Director, regulating the fronte choosed on the fact. | _ | | |
| ^ | Indicate which if any of the following the filing argenization used to establish the companization of the organization's | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | 7.7 |
| а | Receive a severance payment or change-of-control payment? | <u>4a</u> | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | and ordered | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | 12000aprii00rii00 | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| - | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| - | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| 9 | Regulations section 53.4958-6(c)? | 9 | oggogggenerië. | pura-reason |
| | regulations section 30.4300 (lg) | | - 000 | 2016 |

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

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 \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | ple | (E) Total of columns | (F) Compensation |
|-------------------------|------------|--|--|-------------------------------------|--------------------------------|-----------|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)(b)(a) | in column (B) reported as deferred on prior Form 990 |
| (1) DANIEL GUMNIT | ε | 159,736. | 15,110. | 0 | 8,523. | 19,358. | 202,727. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | • 0 | • 0 | •0 | 0. | 0. | 0. | 0. |
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| | | | | | | | Schedi | Schedule J (Form 990) 2016 |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury / Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.jrs.gov/form990.

Name of the organization PEOPLE SERVING PEOPLE Employer identification number

| | PEOPLE SERVI | NG PEO | PLE, INC. | | | | | |
|-----|---|-------------------------------|--|---|---------------|----------------|---|--|
| Par | t I Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash cont amounts repo Form 990, Part \ | rted on | | (d) I of determining entribution amount | 8 |
| 1 | Art - Works of art | | | | | | | |
| | Art - Historical treasures | | | | | | | |
| _ | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | THE SECTION OF THE SE | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 1 | 200 | 0,950. | COST | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (SUPPLIES) | X | 1 | 78 | 8,810. | COST | | |
| 26 | Other | | | | | | | |
| 27 | Other | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | | | | | | 0 | |
| | for which the organization completed Form 82 | 283, Part IV, | Donee Acknowled | gement | 29 | | 1 | |
| | | | - | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any property rep | orted in Part I, lir | nes 1 throug | jh 28, that it | | |
| | must hold for at least three years from the dat | e of the initi | al contribution, and | which isn't requi | ired to be u | sed for | | 1 37 |
| | exempt purposes for the entire holding period | ? | | | | | 30a | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | 1 |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any nonstanda | ard contribu | tions? | 31 | <u> </u> |
| 32a | Does the organization hire or use third parties | | | | | | _ 1 | ٠, |
| | contributions? | | | | | | 32a | X_ |
| b | If "Yes," describe in Part II. | | | | | | 1 See all 1 | |
| 33 | If the organization didn't report an amount in | column (c) fo | or a type of propert | y for which colum | nn (a) is che | cked, | | |
| | describe in Part II. | | | | | | | |
| LΗΔ | | the Instruc | tions for Form 99 | 0. | | Sched | lule M (Form 990) | (2016) |

| Schedule M (Form 990) (2016) PEOPLE SERVING PEOPLE, INC. | Page 2 |
|---|----------|
| Part II 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. | n ete |
| SCHEDULE M, PART I, COLUMN (B): | |
| THE NUMBER IN COLUMN B INDICATES THE NUMBER OF CONTRIBUTORS. | |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

PEOPLE SERVING PEOPLE, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE SERVING PEOPLE HELPS FAMILIES EXPERIENCING HOMELESS MANAGE CRISIS SITUATIONS AND BUILD A STRONG FOUNDATION FOR THEIR LONG-TERM SUCCESS. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: DEVELOPED THE NEW CENTER OF EXCELLENCE EARLY CHILDHOOD DEVELOPMENT PROGRAM WHICH PROVIDES LICENSED, QUALITY CARE AND SUPPORT FOR CHILDREN AGES 16 MONTHS-12 YEARS, OFFERING LOW CHILD-TEACHER RATIOS AND SMALL CLASS SIZES FOR OPTIMAL GROWTH AND DEVELOPMENT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PEOPLE SERVING PEOPLE ALSO OFFERS BOTH IN HOUSE AND HOME VISITING ADVOCACY SERVICES, PARENTAL ENGAGEMENT PROGRAM, EMPLOYMENT SERVICES, A TECHNOLOGY RESOURCE CENTER, HEALTH/WELLNESS/NUTRITION AND FINANCIAL FITNESS CLASSES. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 1,252,082. 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

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

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

THE FORM 990 IS APPROPRIATELY FILED.

Schedule O (Form 990 or 990-EZ) (2016)

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,

SCHEDULER (Form 990) Department of the Treasury Internal Revenue Service

Part I

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

Employer identification number

► Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

INC

PEOPLE SERVING PEOPLE,

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

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Š × controlled Direct controlling Yes 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 organizations during the tax year. Direct controlling entity End-of-year assets N/A Public charity status (if section **e** 501(c)(3)) LINE 7 Total income Exempt Code ত্ত section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MINNESOTA PEOPLE SERVING PEOPLE INC. FUNDRAISING TO SUPPORT Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. PROGRAMS 614 S. 3RD STREET, MINNEAPOLIS, Name, address, and EIN (if applicable) PEOPLE SERVING PEOPLE CHARITIES, INC. Name, address, and EIN of related organization of disregarded entity 55415 Part ğ

INC. PEOPLE SERVING PEOPLE,

Page 2

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. Schedule R (Form 990) 2016

PartIII

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(a</u> Share of total income £ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>(a)</u>

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. Part IV

| | | | | _ |
|---|----------|--|---|---|
| (i) Section 512(b)(13) controlled entity? | Yes No | | | 1 |
| (h) Percentage ownership | > | | | |
| (g) Share of end-of-year | l l | | | |
| (f) Share of total income | | | | |
| (e) /pe of entity corp, S corp | real of | | | |
| (d) Direct contro entity | | | | |
| (C) Legal domicile (state or foreign | country) | | | |
| (b) Primary activity | | | , | |
| (a) Name, address, and EIN of related organization | | | | |

Schedule R (Form 990) 2016

632162 09-06-16

Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE, INC.

| s With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | The state of the s | |
|--|--|--|
| Transactions With Related Organizat | parameter , popularies , | THE RESERVE THE PARTY OF THE PA |
| Part V | | : |

| | N _o | × | × | | × | × | | × | × | × | × | × | | | × | × | | | | | | | × | × | | |
|--|---|---|-----|--|--|-----------|---|--|----|---|---|---|--|---|--|------------|---|----|---|--|----|---|---|---|---|---|
| Ī | Yes | | | × | | | | | | | | | | × | | | × | × | | × | × | | | | | |
| | | 7. | 2 2 | 5 | 무 | 1e | | 1f | 1g | 4 | ï | 1. | | * | 1 | 1m | 1n | 10 | | 1p | 19 | | 1r | 1s | | lved |
| The second secon | ! | Pars II-1V? | | | | | | | | | | | | | | | | | | | | | | | must complete this line, including covered relationships and transaction thresholds. | (d) Method of determining amount involved |
| | ; | transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | | | | | | | | | | | | | | | | is line, including covered n | (c) Amount involved |
| | | with one or more rel | | | | | | | | | | | | | ization(s) | ization(s) | (s)uc | | | | | | | | ho must complete th | (b) Transaction type (a-s) |
| | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | 1 During the tax year, did the organization engage in any of the following transactions | | b clift, grant, or capital contribution to related organization(s) | C ally, granty, or capital continuation from charter organization(s) | | E LOGIS OF IOAT guarantees by refered organization(s) | f Dividends from related organization(s) | | g care of assets from related organization(s) | | i Loco of facilities on inment or other assets to related organization(s) | Lease of facilities, equipment, of other assers to related organization of | V I assa of facilities an imment or other assets from related organization(s) | R Lease of lacilities, equipment, or office account of the control | | Sharing of facilities equipment mailing lists or other assets with relati | | O Statilig of paid entiployees with telated organization(s) | Saimbursement paid to related organization(s) for expenses | | q neimballsement paid by related organization(s) for expensed | r Other transfer of cash or property to related organization(s) | s Other transfer of cash or property from related organization(s) | 2 If the answer to any of the above is "Yes," see the instructions for information on who | |

| | 2,180,850.COST/GRANT AMOUNT | COST | COST | COST | COST |
|------------|---|----------------|--------------|------------|-------------|
| | 2,180,850. | 1,512,372.COST | 245,000.COST | 5,902.COST | 61,403.COST |
| type (a-s) | ט | ĸ | 0 | д | Ø |
| | (1) PEOPLE SERVING PEOPLE CHARITIES, INC. | 1 | | | 1 |

39

Schedule R (Form 990) 2016

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.

