** PUBLIC DISCLOSURE COPY **

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.

ΑF	or the	2015 calendar year, or taxyear beginning and end	ding							
	heck if	C Name of organization		D Employer ic	lentific	ation number				
	Addres change	PEOPLE SERVING PEOPLE CHARITIES, INC.								
	Name change	Doing business as			41-xx	xx067				
	Initial return Final return/	614 SOUTH THIRD STREET	om/suite	E Telephone n	number 12-332-4500					
	termin ated Amend	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$ 4,975,609						
	return Applica			H(a) Is this a gre	•	~~ Yes X No				
Ш	tion pendin	SAME AS C ABOVE				included? Yes No				
	ax-exe	empt status: X 501(c)(3) 501(c) () S (insert no.) 4947(a)(1) or 527	,	` ,		st. (see instructions)				
		WWW.PEOPLESERVINGPEOPLE.ORG		H(c) Group ex		,				
			L Year o	of formation: 200	0 _M	State of legal domicile: MN				
	art I	Summary	L roar c	or romnation.	1	otato or logal dominono.				
	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDUL	LE O							
Governance	•									
าลเ	2	Check this box if the organization discontinued its operations or disposed of mo	ore than	25% of its net a	ssets.					
Se -		3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~~			3	5				
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b) ~			4	5				
න් ග		Total number of individuals employed in calendar year 2015 (Part V, line 2a) ~~~	5	9						
itie	6	Total number of volunteers (estimate if necessary) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			6	5032				
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~		7a	0.					
⋖	, u	b Net unrelated business taxable income from Form 990-T. line 34 • • • • • • •			7b	0.				
		D NOT WITH CLASSES AND ADDRESS TO THE HOUTE OF THE COT		Prior Year	1.2	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~	1,958,	186.	2,068,392.				
	9	Program service revenue (Part VIII, line 2g) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1,588,		1,604,550.				
Ş.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~~~~~		442,		247,024.				
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~~			615.	17,411.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,060,2		3,937,377.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~~~~		1,876,		2,412,613.				
		Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~~~~~~~~			0.	0.				
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~		312,	898.	327,131.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~		0.	0.				
pen	h T	otal fundraising expenses (Part IX, column (D), line 25)	4.							
Х	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~~~~~~~~		1,107,4	104.	994,971.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~		3,296,4		3,734,715.				
		Revenue less expenses. Subtract line 18 from line 12 • • • • • • • • • • • • • • •		763,		202,662.				
J.		Nevertide 1655 expenses. Castract line 16 from line 12	Bec	ginning of Current		End of Year				
ets	20	Total assets (Part X, line 16)	~	19,990,	876.	19,194,650.				
Net Assets or	21	Total liabilities (Part X, line 26)	, 	5,805,6	536.	5,249,487.				
Set .	22 N	et assets or fund balances. Subtract line 21 from line 20 • • • • • • • • • • • •		14,185,	240.	13,945,163.				
Pa	art II	Signature Block	u.	•	1	· · ·				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	ndstateme	ents, and to the bes	st of my l	knowledge and belief, it is				
true	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer ha	as any knowledge		,				
			•							
Sigi	า	Signature of officer		Date						
Her		JANINE WENHOLZ, CHIEF OPERATING & FIN OFFICER								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	D	oate ci	neck	PTIN				
Paid	i	DIANNÉ HIČKOK, CPA DIANNE HIČKOK, CPA	07	7/22/16 if	lf-employe	_d P00043906				
Prep		Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's F		39-0859910				
	Only					_				
		Firm's address 9225 S 6TH ST #2300 MINNEAPOLIS, MN 55402		Phone no. 612.876.4500						
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		• • • • • • •		X Yes No				

Pai	rt 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	
	SUPPORTIVE PROGRAMS RELATED TO ITS TEMPORARY EMERGENCY HOUSING.	
	SERVICES OFFERED TO HOMELESS CHILDREN AND THEIR FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	□ Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~	□ 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 e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	1,567,025.)
	PROVIDING FINANCIAL SUPPORT TO PEOPLE SERVING PEOPLE, INC. FOR	
	SUPPORTIVE PROGRAMS RELATED TO ITS TEMPORARY EMERGENCY HOUSING.	
4b	(Code:) (Expenses \$)
	RENTING TO PEOPLE SERVING PEOPLE, INC. SPACE FOR THE OPERATION OF	
	PEOPLE SERVING PEOPLE, INC.'S SHELTER AND RELATED SERVICES.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,104,500.	
		Form 990 (2015)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
ŭ	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		Χ
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Χ	
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		Χ
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		Χ
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		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		V	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~~~~~	12b	Х	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		Χ
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			V
	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Y	
	1c and 8a? If "Yes," complete Schedule G, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	18	Χ	

Form 990 (2015)

	ıa	Checklist of Required Schedules (continued)		1	1
				Yes	No
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
- 2	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Χ	
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	22		Χ
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		Schedule J ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	23	Χ	
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		Schedule K. If "No", go to line 25a	24a		Χ
	k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24b		
	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
		any tax-exempt bonds?	24c		
		Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~	24d		
	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Χ
		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25a		^
	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			Χ
	26		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? If "Yes,"			
		complete Schedule L, Part II	200		Χ
	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
•	21	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		Χ
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	_0	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		Χ
		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~	28b		Χ
	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		Χ
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~~	29	Χ	
;	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30		Χ
;	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
		If "Yes," complete Schedule N, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	31		Χ
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
		Schedule N, Part II	32		Х
;	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		Х
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		\ \	
		Part V, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_34	Χ	V
;		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	0.0	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	35b		
;	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Χ
	2		36		^
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~			Х
	20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_37		^
•	38	Note. All Form 990 filers are required to complete Schedule O • • • • • • • • • • • • • • • • • •	38	Χ	
		Note. All Lond 330 licis are required to complete solicule U * * * * * * * * * * * * * * * * * *	1 38		1

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	• • • • • • • • • • • • • • • • • • • •			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if notapplicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~~ 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ~~~~~~~~~~	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? •••••••••••••••••••••••••••••••••	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b				
	amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
_	organization is licensed to issue qualified health plans ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
С	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O • • • • • • • •	14b		
		Form	990	(2015)

532005 12-16-15

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. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 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 ~ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~ Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~~~ 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~~~~~~~~~ 7h 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:χ 8a χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10h and branches to ensure their operations are consistent with the organization's exempt purposes? -----11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. χ Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Χ in Schedule O how this was done Χ Did the organization have a written whistleblower policy? 13 χ 14 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? Χ Χ 15b Other officers or key employees of the organization ~~~~~~ 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 arrangement with a taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \sqrt{MN} 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JANINE WENHOLZ - 612-277-0245 614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104

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

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.

			(B) (C)					(D) Reportable	(E) Reportable	(F) Estimated
Name and the	Average hours per		not cl	heck ı	nore	than o		compensation	compensation	amount of
	week					/truste		from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dire	е			ted		organization	(W-2/1099-MISC)	from the
	related	stee (truste		ь	pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal 1		ploye	com ee				and related
	below line)	Individual trustee or	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIM ANDERSON	1.00	=	ıı	0	ž	Ξō	F			
BOARD CHAIR	2.00	Χ		Χ				0.	0.	0.
(2) DENISE HOLLOMAN	1.00			,,				<u> </u>	<u> </u>	<u> </u>
BOARD VICE CHAIR		Χ						0.	0.	0.
(3) PAUL KELASH	1.00							<u> </u>	<u> </u>	<u></u>
BOARD MEMBER		Χ						0.	0.	0.
(4) TOM SIPKINS	1.00							-	-	
BOARD MEMBER		Χ						0.	0.	0.
(5) ROBERT METCALF	1.00									
BOARD MEMBER		Χ						0.	0.	0.
(6) DANIEL GUMNIT	20.00									
CHIEF EXECUTIVE OFFICER	20.00			Χ				159,736.	0.	23,465.
(7) JANINE WENHOLZ	6.00									
CHIEF OPERATING & FINANCE	34.00			Χ				86,200.	0.	15,827.
		l								

Part	VII Section A. Officers. Directors. Trus	stees. Kev Em	ola	/ees	. an	nd H	liahe	est	Compensated Employ	ees (continued)	-			
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than d	one	Reportable	Reportable		Estimated		
		hours per	box	unles	ss per	rson i	s both	an	compensation	compensation	n	an	nount	of
		week		erand	a a uii	ector	/truste	e)	from	from related			other	
		(list any hours for	director						the	organization			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th	
		organizations	ruste	al trus		ee/	mpen		(**-2/1099-101130)			_	anizat d relat	
		below	Individual trustee or	Institutional trustee	ħ	Key employee	Highest compensated employee	er					anizati	
		line)	Indiv	Instit	Officer	Кеу е	High	Former				_		
1 b	Sub-total~~~~~~~	~~~~~~	~~	~~	~~	~~-	_	ı	245,936.		0.		39,	292.
	Total from continuation sheets to Part							Ī	0.		0.			0.
<u>d</u> -	Total (add lines 1b and 1c) • • • • •							•	245,936.		0.		39,	292.
2	Total number of individuals (including but r	not limited to the	se l	isted	dab	ove)) who	o re	eceived more than \$100,	000 of reportable	•			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, or trus	stee	, key	em/	ploy	/ee,	or h	nighest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J f	or such individ	lual	-		-~~	~~	~~	~~~~~~~	-~~~~~	~~	3		Χ
4	For any individual listed on line 1a, is the s	sum of reportab	e co	ompe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$1	50,000? If "Ye	s,"c	om	olete	e Sc	hed	ule	J for such individual~~	~~~~~~	~~	4	Χ	
5	Did any person listed on line 1a receive o	r accrue compe	ensa	tion	fror	n ar	ny ur	rel	ated organization or inc	lividual for servic	es			.,
	rendered to the organization? If "Yes." co	mplete Schedu	le J	for s	such	n pe	rson	• •	• • • • • • • • • • • • •	• • • • • • • •		5		Χ
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	ере	ndei	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	eare	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0		
HODE	Name and business	address							Description of s		С	ompe	nsatio	n
	HERN TRUST COMPANY								INVESTMENT FEES AN	ND LINE OF				000
50 50	OUTH LASALLE STREET, CHICAGO, I	L 60603							CREDIT PAYME				588,	,999.
2	Total number of independent contractors (including but no	ot lin	nited	l to t	hose	e list	ed:	above) who received mo	ore than				