| | 图 | Percentage | | | | | | | | | | | | | | | | Schedule R (Form 990) 2016 |
|--|-----|--|------|------|---|--|--|------|---|------|--|------|--|------|---|---|------|----------------------------|
| f | 6 | General or F managing partner? | | | 1 | | | | 1 | | | .,,- | | | | | | (Forn |
| - | | 20 may | | | | | - | | + | | | | | | - | | | ule R |
| - | (2) | Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No | | | | | | | | | | | | | | | | Sched |
| | Ξ | Disproportionate allocations? | | | | | <u> </u> | | + | | | | | | | | | |
| | | Share of end-of-year assets | | | | | | | | | | | | | | | | - |
| | | Share of total income | | | | | | | | | | | | | | | | |
| | (e) | barthers sec. 501(c)(3) orgs.? | | | | | | | 1 | | | | | | | | | 1 |
| S. | | e partri | | 1100 | | | - | | + | | | | | | | | | 1 |
| stment partnership | (p) | Predominant income procession (related, unrelated, excluded from tax under sections 512-514) | | | | | | | | | | | | | | / | | |
| sion for certain inve | (0) | Legal domicile (state or foreign country) | | | | | | | | | | | | | | | | |
| ructions regarding exclus | (q) | Primary activity | | | | | Account to the second s | | | | | | | | | | | |
| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (a) | Name, address, and EIN of entity | | | | | | | | | | | | | | | | |

| Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE, INC. | Page 5 |
|---|-------------|
| Part VII Supplemental Information. | |
| Provide additional information for responses to questions on Schedule R. See instructions. | |
| CONTROLL D. DADM II. DELAMED DADMY | |
| SCHEDULE R, PART II - RELATED PARTY | |
| PEOPLE SERVING PEOPLE, INC. IS REPORTED AS A RELATED PARTY TO PEOPLE | |
| | |
| SERVING PEOPLE CHARITIES. THE MISSION OF PEOPLE SERVING PEOPLE | |
| | |
| CHARITIES IS TO PROVIDE SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC | |
| FOR THE PROGRAMMING AND SERVICES OFFERED TO FAMILIES EXPERIENCING | |
| FOR THE PROGRAMMING AND DERVICED OFFERENCE TO FINITE THE PROGRAMMING AND DERVICED OFFERENCE | |
| HOMELESSNESS. | |
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** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

| A I | or th | e 2016 calendar year, or tax year beginning | and | ending | | | | | | |
|--------------|-----------------------------|--|-------------------------|---------------|-----------------------------|----------------------------------|--|--|--|--|
| В | Check if applicab | C Name of organization | | | D Employer identif | ication number | | | | |
| | Addre chang Name | e PROPLE SERVING PEOPLE CHARIT | TIES, INC. | | | | | | | |
| Ļ | chane | e Doing business as | | | | | | | | |
| Ļ | return | 1 | reet address) | Room/suite | | er -332-4500 | | | | |
| L | □Final □return termii | | | | | 5,673,233. | | | | |
| | termin ated | | ign postal code | | G Gross receipts \$ | | | | | |
| | return Applie tion | MINNEAPOLIS, MM 33413-1104 | TMNTT | | H(a) Is this a group r | | | | | |
| L | tion pendi | | OMINITI | | for subordinates | | | | | |
| | - | SAME AS C ABOVE | 7047(2)(1) | ar | H(b) Are all subordinates i | | | | | |
| <u>+</u> | ax-ex | empt status: X 501(c)(3) 501(c) () | no.) 4947(a)(1) | or 527 | 1 | a list. (see instructions) | | | | |
| | | forganization: X Corporation Trust Association | Other > | 1 Voor | H(c) Group exemption | M State of legal domicile: MN | | | | |
| | art I | Summary | Other | L TEAL | or formation, 2000 | VI State of legal doffnone, 1411 | | | | |
| | | Briefly describe the organization's mission or most significant | activities: SEE | SCHEDII | T.E. O | | | | | |
| é | 1 | Briefly describe the organization's mission of most significant | . activities. DIII | DCIIDDO | | | | | | |
| Governance | | Check this box if the organization discontinued its | operations or dispos | sed of more | than 25% of its net as | epte | | | | |
| err | 3 | Number of voting members of the governing body (Part VI, Iir | | | 3 | 5 | | | | |
| ် | 4 | Number of independent voting members of the governing body (rate vi, iii | | | f | 5 | | | | |
| જ | 5 | Total number of individuals employed in calendar year 2016 (| | | | 10 | | | | |
| ties | 6 | Total number of volunteers (estimate if necessary) | | | | 4082 | | | | |
| Activities & | 70 | Total unrelated business revenue from Part VIII, column (C), li | | | | | | | | |
| Ą | h | Net unrelated business taxable income from Form 990-T, line | | | | | | | | |
| | <u>D</u> | 14et differated business taxable income from 1 om 550 1; inic | 04 | | Prior Year | Current Year | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | 1,950,633. | | | | | | | |
| Revenue | 9 | | | | 2,068,392. 1,604,550. | 1,614,229. | | | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 247,024. | 397,444. | | | | |
| Re | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a | | | 17,411. | -1,721. | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, o | | | 3,937,377. | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3 | | | 2,412,613. | | | | | |
| | 14 | | | | 0. | 0. | | | | |
| | 45 | Salaries, other compensation, employee benefits (Part IX, col | 327,131. | 351,773. | | | | | | |
| ses | 162 | Professional fundraising fees (Part IX, column (A), line 11e) | | L L | 0. | 0. | | | | |
| Expenses | h | | 488,1 | | | | | | | |
| 찚 | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1313000000 | | 994,971. | 986,670. | | | | |
| | 1 | Total expenses. Add lines 13-17 (must equal Part IX, column | | | 3,734,715. | | | | | |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | | 202,662. | 206,731. | | | | |
| or i | | | | Be | ginning of Current Year | End of Year | | | | |
| Assets or | 20 | Total assets (Part X, line 16) | | | 19,194,650. | 18,970,959. | | | | |
| Ass | 21 | Total liabilities (Part X, line 26) | | | 5,249,487. | 4,541,418. | | | | |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 13,945,163. | 14,429,541. | | | | |
| | art II | | | | | | | | | |
| Und | ler pen | alties of perjury, I declare that I have examined this return, including a | ccompanying schedule | s and stateme | ents, and to the best of m | y knowledge and belief, it is | | | | |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based | on all information of w | hich preparer | has any knowledge. | | | | | |
| | | | | | | | | | | |
| Sig | n | Signature of officer | | | Date | | | | | |
| Hei | re | VERNON SOWELL, DIRECTOR OF | FINANCE | | | | | | | |
| | | Type or print name and title | | 1 r | Doto In | DTIM | | | | |
| | | Print/Type preparer's name Preparer's | signature | 1 | Date Check [| PTIN | | | | |
| Pai | | LAWRENCE H. MOHR, CPA | 22100 110 | | self-emplo | | | | | |
| | parer | Firm's name BAKER TILLY VIRCHOW KI | RAUSE, LLP | | Firm's ElN ▶ | 39-0859910 | | | | |
| Use | Only | Firm's address 225 S 6TH ST #2300 | | | 51 61 | 2 976 4500 | | | | |
| | | MINNEAPOLIS, MN 55402 | _1 | | Prione no. 6 1 | .2.876.4500 X Yes No | | | | |
| Mar | v the l | RS discuss this return with the preparer shown above? (see in | ISTRUCTIONS) | | | IZALTES I INO | | | | |

| | 990 (2016) PEOPLE SERVING PEOPLE CHARITIES, INC. Page 2 |
|----------|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: THE MISSION OF PEOPLE SERVING PEOPLE CHARITIES, INC. IS TO PROVIDE |
| | SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC. FOR THE PROGRAMMING AND |
| | SERVICES OFFERED TO FAMILIES EXPERIENCING HOMELESSNESS. |
| | DERVICED OFFERED TO TARTETED EXTERIENCING MONIGED BOX 1000 |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4- | |
| 4a | (Code:) (Expenses \$ 2,419,960 · including grants of \$ 2,415,411 ·) (Revenue \$ 55,894 ·) PROVIDING FINANCIAL SUPPORT TO PEOPLE SERVING PEOPLE, INC · FOR |
| | |
| | SUPPORTIVE PROGRAMS RELATED TO ITS TEMPORARY EMERGENCY HOUSING. |
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| 4b | (Code:) (Expenses \$ 690,121. including grants of \$) (Revenue \$1,512,372.) |
| | RENTING TO PEOPLE SERVING PEOPLE, INC. SPACE FOR THE OPERATION OF |
| | PEOPLE SERVING PEOPLE, INC.'S SHELTER AND RELATED SERVICES. |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| <u> </u> | Other program services (Describe in Schedule O.) |
| 4d | Other diodram acritica (Deading III otherwie Oth |
| | (Expenses \$ including grants of \$) (Revenue \$) |

| | | | 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? | 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 | | | 77 |
| | 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 | | | 37 |
| | similar amounts as defined in Revenue Procedure 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 | | | х |
| | 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, | 7 | | х |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8_ | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 100100000000000000000000000000000000000 | 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, | - American | 3.13.00p. dec 4.1771 | *************************************** |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 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 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | 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 | 40. | | х |
| | Schedule D, Parts XI and XII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12b | х | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 13 | -7 | X |
| 13 14- | 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, | i Tu | | - - |
| Ü | 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 | | х |
| 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? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 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 | 000 | X |
| | | Form | 990 | (2016) |

| htm: 25, sugar | 1 100111111007 | | V | |
|----------------|---|----------|----------------|-----------|
| | | 00- | Yes | No X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| b | 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 | 20b | | |
| 21 | | 21 | Х | |
| 00 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | - 21 | |
| 22 | | 22 | | Х |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | Х | |
| 242 | Schedule J | <u> </u> | | |
| Z-74 | last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete</i> | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| | 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 | | Х |
| 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, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | Reactioncereas | _X_ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u>X</u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | _X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 77 | _X_ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 37 |
| | contributions? If "Yes," complete Schedule M | 30 | | _X_ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | 37 |
| | If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| | Schedule N, Part II | 32 | | <u> X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | 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 | | Х | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | OF! | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 26 | | Х |
| ~- | If "Yes," complete Schedule R, Part V, line 2 | 36 | | - 23 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | х |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 31 | | |
| 38 | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | Note. All Form 990 mais are required to complete Schedule O | | | L |

Form 990 (2016) PEOPLE SERVING PEOPLE CHARITIES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| The Section | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|-------------|--|----------|-----------------------|-----|--------------------------------|----------------|
| | Chester Corrodate C contains a respective of floto to diff into in ano in all of | | | | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 5 | | 168 | INO |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | ole gaming | | | |
| _ | (gambling) winnings to prize winners? | | | 1c | COSAN CRA | 101000 months |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 10 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | L |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | О | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccoun | t)? | 4a | 6.435.55 | 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 | ccount | ts (FBAR). | | | 77 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction. | ction? | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 0- | | х |
| | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions. | | | 6a | | |
| a | | | girts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | OD | | |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices n | rovided to the navor? | 7a | X | |
| b | Table 19 March 19 Mar | | ovided to the payor. | 7b | X | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | to file Form 8282? | | | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract | :? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 88 | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion fil | e a Form 1098-C? | 7h | | ļ, |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | e | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | 00000000000000 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | • | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | <u> </u> |
| b | | | | 9b | (2015) (1016) (2015) (1016) | issiasce) |
| 10 | Section 501(c)(7) organizations. Enter: | l | 1 | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 44- | | | | |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | | | |
| b | , | 11b | | | | |
| 100 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | |) | 12a | 7000000 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12.0 | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| u | 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 | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | | 14b | | |
| | The state of the s | | | | 990 | (2016) |

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Form 990 (2016) PEOPLE SERVING PEOPLE CHARITIES, INC. Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|----------|----------------|
| Sec | tion A. Governing Body and Management | | ., | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | | 5 | | |
| 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 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 4 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 5 | | 6 | | X |
| 6 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | " | | |
| 7a | | 70 | | х |
| | more members of the governing body? | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 76 | | х |
| _ | persons other than the governing body? | 7b | | - 23 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | x | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <u> </u> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | 37 |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | 1 | 1 |
| | | | Yes | No |
| | 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 | X | Salah Kristana |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and 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 | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | |
| 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? | 16b | | |
| Sec | tion C. Disclosure | • | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MN | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| 15 | 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: | | | |
| 20 | VERNON SOWELL - 612-277-0245 | *** | | |
| | 614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104 | - | | |
| | Var NOV has been parament and the second of | | ~~~ | |

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization (A) | (B) | | | (0 | 2) | | | (D) | (E) | (F) |
|--|------------------------|--------------------------------|-----------------------|--------------|--------------|---------------------------------|----------|--------------------|----------------------------------|-----------------------|
| Name and Title | Average | (do | not c | Pos | ition | l than c | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | - | Cei ai | u a u | 16010 | 17445 | 100) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or 0 | stee | | | sated | | (W-2/1099-MISC) | (** 27 1033 341100) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | (44-2/1099-141130) | | and related |
| | below | idual | ution | ᡖ | Key employee | est co | Te1 | | | organizations |
| | line) | Indiv | Insti | Officer | Key | High | Former | | | |
| (1) PAUL KELASH | 1.00 | | | | | 1 | | | | |
| BOARD CHAIR | | X | | Х | | | | 0. | 0. | 0 |
| (2) GUY BECKER | 1.00 | | | | | | | | | |
| BOARD VICE CHAIR | | X | | | | | ļ | 0. | 0. | 0 |
| (3) ELIZABETH HINZ | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (4) TOM SIPKINS | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | X | | | | <u> </u> | | 0. | 0. | 0 |
| (5) ROBERT METCALF | 1.00 | | | | | | | _ | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (6) DANIEL GUMNIT | 20.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 20.00 | | <u> </u> | X | | <u> </u> | | 174,846. | 0. | 27,881 |
| (7) JANINE WENHOLZ | 4.00 | 1 | | | | | | | | 00 501 |
| CHIEF OPERATING & FINANCE | 36.00 | | | X | | <u> </u> | <u> </u> | 86,200. | 0. | 20,781 |
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| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | st C | | | | |
|--|-----------------------|--------------------------------|-----------------------|------------------|--------------|------------------------------|-------------|---|-------------------------|----------|-----------------------------|
| (A) | (B) | | | (C Pos | | , | | (D) | (E) | | (F) |
| Name and title | Average hours per | | not c | heck i ss per | more | than o | | Reportable compensation | Reportable compensation | | Estimated amount of |
| | week | | | nd a d | | | | from | from related | | other |
| | (list any | ctor | | | | | | the | organization | s | compensation |
| | hours for | Individual trustee or director | 93 | | | ated | | organization | (W-2/1099-MIS | 3C) | from the |
| | related organizations | ustee | Institutional trustee | | g g | Suadi | | (W-2/1099-MISC) | | | organization and related |
| | below | dual tr | itional | | Key employee | st con | <u></u> | | | | organizations |
| | line) | Indivi | Institu | Officer | Key er | Highest compensated employee | Form | | | | |
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| | | | | | <u> </u> | | L | 0.61 0.46 | | <u>_</u> | 40.660 |
| 1b Sub-total | | | | | | | | 261,046. | | 0. | 48,662. |
| c Total from continuation sheets to Part VI | | | | | | | | 261,046. | | 0. | 0. 48,662. |
| d Total (add lines 1b and 1c) | | | | | | | > | *************************************** | 000 - f | | 40,002. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | ac ac | oove |) wn | io re | eceived more than \$100, | UUU of reportable | 3 | 1 |
| compensation from the organization | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer | director or tru | istei | e ke | v en | nnlo | vee | or | highest compensated er | mplovee on | 1 | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | |
| and related organizations greater than \$150 | • | | - | | | | | • | | <i>.</i> | 4 X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | 6423 |
| rendered to the organization? If "Yes." con | | | | | | | | | | | 5 X |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | pensa | tion from |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | ithir | | ear. | | |
| (A) Name and business | addraga | | | | | | | (B) Description of s | envices | · c | (C) Compensation |
| | address | | | | | | | INVESTMENT F | | <u> </u> | ompensation |
| NORTHERN TRUST COMPANY 50 SOUTH LASALLE STREET, | CHICAGO | , | TT. | 6 | 06 | ΛZ | | LINE OF CRED | | | 650,836. |
| 50 SOUTH LASALLE STREET, | CHICAGO | | | 0 | 00 | 0.5 | | DIME OF CKED | TI IMID | | 030,030. |
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| | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot lir | nite | d to | thos | se lis | sted | above) who received m | ore than | | |
| \$100,000 of compensation from the organi | | | | | - | 1. | | | | | |
| | | | | | | | | | | | Form 990 (2016) |