	Check if Schedule O contains a respon	se or note to an	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts a	1 a Federated campaigns ~~~~ 1a					
ran	b Membership dues ~~~~~ 1b					
Contributions, Gifts, Grants	c Fundraising events ~~~~~ 1c	83,868.				
ifts	d Related organizations ~~~~ 1d	•				
o, elig	e Government grants (contributions) 1e					
Sin	- · · · · · · · · · · · · · · · · · · ·					
utic	f All other contributions, gifts, grants, and similar amounts not included above ~~ 1f	1 984 524				
ĘĘ		1,984,524. 262,808.				
Son	g Noncash contributions included in lines 1a-1f: \$	•	2,068,392.			
<u> </u>	h Total Add lines 1a-1f • • • • • • • • • • • • • • • • • • •	Business Code				
4)	_{2 a} PSP RENT	532000	1,512,372.	1,512,372.		
/ice	b PSP SUPPORT SERVICES	561000	92,178.	1/012/07 21		92,178.
Sen	·	301000	32/1701			32,270.
E S	C					
Program Service Revenue	d					
Pro	f All other program service revenue ~~~~~					
	g Total Add lines 2a-2f • • • • • • • •		1,604,550.			
	3 Investment income (including dividends, interes		, ,			
	other similar amounts)~~~~~~		193,899.			193,899.
	4 Income from investment of tax-exempt bond p	•	,			,
	5 Royalties • • • • • • • • • • • • • • • • • • •	-				
	(i) Real	(ii) Personal				
	6 a Gross rents ~~~~~	(III) I CISONAI				
	b Less: rental expenses ~~~					
	c Rentalincome or (loss) ~~					
	d Net rental income or (loss) • • • • • • •	• • • • • •				
	7 a Gross amount from sales of (i) Securities	(ii) Other				
		1,017,628.				
	assets other than inventory b Less: cost or other basis	, ,				
	and sales expenses ~~~	964,503.				
	c Gain or (loss) ~~~~	53,125.				
	d Net gain or (loss) • • • • • • • • • • •		53,125.			53,125.
	8 a Gross income from fundraising events (not	_	33/1113			33/==31
nue	including \$ 83,868. of					
Other Revenu	contributions reported on line 1c). See					
R	Part IV, line 18 ~~~~~~~ a	36,487.				
the	b Less: direct expenses ~~~~~ b	73,729.				
ō	c Net income or (loss) from fundraising even	te I	-37,242.			-37,242.
	9 a Gross income from gaming activities. See		•			,
	Part IV, line 19 ~~~~~~ a					
	b Less: direct expenses ~~~~~ b					
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns					
	and allowances ~~~~~~ a					
	b Less: cost of goods sold ~~~~~ b					
	c Net income or (loss) from sales of inventory					
Ī	Miscellaneous Revenue	Business Code				
	_{11 a} DEBT FORGIVENESS INCOM	525990	50,000.	50,000.		
	b MISC. INCOME	900099	4,653.	4,653.		
	c					
	d All other revenue ~~~~~~~~					
	e Total. Add lines 11a-11d ~~~~~~~	~~~~~ [54,653.			
	12 Total revenue. See instructions • • • • • • • •	-	3,937,377.	1,567,025.	0.	301,960.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp Do not include amounts reported on lines 6b, 7b, 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 ~	2,412,613.	2,412,613.		
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 ~~~				
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) ~~~				
7 Other salaries and wages ~~~~~~~	280,515.		56,103.	224,412.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	3,237.		647.	2,590.
9 Otheremployeebenefits ~~~~~~~	23,184.		4,637.	18,547.
10 Payroll taxes ~~~~~~~	20,195.		4,039.	16,156.
11 Fees for services (non-employees):				
a Management ~~~~~~~~~~	152,768.		30,554.	122,214.
b Legal ~~~~~~~~				
c Accounting ~~~~~~~~~				
d Lobbying ~~~~~~~~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~~~~~~	41,624.		41,624.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	24,055.			24,055.
12 Advertising and promotion ~~~~~~	18,169.			18,169.
13 Office expenses	23,041.			23,041.
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 ~~	42.000	40.000		
20 Interest ~~~~~~~~~	43,029.	43,029.		
21 Payments to affiliates ~~~~~~~~	640.000	640.006		
22 Depreciation, depletion, and amortization ~~	612,230.	612,230.		
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.) ~~				
a MISCELLANEOUS EXPENSES	54,722.	11,295.	10,317.	33,110.
b BUILDING MAINTENANCE	25,333.	25,333.		
c				
d				
e All other expenses	2 - 2	2.12.1		465.55
25 Total functional expenses. Add lines 1 through 24e	3,734,715.	3,104,500.	147,921.	482,294.
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 (2015)
Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X • •	• • • • • • • • • • • •	• • •	• • • • • • • •
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~	-~~	~~~~~~	2,386,787.	1	2,408,129.
	2	Savings and temporary cash investments ~~~~			482,306.	2	483,664.
	3	Pledges and grants receivable, net ~~~~~			47,545.	3	52,935.
	4	Accounts receivable, net ~~~~~~			,	4	,
	5	Loans and other receivables from current and form				-	
	3	trustees, key employees, and highest compensati					
		Part II of Schedule L ~~~~~~~~~		5			
	6	Loans and other receivables from other disqualif		_ <u>5</u>			
	0	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
"		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net ~~~~~~				7	
As	8	Inventories for sale or use ~~~~~~		8,677.	8	8,677.	
	9	Prepaid expenses and deferred charges ~-				9	6,160.
		Land, buildings, and equipment: cost or other				9	-,
	10 a	basis. Complete Part VI of Schedule D ~~~	100	15,746,046.			
	h	Less: accumulated depreciation ~~~~~		8,110,180.	8,224,243.	10c	7,635,866.
		Investments - publicly traded securities ~~			8,841,318.	11	8,599,219.
	11	Investments - publicly traded securities ~~ Investments - other securities. See Part IV, line		2/2 12/2 221	12	5/555/2251	
	12	Investments - other securities. See Part IV, lin			13		
	13				14		
	14	Intangible assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				15	
	15 16	Total assets. Add lines 1 through 15 (must equal			19,990,876.	16	19,194,650.
	17	Accounts payable and accrued expenses ~~			136,511.	17	119,362.
	18	Grants payable ~~~~~~~~~~~~			18		
	19	Deferred revenue ~~~~~~~			19		
	20	exempt bond liabilities ~~~~~~~~~			20		
	21	or custodial account liability. Complete Part IV				21	
"	22	and other payables to current and former officer					
Liabilities		employees, highest compensated employees, ar		·			
liq		Complete Part II of Schedule L ~~~~~		·		22	
:≌	23	Secured mortgages and notes payable to unre			5,669,125.	23	5,130,125.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D ~~~~~~~~~	~~~~	~~~~~~		25	
	26	Total liabilities. Add lines 17 through 25 • • • •	• • • •		5,805,636.	26	5,249,487.
		Organizations that follow SFAS 117 (ASC 95	8), che	eck here X and			
S		complete lines 27 through 29, and lines 33		-			
JCe	27	Unrestricted net assets ~~~~~~~			13,892,213.	27	13,719,875.
alaı	28	Temporarily restricted net assets ~~~~~			293,027.	28	225,288.
В	29	Permanently restricted net assets ~~~~				29	
Ë		Organizations that do not follow SFAS 117 (A					
P.		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fur	nds ~~	-~~~~~		30	
SSE	31	Paid-in or capital surplus, or land, building, or e				31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances ~~~~		14,185,240.	33	13,945,163.	
	34	Total liabilities and net assets/fund balances			19,990,876.	34	19,194,650.

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			377.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,734,			
3	Revenue less expenses. Subtract line 2 from line 1	3			,662. 240.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~ 4						
5	Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		-442 <u>,</u>	739.		
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	13	,945,	163.		
Pa	rt XII 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 O.						
2a		~~~~~	2a		Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe						
	separate basis, consolidated basis, or both:						
	☐ Separate basis Consolidated basis Both consolidated and separate basis						
b		~~~~~	2h	Χ			
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:	,					
	□ Separate basis						
С	· ·	he audit					
Ū	review, or compilation of its financial statements and selection of an independent accountant? ~~~~~~~		20	Χ			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher						
3a							
Ja	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3a		Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h				

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.

2015

Open to Public Inspection

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number

41-xxxx067

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service 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).
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a 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.
 - 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.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of suppor	ted organizations	~~~~~~~												
g Provide the following information	about the supported	organization(s).												
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in your		(iv) Is the organization listed in your governing document?		listed in your		listed in your		described on lines 1-9 listed in y		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		, , , , , , , , , , , , , , , , , , , ,	Yes	No	msuuctions)	iristructions)								
Total														

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 PEOPLE SERVING PEOPLE CHARITIES, INC.

Part II Support Schedule for Organizations Described in Services 4 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endaryear(orfiscalyearbeginningin)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~	1,467,312.	1,535,946.	1,445,959.	1,958,186.	2,068,392.	8,475,795.
2	Tax revenues levied for the organ-	, ,	, ,			, ,	· · · · · ·
_	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
2	·						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge ~	1 467 212	1 525 046	1 445 050	1 050 106	2.060.202	8,475,795.
4	Total. Add lines 1 through 3 ~~~	1,467,312.	1,535,946.	1,445,959.	1,958,186.	2,068,392.	0,4/5,/95.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f) ~~~~~~~						1,709,468.
6	Public support. Subtract line 5 from line 4.						6,766,327.
Se	ction B. Total Support						
Cale	endaryear(orfiscalyearbeginningin)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line4 ~~~~~	1,467,312.	1,535,946.	1,445,959.	1,958,186.	2,068,392.	8,475,795.
8	Gross income from interest,						
Ü	dividends, payments received on						
	• •						
	securities loans, rents, royalties	168,006.	148,211.	167,743.	198,889.	193,899.	876,748.
_	and income from similar sources ~	100/0001	110/2111	10777 131	150,005.	133,033.	070/7 101
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	550.004	60.256	454 004	400 000	E4.6E2	026 250
	assets (Explain in Part VI.) ~~~~	550,901.	60,356.	151,031.	109,309.	54,653.	926,250.
11	Total support. Add lines 7 through 10						10,278,793.
12	Gross receipts from related activities	, etc. (see instruct	ions) ~~~~	~~~~~~	~~~~~	12	7,559,166.
13	First five years. If the Form 990 is for	the organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop			• • • • • • • •	• • • • • • • •	• • • • • • • •	• • •
<u>Se</u>	ction C. Computation of Pub	lic Support Pe	ercentage			I I	
14	Public support percentage for 2015 (line 6, column (f)	divided by line 11,	column (f)) ~~~~		14	65.83 _%
15	Public support percentage from 2014	Schedule A. Part	II, line 14 ~~	~~~~~~	~~~~~	15	62.46 _%
16a	33 1/3% support test - 2015. If the org	anization did not cl	heck the box on line	e 13, and line 14 is	33 1/3% or more,	check this box and	
	stop here. The organization qualifies	as a publicly suppo	orted organization	~~~~~~		-~~~~~	.~~~ I X
b	33 1/3% support test - 2014. If the	organization did n	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test -						_
	and if the organization meets the "fac	· ·					
	meets the "facts-and-circumstances"		•	•	•	· ·	
h	10% -facts-and-circumstances test -	-			•		-
L		-					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ————————————————————————————————————						
	18 Private foundation. If the organi	zauon did not chec	n a bux un line 13,	10a, 10D, 17a, 0f			
	Schedule A (Form 990 or 990-EZ) 2015						

Schedule A (Form 990 or 990-FZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support Calendaryear (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) To 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~	
1 Gifts, grants, contributions, and membership fees received. (Do not	
membership fees received. (Do not	<u>al</u>
include any "unusual grants.") ~~	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
3 Gross receipts from activities that are not an unrelated trade or bus-	
iness under section 513 ~~~~	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~	
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~	
6 Total. Add lines 1 through 5 ~~~	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~	
c Add lines 7a and 7b ~~~~~	
8 Public support. (Subtract line 7c from line 6.)	
Section B. Total Support	
Calendar year (or fiscal year beginning in)	al
9 Amounts from line 6 ~~~~~	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~	
b Unrelated business taxable income	
(less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~	
c Add lines 10a and 10b ~~~~~	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~~	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~ 13 Total support. (Add lines 9, 10c, 11, and 12.)	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	
14 THAT INCLUDE VEGIA, IN THE FORM MACHA FOR THE ORDANIZATIONS HAVE SECOND THIRD TORRING OF THE SECOND SECO	
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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.
- 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 11a or 11b 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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1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (c) above? c A 35% controlled either of a reson described in (d) a bove? c A 35% controlled either of a reson described in (d) a bove? d A 35% controlled either of a reson described in 16 or (b) above? d A 35% controlled either of a reson described in 16 or (b) above? If Did the directors, insuless, or membership of one or more supported organizations have the prover to regularly appoint or oller at least a majority of the organizations controlled the organization of the supported organization of the provers to regularly appoint or oller at least a majority of the organizations controlled the organization of the supported organization of the supported organization of the provers to regularly appoint and conditions or restrictions, if any, applied to such power at ultra the law year. Did the organization operate for the betteril of any appointed organization? 1 Were a majority of the organization's directors or trustees were allocated among the supported organization's provinging such benefit carried out the purposes of the supported organization's in the supported organization's interest in the organization's interest in the supported organization's interest in the organization's interest in the supported organization's interest in the organization's provided organization's provided organization's interest in the supported organizat	Par	rt IV Supporting Organizations (continued)			
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	b	•			
			3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiz	zations	1 490
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on Nov.	20, 1970. See instru	ictions. All
other Type III non-functionally integrated supporting organizations must co	mplete Section	ons A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-vear distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
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		
Section 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		
7 Check here if the current year is the organization's first as a non-functionally-i		oe III supporting organiza	ition (see
instructions).	- 3 7	- 11 9 9	,

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	i ugo			
Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
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	,				
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	e organization is responsive					
	(provide details in Part VI). See instructions.	· g-···					
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Zino Cambant amada by Zino Cambant	(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
q	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
J	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
-6	Remaining underdistributions for 2015. Subtract lines 3h						
U	6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7							
7	Excess distributions carryover to 2016. Add lines 3j and 4c.						
	Breakdown of line 7:						
<u>a</u>							
<u>b</u>	Excess from 2013						
	Excess from 2014 Excess from 2015						

532028 09-23-15

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OTTO BREMER FOUNDATION	230,000.	24,424.
TARGET FOUNDATION	1,000,000.	794,424.
THRIVENT FINANCIAL FOR LUTHERANS FOUNDATION	511,570.	305,994.
sysco	590,995.	385,419.
TARGET CORPORATION	404,783.	199,207.
	1	1,709,468.