| | | | Check if Schedule O conta | ins a response | or note to any lin | e in this Part VIII | | | |
|--|-----|----------|--|---|-------------------------|--|---|---|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| တ္ တ | 1 : | — а | Federated campaigns | 1a | | Sec. 1942 (1) 201 1954 (1) 201 (1) 10 | | 200 | |
| Eat | | | Membership dues | 1 1 | | | | | |
| 호립 | | | Fundraising events | ····· | 129,741. | | | | |
| Ę¥, | | | Related organizations | | | | | | |
| E E | | | - | | | | | | |
| ns, | | | Government grants (contributions gifts grant | ′ | | | | | |
| ë ë | | | All other contributions, gifts, grant | | 1,820,892. | | | | |
| 퉏됬 | | | similar amounts not included abov | | 275,589. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Noncash contributions included in lines 1 | | | 1,950,633. | | | |
| <u>0 @</u> | | <u>h</u> | Total. Add lines 1a-1f | | | | | | |
| | | | Dan Danie | | Business Code 532000 | 1,512,372. | 1,512,372. | | |
| 8 | | | PSP RENT | | 561000 | 101,857. | 1,312,372. | | 101,857. |
| E S | | b | PSP SUPPORT SERVICES | | 361000 | 101,057. | | | 101,007. |
| o Si | | С | | | | | | | |
| ge Y | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| ۵. | | | All other program service rever | | | 1 614 220 | | | |
| \rightarrow | | | Total. Add lines 2a-2f | | | 1,614,229. | | | |
| | 3 | | Investment income (including | | | 204 605 | | | 204,695. |
| | | | other similar amounts) | | | 204,695. | | | 201,0501 |
| | 4 | | Income from investment of tax | | _ | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | | | | | | |
| | | b | Less: rental expenses | | | | | | |
| | | С | Rental income or (loss) | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory | 1,828,228. | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses | 1,635,479. | | | | | |
| | | С | Gain or (loss) | 192,749. | <u> </u> | | | | 100 740 |
| | | d | Net gain or (loss) | | | 192,749. | | | 192,749. |
| e e | 8 | а | Gross income from fundraising | g events (not | | | | 196 | |
| 'n | | | including \$129 | ,741. of | | | | | |
| eve | | | contributions reported on line | 1c). See | | 100 | | | 100 |
| E. | | | Part IV, line 18 | a | | | | | |
| Other Revenu | | | Less: direct expenses | | 77,169. | | | | FR 645 |
| O | | С | Net income or (loss) from fund | Iraising events | <u></u> | -57,615. | | | -57,615. |
| | 9 | а | Gross income from gaming ac | tivities. See | | | | | |
| | | | Part IV, line 19 | a | | | | | |
| | | | Less: direct expenses | |) | | | | |
| | | С | Net income or (loss) from gam | ing activities . | <u></u> | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | |
| | | | and allowances | a | · | | 200 | | |
| | | | Less: cost of goods sold | | | | | | |
| | | С | Net income or (loss) from sale | s of inventory . | <u></u> | | | | |
| | | | Miscellaneous Revenu | e | Business Code | The first of the second | | | |
| | 11 | а | DEBT FORGIVENESS INCOM | <u> </u> | 525990 | 50,000. | 50,000. | | |
| | | b | MISC INCOME | | 900099 | 5,894. | 5,894. | | |
| | | С | | | | | | | |
| | 1 | d | All other revenue | | | | | | |
| | | е | Total. Add lines 11a-11d | | > | 55,894. | 4 550 055 | | 441 606 |
| | 12 | | Total revenue. See instructions. | | <u></u> | 3,960,585. | 1,568,266. | 0. | 441,686. |

| Sect | on 501(c)(3) and 501(c)(4) organizations must compl | | | | <u> </u> |
|----------|--|----------------------------------|------------------------------|------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | se or note to any line in (A) | this Part IX | (C) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,415,411. | 2,415,411. | 75.50 | |
| 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 | | | Tales 16 St | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | , |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 299,199. | | 59,840. | 239,359. |
| 7 | Other salaries and wages | <u>⊿</u> 33,133. | | 33,040. | 433,333. |
| 8 | Pension plan accruals and contributions (include | 4,020. | | 804. | 3 216 |
| • | section 401(k) and 403(b) employer contributions) | 26,509. | | 5,302. | 3,216. 21,207. |
| 9 | Other employee benefits | 22,045. | | 4,409. | 17,636. |
| 10 11 | Payroll taxes Fees for services (non-employees): | 22,043. | | 4,403. | 11,000. |
| | i i i | 159,050. | | 31,810. | 127,240. |
| a | Management | 137,030. | | 31,010. | 127,240 |
| b | Legal | | | | |
| | | | | | |
| u e | Lobbying | | | | |
| f | Investment management fees | 40,838. | | 40,838. | |
| q | Other. (If line 11g amount exceeds 10% of line 25, | 10,000 | | 2070001 | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | 22,299. | | | 22,299. |
| 12 | Advertising and promotion | 20,003. | | | 22,299. 20,003. |
| 13 | Office expenses | 12,457. | | | 12,457. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 41,169. | 41,169. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 615,228. | 615,228. | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | MISCELLANEOUS EXPENSES | 41,902. | 4,549. | 12,591. | 24,762. |
| b | BUILDING MAINTENANCE | 33,724. | 33,724. | _, | |
| C | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,753,854. | 3,110,081. | 155,594. | 488,179. |
| 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) | | | | |

Form 990 (2016)

| 'ar | t X | Balance Sheet | | | |
|-----------------------------|-----|---|-------------------|-----|--------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 2,408,129. | 1_ | 2,505,426. |
| - | 2 | Savings and temporary cash investments | 483,664. | 2 | 424,149. |
| | 3 | Pledges and grants receivable, net | 52,935. | 3 | 61,565 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | 10 Telephone | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ູ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ₽ B | 8 | Inventories for sale or use | 8,677. | 8 | 8,677 1,642 |
| | 9 | Prepaid expenses and deferred charges | 6,160. | 9 | 1,642. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 15,749,546. | | | |
| | b | Less: accumulated depreciation 10b 8,725,408. | 7,635,866. | 10c | 7,024,138. 8,262,480. |
| | 11 | Investments - publicly traded securities | 8,599,219. | 11 | 8,262,480. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| i | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 682,882. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 19,194,650. | 16 | 18,970,959 |
| | 17 | Accounts payable and accrued expenses | 119,362. | 17 | 65,793 |
| | 18 | Grants payable | | 18 | |
| ١ | 19 | Deferred revenue | | 19 | |
| - 1 | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ا س | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| ا ۾ | | Complete Part II of Schedule L | | 22 | |
| ا ڌ | 23 | Secured mortgages and notes payable to unrelated third parties | 5,130,125. | 23 | 4,475,625 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,249,487. | 26 | 4,541,418. |
| | | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and | | | |
| ຶ | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ဦ | 27 | Unrestricted net assets | 13,719,875. | 27 | 14,264,532 |
| alar | 28 | Temporarily restricted net assets | 225,288. | 28 | 165,009 |
| 8 | 29 | Permanently restricted net assets | | 29 | |
| ũ, | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| 7 | | and complete lines 30 through 34. | | | |
| ts (| 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSe | 31 | Paid in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ž | 33 | Total net assets or fund balances | 13,945,163. | 33 | 14,429,541 |
| _ | | | 19,194,650. | 34 | 18,970,959 |

| Form | 1990 (2016) PEOPLE SERVING PEOPLE CHARITIES, INC. | | | Pa | <u>ge 12</u> | | |
|------|--|---------------------------------------|------------|----------------|---|--|--|
| 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 | 3,96 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,75 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 6,7 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 13,945,163. | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 27 | 77,6 | <u>47.</u> | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 14,42 | 19,5 | <u>41.</u> | | |
| Pa | rt XII Financial Statements and Reporting | | | | F === 1 | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | |
| | , | | Commission | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: | | _ | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | 100000000000000000000000000000000000000 | | |
| | 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 | | | | | | | |
| | 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 in Sche | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Forn | ո 990 ։ | (2016) | | |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC. 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1535946. | 1445959. | 1958186. | 2068392. | 1950633. | 8959116. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| - | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1535946. | 1445959. | 1958186. | 2068392. | 1950633. | 8959116. | |
| | The portion of total contributions | | | | | | | |
| Ü | 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 (0 | | | | | | 1554872. | |
| 6 | *************************************** | | | | | | 7404244. | |
| | Public support. Subtract line 5 from line 4. | | | | | | , 10 12 11 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| | Amounts from line 4 | 1535946. | 1445959. | 1958186. | 2068392. | 1950633. | 8959116. | |
| | Gross income from interest, | 13333101 | | 2330200 | 2000001 | | | |
| 8 | | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | 148,211. | 167,743. | 198,889. | 193,899. | 204,695. | 913,437. | |
| | and income from similar sources | 140,211. | 107,743. | 190,009. | 193,099. | 204,000 | 713,4376 | |
| 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 | 60 356 | 151 001 | 100 200 | E4 652 | EE 004 | 121 212 | |
| | assets (Explain in Part VI.) | 60,356. | 151,031. | 109,309. | 54,653. | | 431,243. 10303796. | |
| | Total support. Add lines 7 through 10 | | | | | | | |
| | Gross receipts from related activities, | | | | | luminia in d | <u>,679,010.</u> | |
| 13 | First five years. If the Form 990 is for | | | | | | _ | |
| Sec | organization, check this box and sto ction C. Computation of Publi | o here c Support Per | centage | | | | | |
| | Public support percentage for 2016 (I | | | olumn (fl) | | 14 | 71.86 % | |
| | Public support percentage from 2015 | | | | | 15 | 65.83 % | |
| | 33 1/3% support test - 2016. If the | | | | | ore, check this box | | |
| 102 | stop here. The organization qualifies | | | | | | ► V | |
| h | 33 1/3% support test - 2015. If the | | | | | | | |
| | and stop here. The organization qual | | | | | | ► 1 | |
| 170 | 10% -facts-and-circumstances test | | | | | | | |
| 178 | and if the organization meets the "fac | | | | | | | |
| | | | | | | | | |
| 1. | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| C | more, and if the organization meets the | | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ▶ □ | |
| 40 | Private foundation. If the organization | | | | | | | |
| 18 | Private foundation. If the organization | лтиштин спеска | DON OH IIII TO, 10 | a, 100, 17a, UL 17L | | edule A (Form 990 | | |