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

2015

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number

41-xxxx067

Organization type (check one):								
Filers o	ıf:	Sect	Section:					
Form 99	90 or 990-EZ	Χ	501(c)(3) (enter number) organization					
			4947(a)(1) nonexempt charitable trust not treated as a private foundation					
			527 political organization					
Form 99	90-PF		501(c)(3) exempt private foundation					
			4947(a)(1) nonexempt charitable trust treated as a private foundation					
			501(c)(3) taxable private foundation					
	nly a section 501(c)		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	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. Do not 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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
but it mu	ust answer "No" on	Part IV,	t covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$ 107,850.	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		\$ 102,263.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 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		\$ 90,920.	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

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	•	1 1903007
(a)	(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			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		\$155,000.	Person X Payroll Noncash (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

PEOPLE SERVING PEOPLE CHARITIES, INC.

41-1965067

	Name and Proposition (1997)	•	1-1905007
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given SUPPLIES	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SUPPLIES		
		\$51,500.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD SUPPLIES		
		\$107,850.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	FOOD SUPPLIES		
5			
		\$\$	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		1 '	

Name of orga	anization	Employer identification number				
PEOPLE SE	ERVING PEOPLE CHARITIES, INC.		41-1965067			
Part III		columns (a) through (e) and the f	ped in section 501(c)(7), (8), or (10) that total more than \$1,000 for a following line entry. For organizations 0 orless for the year. (Enterthis info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of	f gift			
	Transferee's name, address, and	d 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, and	(e) Transfer of (f 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			
	Transferee's name, address, and	(e) Transfer of the distribution of the distribution (e) Transfer	f 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. and	d ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Inspection

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-1965067

Pa	rt I	Organizations Maintaining Donor Advised I	,	Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Tota	al number at end of year ~~~~~~~~~~		
2		regate value of contributions to (during year) ~~~~		
3		regate value of grants from (during year) ~~~~~		
4		regate value at end of year ~~~~~~~~		
5		the organization inform all donors and donor advisors in w	riting that the assets held in donor advised t	funds
-		the organization's property, subject to the organization'		
6		the organization inform all grantees, donors, and donor advi	· ·	
-		charitable purposes and not for the benefit of the donor or o	• •	•
		ermissible private benefit? • • • • • • • • • • • •		-
Pa	rt II	Conservation Easements. Complete if the orga		
1	Purp	pose(s) of conservation easements held by the organization	(check all that apply).	
		Preservation of land for public use (e.g., recreation or ed		ally important land area
		Protection of natural habitat	 Preservation of a certified 	• •
		Preservation of open space		
2	Com	plete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation easement on the last
	day	of the tax year.		Held at the End of the Tax Year
а	Tota	al number of conservation easements ~~~~~~	~~~~~~~~~~~~~~~~~	~ <u>2a</u>
b	Tota	al acreage restricted by conservation easements ~~~~	~~~~~~~~~~	_2b
С	Nun	nber of conservation easements on a certified historic str	ructure included in (a) ~~~~~~~~	~ <u>2c</u>
d		nber of conservation easements included in (c) acquired af		
	liste	d in the National Register ~~~~~~~~~	~~~~~~~~~~~~~~~~~	~ 2d
3	Num	nber of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the org	ganization during the tax
	yea	r		
4	Nun	nber of states where property subject to conservation eas	ement is located	
5	Doe	s the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	viola	ations, and enforcement of the conservation easement	sitholds? ~~~~~~~~~	~~~~~~ Yes □ No
6	Staf	f and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	ation easements during the year
7	Amo	ount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	\$			
8		s each conservation easement reported on line 2(d) above s		
	and	section 170(h)(4)(B)(ii)? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~	Yes No
9	In Pa	art XIII, describe how the organization reports conservation	easements in its revenue and expense stat	tement, and balance sheet, and
	inclu	ude, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organization's accounting for
	cons	servation easements.		
Pa	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
		Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue statement an	nd balance sheet works of art,
	histo	orical treasures, or other similar assets held for public exhibi	tion, education, or research in furtherance of	f public service, provide, in Part XIII,
	the t	text of the footnote to its financial statements that describe	es these items.	
b	If the	organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	d balance sheet works of art, historical
	treas	sures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public	service, provide the following amounts
	relat	ing to these items:		
	(i)	Revenue included on Form 990, Part VIII, line 1 ~~~~	-~~~~~~~~~	~~~ \$
	(ii)	Assets included in Form 990, Part X ~~~~~~~	~~~~~~~~~~~	
2		e organization received or held works of art, historical treasu		-
	the f	ollowing amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а		enue included on Form 990, Part VIII, line 1 ~~~~~		~~~ \$
		ets included in Form 990, Part X • • • • • • • •		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	C	l b	Loanorexchang	geprograms						
b	Scholarlyresearch	e	9 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n hov	w they further the	e organizatio	n's exer	mpt purpose i	n Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of ar	t, historical treas	ures, or othe	r similaı	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the	organization's c	ollection? • •	• • • •	• • • • •		Yes		No
Pai	t IV Escrow and Custodial Arrange	ements. Complete	if the	e organization an	swered "Yes'	on For	m 990, Part I\	V, line 9	, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custoo										
	on Form 990, Part X? ~~~~~~	-~~~~~	~~-	~~~~~~	~~~~~	-~~	-~~~~	~ Y	es		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owin	ıq table:							
									Amoun	t	
C	Beginning balance ~~~~~	-~~~~~~	~~	~~~~~~	~~~~~	~~~	1c				
d	Additions during the year ~~~~~	~~~~~~~	-~~	~~~~~~	~~~~~	~~~~	1d				
e	Distributions during the year ~~~~	~~~~~~	~~~	~~~~~~	-~~~~	~~~~	1e				
f	Fnding balance ~~~~~~	~~~~~~~	-~~		~~~~~	~~~	1f				
2a	Did the organization include an amount on	Form 990, Part X, Iir	ne 2	1, for escrow or	custodial ac	count lia	ability? ~~~	~~ Y	es		No
	If "Yes." explain the arrangement in Part XI							• • • •	• • •		
Par	t V Endowment Funds. Complete	if the organization an	swe	red "Yes" on For	m 990, Part I	V, line 1	10.				
		(a) Current vear	((b) Prior vear	(c) Two vea	rs back	(d) Three vea	rs back	(e) Fou	r vears	s back
1a	Beginning of year balance ~~~~~										
b	Contributions ~~~~~~~~										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships ~~~~~~										
е	Other expenditures for facilities										
	and programs ~~~~~~~										
f	Administrative expenses ~~~~~~										
а	End of year balance ~~~~~~~										
2	Provide the estimated percentage of the curre	-	(line	e 1g, column (a))	held as:						
а	Board designated or quasi-endowment _		%								
b	Permanentendowment										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c shou	·									
3a	Are there endowment funds not in the posses	sion of the organizat	ion t	hat are held and	administered	I for the	organization				
	bv:						_			Yes	No
								3a(i)			
	(ii) related organizations ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
h	b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ~~~~~~~~~~~~~~~~~~ 3b										
Pai	t VI Land, Buildings, and Equipm		vmer	nt funds.							
ı aı	Complete if the organization answered		Dor	+ IV/ line 11e Co	o Form 000	Dort V	lina 10				
	•								(-I) D		
	Description of property	(a) Cost or o basis (investr		` '		٠,	Accumulated epreciation		(d) Boo	k valu	е
1-	Land ~~~~~~~~		Hent	basis (902,681.	ue	prediation			902	,681.
1a	Buildings ~~~~~~~			14	,598,645.		8,077,26	66.	6		,379.
b	•				, , , , , , , , , , , , , , , , , , , ,		5,5,7,20	-		, ,	
۲ C	Leasehold improvements ~~~~~~				244,720.		32,91	4.		211	,806.
d e	Equipment				.,. =		,				,
	. Add lines 1a through 1e. (Column (d) mu	st equal Form 990	Pai	rt X column (R)	line 10c \		• • • • • •		7	,635	,866.
· Otal		<u></u>	ui	Column (D)	,				D (Form		,

Schedule D (Form 990) 2015 PEOPLE SERVING P	PEOPLE CHARITIES, 1	INC.	41-1965067	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, li	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market	value
(1) Financial derivatives ~~~~~~~~~				
(2) Closely-held equity interests ~~~~~~~				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) mustegual Form 990. Part X.col. (B) line 12.) Part VIII Investments - Program Related.				
	E 000 D (44 0 5 000 5 17 1	40	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value		ne 13. n: Cost or end-of-year market	voluo
	(b) book value	(c) Welliod of Valdation	i. Cost of end-of-year market	value
(2)				
(3)		+		
(4)		- -		
(5)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, li		
(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)	B) line 15.) • • • • • •	• • • • • • • • • • • • • • • • •	• • • •	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Pa	art X, line 25.	
1 (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne25)			
		to to the organization's financia	ial statements that "====================================	10
 Liability for uncertain tax positions. In Part XIII, provid organization's liability for uncertain tax positions under 				
Organization 3 hability for uncertain tax positions under	1 11 70 (700 / 40). CHEC	W HOLD II THE TEVE OF THE TOORIO	TO HOS DECH PROVIDED III Pall	/VIII - •

Schedule D (Form 990) 2015

532053 09-21-15

3 Subtract line 2e from line 1 3 3,895,753. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 41,624. b Other (Describe in Part XIII.)	Part XI Reconciliation of Revenue per Audited Financial State		venue per Ret	turn.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2				1	3 853 199			
a Net unrealized gains (passes) on investments 2b 326,456. b Donards devices and use of facilities 2b 326,456. c Recoveries of prior year grants 2d 373,729. e Add lines 2a through 2d 3 3,895,753. d Announts included on Form 990, Part VIII, line 12, but not on line 1: a Investment operates not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 45 c Total revenue, Add lines 3 and 4a. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited friancel at latements Compiler if the organization answered "Yea" or Form 990, Part I, line 12. 1 Total expenses and losses per audited friancel at latements c Amounts included on line 1 but on Form 990, Part I, line 12. 2 Amounts included on line 1 but on Form 990, Part I, line 12. a Investment expenses and use of facilities 2 Amounts included on line 1 but on Form 990, Part I, line 12. a Cherriconscribe in Part XIII.) e Add lines 2a through 2d Announts included on Part XIII.) e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2a through 2d Announts included on Part XIII. e Add lines 2d and 4b. Also complete this part to provide any additional information. Part XIII Supplemental Information. The Branch Add the Add Character Announts Information Announced Year XII. lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2: THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014. THE ORGANIZATION		~~~~~~	~~~~~	1	5,055,155.			
Donated services and use of facilities 22 326,456 22 73,729 442,554 28 73,729 442,554 28 73,729 443 41,624 44 45 45 45 45 45 45		22	-442 <i>.</i> 739.					
Conclusion for the Chescribe in Part XIII.) 20 42, 554, 3 30, 895, 753. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4 Dither (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue, Add lines 3 and 4b 6 Total revenue, Add lines 3 and 4b 7 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 3 Donated services and use of facilities b Prior vear addustments c Other losses d Other (Describe in Part XIII.) 1 Amounts included on Financial statements 2 Amounts included on Financial statements 3 Subtract line 2e from line 1 4 Amounts included on Financial statements 2 Amounts included on Financial statements 3 Subtract line 2e from line 1 4 Amounts included on Financial statements 2 Amounts included on Financial statements 2 Amounts included on Financial statements 3 Subtract line 2e from line 1 4 Amounts included on Financial statements 4 Amounts included on Financial statements 5 Amounts included on Financial statements 6 Add lines 2a through 2d 7 Amounts included on Financial statements 8 Amounts included on Financial statements 9 Add lines 2a through 2d 1 Amounts included on Financial statements 1 Amounts included on Financial s								
d Other (Describe in Part XIII.) a Add lines 2a through 2d a Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses and losses per audited financial statements With Expenses per Return. Complete It the organization answered "Vest" on Form 990, Part II, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete It the organization answered "Vest" on Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) a Part XIII (Reconcillation of Expenses per Audited Financial Statements With Expenses per Return. Complete It the organization answered "Vest" on Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements C Other losses a Donated services and use of facilities b Prior vest addustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3,693,091. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 10: b Other (Describe in Part XIII.) c Add lines 4a and 4b a 41,624. b Other (Describe in Part XIII.) c Add lines 4a and 4b a 41,624. b Other (Describe in Part XIII.) c Add lines 4a and 4b a 41,624. b 141,624. b 141,624. c 141,			,					
e Add lines Za through2d 3 Subtract line 2a from line 1 3 Subtract line 2a from line 1 3 3,895,753. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 O'ther (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4a. (This must equal Form 1990, Part I, line 12) 1 Total expenses and losses per audited friancial statements Controlled if the organization answered 1've2 on Form 990, Part IX, line 12) 1 Total expenses and losses per audited friancial statements 2 Amounts included on line 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities 2 Part XIII Province of the 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities 2 Part XIII Province of the 1 but not not Form 990, Part IX, line 25: a Donated services and use of facilities 2 Part XIII Subtract line 20 from line 1 2 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25; but not only a fine 12 part IX, line 25; but not only a fine 12 part IX, line 25; but not only a fine 12 part IX, l			73,729.					