(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.)

| Sec | ction A. Public Support | | | | | | |
|------------|---|---------------------------|---------------------------------------|------------------------|----------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | 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 | | | | | | |
| 3 | 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 | | | | | | i |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | _ |
| 7 <i>a</i> | 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 | | | | | | |
| , | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | | (-) | χ-γ | | () | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 1. | Unrelated business taxable income | | | | | | |
| K. | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | -, | | *** | | | |
| 11 | Net income from unrelated business activities not included in line 10b. | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | 240,414,514 | | | | | |
| 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.) | • | | | | | |
| | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2016 (I | | · · · · · · · · · · · · · · · · · · · | olumn (f)) | | 15 | % |
| 16 | Public support percentage from 2015 | Schedule A, Part | III, line 15 | | | 16 | . % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 |)16 (line 10c. colur | nn (f) divided by lir | e 13. column (fl) | | 17 | % |
| 18 | Investment income percentage from | • | | | | 18 | % |
| | a 33 1/3% support tests - 2016. If the | | | | | | |
| 198 | | | | | | | |
| | more than 33 1/3%, check this box at | - | - | | • | | |
| t | 33 1/3% support tests - 2015. If the | - | | | | | . — |
| ٠. | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | <u>in did not check a</u> | box on line 14, 19 | a, or 19b, check th | nis box and see ins | tructions | P |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----------------|-----|----|
| 1 | | |
| | | |
| 2 3a | | |
| | | |
| 3b | | |
| 3c 4a | | |
| | | |
| 4b | | |
| 46 | | |
| <u>5a</u> 5b | | |
| 5c | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| 90 | | |
| 10a | | |

| Sche | dule A (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC. | | Pa | age 5 |
|----------|--|------------|---|--|
| | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | Skassa |
| 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, | | | |
| | supervised, or controlled the supporting organization. | 2 | | <u> </u> |
| Sec | tion C. Type II Supporting Organizations | | | г <u>. </u> |
| | | | 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 | _ | | |
| <u> </u> | the supported organization(s). | 1 | | Ĺ |
| Sec | tion D. All Type III Supporting Organizations | | V | N- |
| | The state of the s | | 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? | 4 | | |
| _ | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| 3 | 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 | SEESEL SECUL | 122888 |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | | 1 | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti | ructions). | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 40.0 | | |
| | that these activities constituted substantially all of its activities. | 2a | <u> </u> | indus N.C. |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | 200000000000000000000000000000000000000 | hgjeta ené - |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | <u> </u> | Щ |

| | edule A (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE C | HARI | TIES, INC. | Page 6 | |
|---------|---|----------------|--------------------------------|--------------------------------|--|
| 3600322 | Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying | | | Part VI \ See instructions Al | |
| 1 | other Type III non-functionally integrated supporting organizations must co | | | art vi.) Gee mod dodons. 7 | |
| Sect | tion A - Adjusted Net Income | mpiete C | (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 | | | | |
| ŭ | collection of gross income or for management, conservation, or | 1 | | | |
| | 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 | | | |
| | tion 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): | | 1.00 | | |
| a | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| с | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other | | | | |
| | factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035 | 6 | | , | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | tion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 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 | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

| che | dule A (Form 990 or 990-EZ) 2016 PEOPLE SERVIN | | | Page 7 |
|-----|---|-------------------------------|--|--|
| Pa | rt V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continued) | |
| ect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 5 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| ect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | in. | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | The state of the s |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | 1 |
| b | Excess from 2013 | | | |

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

| Part VI | Cupplemental | | SERVING PEO | | | |
|---------|--|---|---|--|---|---|
| | Part IV, Section A, li line 1; Part IV, Secti | I nformation. Prov ines 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; F | ride the explanations r 4c, 5a, 6, 9a, 9b, 9c, 1 art IV, Section E, lines | required by Part II, line I1a, 11b, and 11c; Part s 1c, 2a, 2b, 3a, and 3b | 10; Part II, line 17a or t IV, Section B, lines 1 o; Part V, line 1; Part \ | 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V, nal information. |
| | Section D, lines 5, 6 (See instructions.) | 6, and 8; and Part V, 8 | Section E, lines 2, 5, a | nd 6. Also complete th | is part for any addition | nal information. |
| | | | | | | |
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2016

PEOPLE SERVING PEOPLE CHARITIES, Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling 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 ______ \$ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

| PEOPLE | SERVING | PEOPLE | CHARITIES, | INC. |
|--------|---------|--------|------------|------|
| | | | | |

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 260,802. | 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 |
| 2 | | \$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$65,000. | 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 |
| 5 | | \$ 98,700. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

| PEOPLE | SERVING | PEOPLE | CHARITIES, | INC. |
|--------|---------|--------|------------|------|
| | | | | |

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$50,000. | 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 |
| 9 | | \$\$ | 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 |
| 10 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

| (a) | | (c) | |
|----------------|--|--------------------------------------|----------------------|
| No. | (b) | FMV (or estimate) | (d) Date received |
| from Part I | Description of noncash property given | (See instructions) | Date received |
| - CILI | SUPPLIES | | |
| 1 | | | |
| | | | 40404446 |
| | | \$60,802 . | 10/04/16 |
| (a) | | | |
| No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions) | Date received |
| Part I | | (See instructions) | |
| | FOOD SUPPLIES | | |
| 2 | | | |
| l | | s 54,350. | 12/31/16 |
| | | | |
| (a) | | (0) | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from | Description of noncash property given | (See instructions) | Date received |
| Part I | HOAD, GUDDI THE | - , | |
| 5 | FOOD SUPPLIES | | |
| | | | |
| | | \$ 98,700. | 12/31/16 |
| | | | |
| (a) | | (c) | 4.0 |
| No. from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | Description of noncasti property given | (See instructions) | Date received |
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| | | \$ | |
| (-) | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions) | Date received |
| Part I | | (See Itisu dedotis) | |
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| | | Ψ | |
| (a) | | (5) | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from | Description of noncash property given | (See instructions) | Date received |
| Part I | | | |
| | | —— | |
| I | | | |
| | | | l. |

| ame of organiz | | | Employer identification number |
|---------------------------|--|---|---|
| Part III | ERVING PEOPLE CHARITI Exclusively religious, charitable, etc., contri the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | ibutions to organizations described in olumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or le | n section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations sess for the year. (Enter this info. once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, an | (e) Transfer of gift | 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, an | nd ZIP + 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, ar | nd ZIP + 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 |
| | | | |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Employer identification number

6 Open to Public Inspection

| Name | of the organization | DIE GUADIMIEG ING | Employer identification number |
|-----------------|--|--|--|
| 7 - 2500 | PEOPLE SERVING PEOPLE SERVING PEOPLE IN Organizations Maintaining Donor Advise | d Funds or Other Similar Fi | inde or Accounts Complete if the |
| Par | | | Complete it the |
| | organization answered "Yes" on Form 990, Part IV, lin | (a) Donor advised funds | (b) Funds and other accounts |
| | ~ | (a) Bollot advised falles | (b) Turido ana ouror associato |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | All |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | 1 |
| 5 | Did the organization inform all donors and donor advisors in | | |
| | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| Par | impermissible private benefit? | ganization answered "Ves" on Form | |
| -00400 KQL 5400 | Purpose(s) of conservation easements held by the organization | | 1 000, 1 arc 10, into 7. |
| 1 | Preservation of land for public use (e.g., recreation or easements fred by the organization and preservation of land for public use (e.g., recreation or easements fred by the organization and preservation of land for public use (e.g., recreation or easements fred by the organization and preservation of land for public use (e.g., recreation or easements). | | f a historically important land area |
| | Protection of natural habitat | | f a certified historic structure |
| | | i roscivation c | Ta doranda filotofia da da tara |
| _ | Preservation of open space Complete lines 2a through 2d if the organization held a quality | find consequation contribution in the | form of a conservation easement on the last |
| 2 | | lied conservation contribution in the | Held at the End of the Tax Year |
| _ | day of the tax year. Total number of conservation easements | | |
| a L | Total acreage restricted by conservation easements | | |
| b | Number of conservation easements on a certified historic str | | |
| c d | Number of conservation easements included in (c) acquired a | | |
| u | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | | |
| 3 | year | iodoca, onungaionoa, er ionumai | -, |
| 4 | Number of states where property subject to conservation ear | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | ing of |
| Ŭ | violations, and enforcement of the conservation easements in | | 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 co | nservation easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section | n 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and ex | pense statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that des | cribes the organization's accounting for |
| | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections o | | or Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ex | | irtherance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descr | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue sta | tement and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance | e of public service, provide the following amounts |
| | relating to these items: | | . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS 1 | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2016 |

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| Sche | | SERVING PE | | | | | | _ | | | ge 2 |
|------|---|------------------------|-------------|----------------|----------------|---------------|---------------|---|--------------|---|-------------|
| Par | | ollections of Ar | t, Histo | orical Tre | asures, o | r Othe | r Simila | ar Asset | s (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check | any of the f | following that | are a si | gnificant | use of its | collection i | items | |
| _ | (check all that apply): | · | | • | _ | | | | | | |
| а | Public exhibition | (| d 🔲 | Loan or exc | hange progra | ams | | | | | |
| b | Scholarly research | • | | | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | allections and explai | n how th | ev further th | ne organizatio | n's exer | npt purp | ose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| 5 | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Dar | t IV Escrow and Custodial Arran | | | | | | | | | | 110 |
| | reported an amount on Form 990, Par | - | oto ii tiio | organizatio | ii anomoroa | 100 011 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | Is the organization an agent, trustee, custodi | | diany for o | contribution | s or other ass | sets not | included | | | | |
| ıa | on Form 990, Part X? | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | <u></u> | |
| b | if "Yes," explain the arrangement in Part Alli | and complete the lo | mowning to | abie. | | | | 1 | Amount | | |
| | | | | | | | 10 | | Amount | | |
| С | Beginning balance | | | | | | 1 | | | | |
| d | Additions during the year | | | | | | 1 . | | | | — |
| е | Distributions during the year | | | | | | 1 | | | | |
| f | Ending balance | | | | | | . <u> 1f</u> | | | | |
| | Did the organization include an amount on F | | | | | | ity? | ∟ | _ Yes | \vdash | No |
| | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | xplanatio | n has been | provided on | Part XIII | | | | | |
| Par | t V Endowment Funds. Complete | f the organization ar | 1 | | | | | | 1 | | |
| | | (a) Current year | (b) P | rior year | (c) Two year | rs back | (d) Three | years back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | 1.004 | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| - | End of year balance | | | | | | | | | | |
| g | Provide the estimated percentage of the curi | ont year end haland | e (line 1c | column (a |)) held as: | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 2 | Board designated or quasi-endowment | | % (iiii) 0. | , coldini (a | ,,, riola ao. | | | | | | |
| a | _ | % | | | | | | | | | |
| b | Permanent endowment | , - | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | . 11 11 | la alal as | 1111 | الدينية المسا | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiz | ation tha | t are neid ai | na aaministei | ea for tr | ie organi | zation | Г | V | NI - |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | ••••• | | 3a(i) | -+ | |
| | (ii) related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as requi | red on S | chedule R? | | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment f | unds. | | | | | | | - |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part IV | /, line 11a. S | See Form 990 | | | | | | |
| | Description of property | (a) Cost or | | , , - | t or other | | Accumula | | (d) Bool | < value | |
| | | basis (invest | ment) | | (other) | de | preciatio | n | | | |
| 1a | Land | | | | 2,681. | | | | | 2,68 | |
| b | Buildings | i e | | 14,59 | 8,645. | 8, | 643,4 | 116. | 5,955 | 5,22 | 9. |
| c | Leasehold improvements | | | | | | | | | | |
| ų | Equipment | 1 | | 24 | 8,220. | | 81,9 | 992. | 166 | 5,22 | 8. |
| | Other | | | | | | | | | | |
| | L Add lines 12 through 19 (Column (d) must o | | t V. colum | on (R) line 1 | (Oc.) | | | • | 7,024 | 1,13 | 8. |

| | ING PEOPLE CH | ARITIES, I | NC. | Page : |
|--|----------------------------|--------------------|--------------------------|----------------------|
| 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-o | of-year market value |
| (1) Financial derivatives | / | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, | Part X, line 13. | |
| (a) Description of investment | (b) Book value | | 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.) | | | | 100 E |
| 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) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | 9 15.) | |) | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | | | m 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | 120 | |
| (8) | | | | |
| | | | I and the second second | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

| | 1 01111 000/ =010 | | PEKATMG | | | | | |
|---------|-------------------------|---------------|-----------------|----------------|--------------|--------|------------|-----------|
| Part XI | Reconciliation of | Revenue p | per Audited I | Financial S | Statements V | Vith F | Revenue pe | r Return. |
| | Complete if the organiz | zation answer | ed "Yes" on For | m 990, Part IV | /, line 12a. | | | |

| | 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 | 4,559,251. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 277,647. | | |
| b | Donated services and use of facilities | 2b | 284,688. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 77,169. | | |
| е | Add lines 2a through 2d | | | 2e | 639,504. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,919,747. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 40,838. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| C | Add lines 4a and 4b | | | 4c | 40,838. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,960,585. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | | |
|---|--|----|------------|---|------------|--|--|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,074,873. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| а | Donated services and use of facilities | 2a | 284,688. | | | | |
| b | Prior year adjustments | 2b | | | | | |
| | Other losses | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 77,169. | | | | |
| е | Add lines 2a through 2d | | | | 361,857. | | |
| 3 | Subtract line 2e from line 1 | | | | 3,713,016. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 40,838. | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| С | Add lines 4a and 4b | 4c | 40,838. | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | 5 | 3,753,854. | | | | |
| Part XIII Supplemental Information. | | | | | | | |

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2016 AND 2015. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

77,169.

Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 PEOPLE SERVING PEOPLE CHARITIES, Part XIII Supplemental Information (continued) | INC. | | Page 5 |
|---|--------------|--------|--------|
| Part XIII Supplemental Information (continued) | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| | | 77 17 | |
| DIRECT FUNDRAISING EXPENSES | - white Wall | 77,16 | 99. |
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Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization PEOPLE | SERVING PEOPLE CHAP | RITI | ES | INC. | Elliployer idei | itilication number | | |
|---|---|--|--|---|------------------------|--------------------------------------|--|---|
| | Complete if the organization answer | | | | ine 17. Form 990-EZ | filers are not | | |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the | ed funds through any of the following e Solicitat f Solicitat g Special r oral agreement with any individual (art VII) or entity in connection with pr | ion of ion of fundra (includ | non-ga govern ising a ing of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | Yes | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | | |
| | | | , | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit o | ontrib | ▶ utions | s or has been notified | l it is exempt from re | gistration | | |
| or licensing. | | | | | | | | |
| | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule G (Form 990 or 990-EZ) 2016

| | | e G (Form 990 or 990-EZ) 2016 PEOPLE | SERVING PEOP | LE CHARITIES, | INC. | Page 2 |
|-----------------|--------|--|----------------------------|-----------------------------|---|----------------------------|
| Pa | rt I | | | | | |
| | | of fundraising event contributions and gro | | , | | ts greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | CHEFS FOR | NONE | (add col. (a) through |
| | | | ANNUAL GALA | CHANGE | | 1 ' ' ' |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| ē | | | (Overle type) | (0.0) | | |
| eur | | | 127 001 | 10 074 | | 149,295. |
| Revenue | 1 | Gross receipts | 137,021. | 12,274. | | 149,293. |
| т. | | | | 1.0.0-4 | | 100 741 |
| | 2 | Less: Contributions | 117,467. | 12,274. | | 129,741. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 19,554. | | | 19,554. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | · | | | | | |
| | 5 | Noncash prizes | | | | |
| S | | Noncasii prizes | | | | |
| Se | _ | D = 1/6 = 199 t = | 41,042. | | | 41,042. |
| per | 6 | Rent/facility costs | 71,072. | | | 12,0121 |
| Direct Expenses | | | | | | |
| ect | 7 | Food and beverages | | | | |
| Ö | | | | | | 5 014 |
| | 8 | Entertainment | 5,014. | | | 5,014. 31,113. |
| | 9 | Other direct expenses | 30,543. | 570. | | |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | | 77,169. |
| | 11 | Net income summary. Subtract line 10 from li | | | | -57,615. |
| Pa | rt l | | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | |
| V088844 | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| | | 710,000 | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Θ | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| ě | | | | | | , |
| | 1_ | Gross revenue | | | | |
| | | | | | | |
| Ø | 2 | Cash prizes | | | | |
| Expenses | | | | | | |
| g | 3 | Noncash prizes | | | | |
| | | | | | | |
| ect | 4 | Rent/facility costs | | | | |
| ä | | , | | | | |
| | 5 | Other direct expenses | | | | |
| | Ŭ | Curar amost expanses | Yes % | Yes % | Yes % | |
| | _ | Valuntaarlahar | No No | No | No No | |
| | 6 | Volunteer labor | INO | INO I | | 200 0000 |
| | | | G 1 1 (-1) | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (a) | | | |
| | | | | | _ | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | <u></u> | |
| | | | | | | |
| 9 | | ter the state(s) in which the organization condu | | | | |
| á | ls t | the organization licensed to conduct gaming a | ctivities in each of these | states? | | . Yes No |
| | | 'No," explain: | | | | |
| | | | | | | |
| | _ | | | | | |
| 10- | . 14/- | ere any of the organization's gaming licenses re | evoked suspended or to | erminated during the tax v | rear? | Yes No |
| | | - | | | *************************************** | |
| t |) II " | 'Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 6220 | 82 0 | 9-12-16 | | | Schedule G (Fo | rm 990 or 990-EZ) 2016 |