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c. Add lines 4a and 4b. 4c. This must equal Forn 990. Part I, line 12.) 5. 3,937,377. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' on Forn 990. Part IV, line 12a. 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities b Prior vear adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Amounts included on Form 990. Part IX, line 25. a Subtract line 2e from line 1 3 Amounts included on Form 990. Part IX, line 25. b Prior vear adjustments 4 Amounts included on Form 990. Part IX, line 25. b Prior vear adjustments 4 Amounts included on Form 990. Part IX, line 25. b Prior vear adjustments 4 Amounts included on Form 990. Part IX, line 25. b Other (Describe in Part XIII.) c Add lines 4a and 4b 4 Amounts included on Form 990. Part IX, line 25. but not on line 1: a Investment expenses not included on Form 990. Part VIII, line 7b 4 Amounts included on Form 990. Part IX, line 25. but not on line 1: b Other (Describe line Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part III, lines 1b 9 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part IV, line 1b 9 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part IV, line 1b 9 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part IV, line 1b 9 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part IV, lines 1b and 2b; Part V	a Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	-~~ 4a	41,624.					
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PART XI, LINE 2D - OTHER ADJUSTMENTS:	THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EX	AMINATION BY						
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FEDERAL AND STATE ALITHORITIES							
	TEDERAL PROPERTY.							
DIRECT FUNDRAISING EXPENSES 73,729.	PART XI, LINE 2D - OTHER ADJUSTMENTS:							
	DIRECT FUNDRAISING EXPENSES	73,729.						

532054 09-21-15

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Schedule D Fam 960) 2015 PEDPLE SERVING PEUPLE CHARLITES, INC. 41-1955U6 / Page 5. Part XIII Supplemental Information Continued	Schedule D (Form 990) 2015 PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965067	Page 5
	Part XIII Supplemental Information (continued)		
	PART XII LINE 2D - OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING EXPENSES 73,729.			
	DIRECT FUNDRAISING EXPENSES 73,729.		

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

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

Open to Public Inspection

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-xxxx067

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - Mail solicitations

- e Solicitation of non-government grants
- Internet and email solicitations

Solicitation of government grants

Phone solicitations

Special fundraising events

- In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total •••••••		• •	ı			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from req	gistration
LHA For Paperwork Reduction Act Noti	co see the Instructions for Form Q	an ar a	200-E	7	Schodulo G (Form 9	90 or 990-E7) 2015

532082 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ~~~~~~ □ Yes □ No

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015 PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1965	067	Pa	ae
11 Does the organization conduct gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Vas		No
		103		140
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
to administer charitable gaming? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~ _	Yes		No
13 Indicate the percentage of gaming activity conducted in:	i	ı		
a The organization's facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~ 13	a		%
b An outside facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
14 Elliel the halle and address of the person who prepares the organizations gaining special events books and records.				
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~	Y	es		No
b If "Yes," enter the amount of gaming revenue received by the organization \$and the amount	nt			
of gaming revenue retained by the thirdparty \$				
c If "Yes," enter name and address of the third party:				
Name				
Address				
16 Gaming manager information:				
Name				
Gamingmanagercompensation \$				
Description of services provided				
Description or services provided				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
·				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	Yes	Ш	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	ent in the)		
organization's own exempt activities during the tax year \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	l, lines 9, 9	b, 10b,	15b,	

532083 09-14-15

Schedule G (Form 990 o	pr 990-ez) PEOPLE SERVING PEOPLE CHARITIES, INC.	41-xxxx067	Page 4
Part IV Supplem	or 990-EZ) PEOPLE SERVING PEOPLE CHARITIES, INC. nental Information (continued)		
532084		Schedule G (Form 990	or 990-EZ)
532084 04-01-15			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2015)

Name of the organization PEOPLE SERVIN	Employer identification number 41-xxxx067						
Part I General Information on Grants a		141120/ 11101					12 7000007
Does the organization maintain records criteria used to award the grants Describe in Part IV the organization's pro	or assistance?	~~~~~~	~~~~~~	~~~~~~		ssistance, and the sel	
Part II Grants and Other Assistance to D	Oomestic Organiza	tions and Domestic C	Governments. Com	nplete if the organ	ization answered "Ye	s" on Form 990, Part I	V, line 21, for any
recipient that received more than		•	•		(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE SERVING PEOPLE INC. 614 S. 3RD STREET MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	2,104,915.	262,497.	COST		SUPPORT FOR PROGRAMS AND SERVICES
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organization	-			~~~~~		· · · · · · · · · · · ·	•••

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
t IV Supplemental Information. Provide the information	required in Port Lline 2	Dort III. ookuma /b)) and any other addition	and information	
T I, LINE 2:	redulied in Fait I. line 2.	Fait III. COldillii (D.	i. and any other addition	Juan information.	
ORGANIZATION MONITORS THE USE OF GRANT FUN	IDS, THROUGH COMMO	ON OFFICERS,			
ENDANCE AT PEOPLE SERVING PEOPLE INC'S BOA	ARD MEETING, AND LO	OCATION IN			
IMON WITH PEOPLE SERVING PEOPLE, INC.					