| Schedule G (Form 990 or 990-EZ) 2016 PEOPLE SERVING PEOPLE CHARITIES, I | NC • Page 3 |
|--|--|
| 11 Does the organization conduct gaming activities with nonmembers? | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit | y formed |
| to administer charitable gaming? | |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | 13a % |
| b An outside facility | 1 . 1 |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events book | s and records: |
| | |
| Name | |
| | |
| Address > | |
| | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming re- | venue? Yes No |
| | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | and the amount |
| of gaming revenue retained by the third party ▶\$ | |
| c If "Yes," enter name and address of the third party: | |
| | |
| Name | |
| | |
| Address | |
| | |
| 16 Gaming manager information: | |
| | |
| Name | |
| | |
| Gaming manager compensation \$ | |
| D. 11 th or of conduct mandeled . | |
| Description of services provided | and the second s |
| | |
| | |
| Director/officer Employee Independent contractor | |
| Directol/officer Employee independent services. | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds | to |
| retain the state gaming license? | V |
| b Enter the amount of distributions required under state law to be distributed to other exempt organization | |
| organization's own exempt activities during the tax year > \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a | and (v); and Part III, lines 9, 9b, 10b, 15b, |
| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | |
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| Schodule G | (Form 990 or 990-F7) | PEOPLE | SERVING | PEOPLE | CHARITIES, | INC. | Page 4 |
|------------|--|-------------------------|---------|---|------------|------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation _{(cont} | inued) | | | | |
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| | OMB No. 1545- | 201 | Once to Di |

| SCHEDULE I (Form 990) | | Gov | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | er Assistanc I Individuals | ie to Organi in the Unit | zations, ed States | | 2016 |
|--|--|-------------------------|--|--|---|---|---------------------------------------|---------------------------------------|
| Department of the Treasury Internal Revenue Service | _ | oumpie ▼ Information | Onliptere if the organization answered to Sorm 990. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.is.gov/form990. | ► Attach to Form 990. form 990) and its instru | n 990. Instructions is at | www.irs.gov/form990 | | Open to Public Inspection |
| Name of the organization | PEOPLE SERVI | SERVING PEOPLE | LE CHARITIES | S, INC. | | | | Employer identification number |
| Part I General Inform | | sistance | | | | | | |
| 1 Does the organization | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | stantiate the a | mount of the grants o | r assistance, the g | rantees' eligibility ' | for the grants or assist | tance, and the selectic | ~ × × × |
| | criteria used to award the grants or assistance? | i? ree for monitor | ing the use of grant fire | of grant finds in the United States. | States. | | | |
| Part II Grants and Ot | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | stic Organiza | tions and Domestic (| Governments. Co | omplete if the orga | nization answered "Ye | es" on Form 990, Part | IV, line 21, for any |
| recipient that n | recipient that received more than \$5,000. Part II can be duplicated |). Part II can b | e duplicated if addition | if additional space is needed | Ġ. | | | |
| 1 (a) Name and address of organization or government | ss of organization ment | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| PEOPLE SERVING PEOPLE INC. 614 S. 3RD STREET | E INC. | | 501(C)(3) | 2 135 650 | 279,760, | TSOO | FOOD/SUPPLIES | SUPPORT FOR PROGRAMS AND SERVICES |
| MINNEAFOLLS, MN 3041 | | | (5) (5) (1) | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | vernment org | anizations listed in the | line 1 table | | | | |
| 3 Enter total number c | Enter total number of other organizations listed in the line 1 table | ed in the line 1 | table | | | | | |
| LHA For Paperwork Re | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | the Instruction | ons for Form 990. | | | | | Schedule I (Form 990) (2016) |

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THROUGH COMMON OFFICERS, Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. ATTENDANCE AT PEOPLE SERVING PEOPLE INC'S BOARD MEETING, AND LOCATION IN (d) Amount of non-cash assistance (c) Amount of cash grant THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS, (b) Number of recipients COMMON WITH PEOPLE SERVING PEOPLE, INC. (a) Type of grant or assistance LINE 2: PART I,

37

632102 11-01-16

Page 2

PEOPLE SERVING PEOPLE CHARITIES, INC.

Schedule I (Form 990) (2016)

PartIII

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

PEOPLE SERVING PEOPLE CHARITIES, INC.

| Pa | rt I Questions Regarding Compensation | | | |
|-----------|--|--------------------|---------------|----------|
| 311000000 | | Landon de Division | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| _ | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | . 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| _ | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | . 2 | | |
| | traditions, and officers, moraling and officers and officers, and officers and offi | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| 0 | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | | | | |
| | TT | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| 4 | | | | |
| | organization or a related organization: | 4a | - Information | X |
| a | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | Х |
| b | | | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | The state of the s | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | Fo | Assess | X |
| а | The organization? | | ····- | X |
| b | | 5b | | 22 |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | _ | | v |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | 1 45555438 | <u>^</u> |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | . 7 | X | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | . 9 | | <u></u> |
| | Schedul | | m 990 |)) 2016 |

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

INC PEOPLE SERVING PEOPLE CHARITIES,

Schedule J (Form 990) 2016

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.

| 3. 19,358. 202,727. 0. 0. 0. | | (B) Breakdown or | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and other deferred | (U) Nontaxable benefits | (E) 10tal 01 Columns (B)(f)-(D) | in column (B) |
|--|------------|--------------------------|--|-------------------------------------|-----------------------------------|-------------------------|--|--|
| 159,736. 15,110. 0. 8,523. 19,358. 202,7 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| | 8 | - 1 | 15 110. | 0 | | ,358 | ,727 | 0 |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Inspection

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

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

| Par | PEOPLE SERVII Types of Property | NG PEO. | PLE CHARL | TES, INC. | | | | | |
|-----|--|-------------------------------|---|---|--------------|-----------------------|-------------------------------------|---|-------|
| | Types of Froperty | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts repor Form 990, Part VI | ted on | Method noncash cor | (d) of determini tribution an | | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | and the second second | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| | Securities - Closely held stock | | | | | | | | |
| 10 | · · · · · · · · · · · · · · · · · · · | w | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | - | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | , | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other (FOOD) | Х | 4 | 200 | ,950. | COST | | | |
| 26 | Other (SUPPLIES) | Х | 6 | | ,639. | | | | |
| | Other (| | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Number of Forms 8283 received by the organization | zation durin | n the tax year for o | ontributions | | | | | |
| 29 | for which the organization completed Form 82 | | | | 29 | | | 0 | |
| | for which the organization completed Form 62 | oo, raitiv, | Dones Actiowing | Jonione | | | | Yes | No |
| | The state of the s | | n any proporty ros | orted in Dart L line | se 1 throug | nh 28 that it | | | |
| 30a | During the year, did the organization receive by | y contribute | on any property rep | Lubich icn't roquir | ad to be u | and for | | | |
| | must hold for at least three years from the date | | | | | | 30a | | Х |
| | exempt purposes for the entire holding period | ? | | | | | <u>30a</u> | | |
| b | | | | | | u' - 0 | | v | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | ot any nonstandar | a contribu | tions? | 31 | X | |
| 32a | Does the organization hire or use third parties | | | | | | | | v |
| | contributions? | | | | | | 32a | - - - - - - - - - - - - - - - - - - - | X |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in o | olumn (c) fo | or a type of propert | y for which columi | n (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | | |
| LHA | | the Instruc | tions for Form 99 | 0. | | Schedu | ile M (Form | 990) (| 2016) |

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| Schedul Part I | is re | porti | na in f | 6) P tal in Part I, o y addit | column | า (b), t | he nun | VING vide the nber of | PE infor contri | OPL: mation bution | E CH require s, the n | IARI ed by F umber | TIE: Part I, I of iter | S, ines 3 ns rec | INC • 30b, 32b seived, c | , and 3 or a con | 3, and v | | the org | anizatio comple | Page 2 n te |
|--|-------|-------|---------|--|--------|----------|--------|-----------------------------|-----------------------|--------------------------|---|--------------------------|------------------------------|------------------------|--------------------------------|---|--|--------------|-----------|--------------------|-------------------|
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** PEOPLE SERVING PEOPLE CHARITIES, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF PEOPLE SERVING PEOPLE CHARITIES, INC. IS TO PROVIDE SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC. FOR THE PROGRAMMING AND SERVICES OFFERED TO FAMILIES EXPERIENCING HOMELESSNESS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR ITS REVIEW AND DISCUSSION PRIOR TO FILING. BOTH THE FINANCE COMMITTEE AND STAFF REVIEW THE DOCUMENT PRIOR TO PRESENTING IT TO THE FULL BOARD AND ARE PRESENT TO ANSWER ANY QUESTIONS. UPON APPROVAL AND ACCEPTANCE OF THE FULL BOARD, THE FORM 990 IS APPROPRIATELY FILED. FORM 990, PART VI, SECTION B, LINE 12C: PER THE POLICY, CONFLICTS ARE TO BE REPORTED TO THE BOARD IN WRITING IMMEDIATELY UPON DISCOVERING THE CONFLICT. BOARD MEMBERS WITH A CONFLICT REFRAIN FROM VOTING, AND KEY EMPLOYEES ARE NOT ALLOWED TO EXERT ANY INFLUENCE ON ISSUES INVOLVING THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNANCE COMMITTEE RESEARCHES COMPARABLE DATA AND MAKES RECOMMENDATIONS TO THE BOARD ON THE CEO'S COMPENSATION. THE CEO RESEARCHES COMPARABLE DATA TO DETERMINE THE COMPENSATION OF THE CHIEF OPERATING OFFICER.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|--|--------------------------------|
| Name of the organization PEOPLE SERVING PEOPLE CHARITIES, INC. | Employer identification number |
| INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE | PUBLIC UPON |
| REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THERE WAS NO CHANGE IN THE SELECTION AND OVERSIGHT PROCESS | • |
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SCHEDULE R (Form 990)

Open to Public Inspection

2016

(g) Section 512(b)(13) Employer identification number OMB No. 1545-0047 controlled entity? Direct controlling Yes 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 organizations during the tax year. £ Direct controlling entity \boldsymbol{arphi} End-of-year assets N/A Public charity status (if section **e** 501(c)(3)) LINE 7 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Exempt Code ত্ত section 501(C)(3) ਰ Legal domicile (state or Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. MINNESOTA INC. PEOPLE SERVING PEOPLE CHARITIES, SERVE HOMELESS CHILDREN Primary activity Primary activity AND THEIR FAMILIES 5 E Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity PEOPLE SERVING PEOPLE, INC MINNEAPOLIS, MN 55415 Name of the organization 614 S. 3RD STREET Department of the Treasury Internal Revenue Service PartII

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC.

Page 2

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) Pirot controlling | (e) | | (f) Share of total | (g) Share of | (h) | (I) | | C) | (k) |
|---|--|--|--|--|--|---|-----------------------|-----------------------|-----------------------------------|--------------------|-------------------------|-------------------------------|
| name, address, and Ein of related organization | רוווומן מכנועונץ | domicile (state or foreign country) | | (related, unrelated, excluded from tax under sections 512-514) | | income | end-of-year assets | | ログス | n box medule 1065) | managing partner? | managing ownership partner? |
| | | | | | | | | | , ive | | | • |
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year. | lanizations Taxable a poration or trust durin | is a Corpo ig the tax y | | omplete if th | Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related | answered "Yes | " on Form 99 |), Part IV, line | 34 because it | t had one | or more | |
| (a) | | | | (0) | (p) | | | (£) | (6) | 2 | (F) | (i) Section |
| Name, address, and EIN of related organization | Z c | Prim | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Ing Iype of entity (C corp, S corp, or trust) | | Share of total income | Share of end-of-year assets | | Percentage ownership | 512(b)(13) controlled entity? |
| | | | | | | | | | | | | |
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| 632162 09-06-16 | | | | | | | | | Й | chedule F | ? (Form | Schedule R (Form 990) 2016 |

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

Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC.

| Mitte. Community line of it and interest in Dorte II III or IV of this school la | | Yes | 8 |
|--|---------------|-----|---|
| Note: Complete line in any shary is listed in a control of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| Beceint of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity | <u>1</u> | | × |
| | 1p | × | |
| Definition of the relation from related paramitation(s) | 5 | | × |
| c dilt, glait, of capital colitions of the contract of the con | : | | × |
| d Loans of loan guarantees to or for related organization(s) | <u>.</u> : | | Þ |
| e Loans or loan quarantees by related organization(s) | <u> </u> | | 4 |
| | | | |
| f Dividends from related organization(s) | ≠ : | | × |
| r Sale of assets to related organization(s) | -1 1g | | × |
| b Dirichase of assets from related organization(s) | 4 | | × |
| Evolution of assets with related organization(s) | = | | × |
| i I base of facilities, equinment or other assets to related organization(s) | 1. | X | |
| | | | |
| k Tease of facilities, equipment, or other assets from related organization(s) | ¥ | | × |
| I Derformance of services or membership or fundraising solicitations for related organization(s) | = | | × |
| m Derformance of services or membership or fundraising solicitations by related organization(s) | 12 | | × |
| n Sharing of facilities aguinment mailing lists or other assets with related organization(s) | 부 | | × |
| Charing of naid amplivates with related organization(s) | \$ | × | |
| o chairig or para cripicy con war round og a measured | | | |
| p. Reimbursement paid to related organization(s) for expenses | <u>۽</u> | × | |
| | | × | |
| | | | |
| r Other transfer of cash or property to related organization(s) | + | | × |
| s Other transfer of cash or property from related organization(s) | 15 | | × |
| Callot thanking of cach of profession control of the | | | |

| (d) Method of determining amount involved | 2,180,850. COST/GRANT AMOUNT | OST | ОЗТ | OST | OST | |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| (c) Amount involved | 2,180,850.C | 1,512,372. COST | 245,000.COST | 5,902.COST | 61,403.COST | |
| (b) Transaction type (a-s) | В | ŋ | 0 | Ø | Сц | |
| (a) Name of related organization | (1) PEOPLE SERVING PEOPLE, INC | (2) PEOPLE SERVING PEOPLE, INC | (3) PEOPLE SERVING PEOPLE, INC | (4) PEOPLE SERVING PEOPLE, INC | (A) PEOPLE SERVING PEOPLE, INC | |

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.

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC.

Part MI 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.

| n. 1 | 1 | 1 | 1 1 | į I | ı ! | 1 | j 1. | (C |
|--|---|---|------------|-----|-----|---------------|------|----------------------------|
| (k) Percentage ownership | | | | | | , | | າ 990) 2016 |
| General or managing partner? | | | | | | | ļ | 3 (Forn |
| (h) (i) (j) (k) Disproportional binding binding allocations? Code V-UBI ceneral or Percentage mount in box 20 managing of Schedule K-1 partner? ownership ves No Yes No (Form 1065) Yes No | | | | | | | | Schedule R (Form 990) 2016 |
| (h) Disproportionate allocations? | 1 | | | | | , 24, 1, 1, 1 | | |
| | | | | | | | | |
| (g) Share of end-of-year assets | | | | | | | | |
| (f) Share of total income | | | | | | | | |
| (e) Are all partners sec. 201(s)(3) 01(s)(3) Ves No | | | | | | | | |
| me paridiction (1) | | | | | | | | |
| (d) Predominant income predated, unrelated, excluded from tax under sections 512-514) | | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | | |
| (c) agal dor ate or fe | | | | | | | | |
| (str | | | | | | | | |
| tivity | | | | | | | | |
| (b) Primary activity | | | | | | | | |
| Prin | | | | | | | | |
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| Z | | | | | | | | |
| s, and E | | | | | | | | |
| (a) iddress of enti | | | | | | | | |
| (a) Name, address, and EIN of entity | | | | | | | | |
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| Schedule R (Form 990) 2016 PEOPLE SERVING PEOPLE CHARITIES, INC. Page | <u>e 5</u> |
|--|------------|
| 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. 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. | |
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