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.

iplete if the organization answered "Yes" on Form 990, Part IV, lin

red "Yes" on Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-xxxx067

OMB No. 1545-0047

Inspection

P	Part I Questions Regarding Compensation				
				Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the follow	wing to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant infor	rmation regarding these items.			
	☐ First-class or charter travel House	sing allowance or residence for personal use			
	☐ Travelfor companions Paym	nents for business use of personal residence			
	☐ Tax indemnification and gross-up payments Healt	th or social club dues or initiation fees			
	☐ Discretionary spending account Perso	onal services (e.g., maid, chauffeur, chef)			
b	o If any of the boxes on line 1a are checked, did the organization follow a	a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? I		1b		
2					
	trustees, and officers, including the CEO/Executive Director, regarding		2		
	a actions, and officers, more and grand 2 action, regarding	, and nome oncoded an and har	_		
3	Indicate which, if any, of the following the filing organization used to est	ablish the compensation of the organization's			
Ū	CEO/Executive Director. Check all that apply. Do not check any boxes				
	establish compensation of the CEO/Executive Director, but explain in Pa				
	V	en employment contract			
	•	mpensation survey or study			
		proval by the board or compensation committee			
	Σ I om 990 of other organizations Αμ	noval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, li	ine 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	~~~~~~~~~~~	4a		Χ
b	Participate in, or receive payment from, a supplemental nonqualified	I retirement plan? ~~~~~~~~~~~	4b		Χ
С	Participate in, or receive payment from, an equity-based compensati	ion arrangement? ~~~~~~~~~~~~	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable at				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5.0			
5		•			
J	contingent on the revenues of:	inzation pay of accide any compensation			
_		-~~~~~~~~~	5a		Χ
a b	0.94	~~~~~~~~~~	5b		Χ
L	If "Yes" to line 5a or 5b, describe in Part III.		JU		
6		anization hav or accrue any compensation			
O	contingent on the net earnings of:	inization pay of accide any compensation			
-		-~-~-	6a		Χ
a		~~~~~~~~~	6b		Χ
L	If "Yes" on line 6a or 6b, describe in Part III.		OD		
7		nization provide any non-fixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III ~~~~~		7	Χ	
o			,		
8		-			Χ
0	initial contract exception described in Regulations section 53.4958-4(a		8		-
9		puon procedure described in			
	Regulations section 53.4958-6(c)?		9		1

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(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	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DANIEL GUMNIT	(i)	139,544.	20,192.	0.	7,987.	15,478.	183,201.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
	UI)						1	

Schedule J (Form 990) 2015 PEOPLE SERVING PEOPLE CHARITIES, INC.	41-XXXXU0/	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	s part for any additional information.	
PART I, LINE 7:		
A PERFORMANCE AWARD WAS PAID OUT TO THE EXECUTIVE DIRECTOR IN FEBRUARY		
2015.		

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number 41-xxxx067

Pai	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	6
1	Art - Works of art ~~~~~~~~~							
2	Art - Historical treasures ~~~~~~							
3	Art - Fractional interests ~~~~~~~							
4	Books and publications ~~~~~~							
5	Clothing and household goods ~~~~~							
6	Cars and other vehicles ~~~~~~							
	Boats and planes ~~~~~~~							
7	·							
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 ~~~~~~~~~~							
20	Drugs and medical supplies ~~~~~							
21	Taxidermy ~~~~~~~~~							
22	Historical artifacts ~~~~~~~~							
23	Scientific specimens ~~~~~~~							
24	Archeological artifacts ~~~~~~~							
25	Other J (FOOD)	Χ	4	198,770.	COST			
26	Other J (SUPPLIES)	Χ	6	64,038.				
27	Other J (,				
28	Other J (
			, the a tax	a material a substance				
29	Number of Forms 8283 received by the organiz for which the organization completed Form 82							
	for which the organization completed Form 82	83, Partiv,	Donee Acknowled	dgement ~~~ 29			.,	
							Yes	No
30a	During the year, did the organization receive by				· ·			
	must hold for at least three years from the date			·				Χ
	exempt purposes for the entire holding pe	riod? ~	~~~~~~		~~~~~~	30a		٨
b	If "Yes," describe the arrangement in Part II.							V
31	Does the organization have a gift acceptance	policy that i	requires the reviev	v of any non-standard contr	butions? ~~~~~	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				V
	contributions? ~~~~~~	~~~~~	~~~~~~	~~~~~~~	-~~~~~	32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) (2015)

532142 08-21-15

Schedule M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE SERVING PEOPLE CHARITIES INC

(Form 990 or 990-FZ) and its instructions is at WWW.irs.gov/form990. Employer identification number 41-1965067

PEOPLE SERVING PEOPLE CHARITIES, INC.	41-1903007						
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 HOMELESS CHILDREN AND THEIR FAMILIES.							
FORM 990, PART VI, SECTION B, LINE 11:							
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.							
EODM 000 DART VI SECTION C LINE 10:							
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF							
THE UKGANIZATION MAKES ITS GOVEKNING DUCUMENTS, CONFEICT OF							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization PEOPLE SERVING PEOPLE CHARITIES, INC.	Employer identification number 41-1965067
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPO	N
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE IN THE SELECTION AND OVERSIGHT PROCESS.	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization PEOPLE SERVING PEOI	PLE CHARITIES, INC.				Er	mployer identific 41-1965067	cation nu 7	ımber
Part I Identification of Disregarded Entities Complete	if the organization answered "Yes" of	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total incom	(e) End-of-yea		(f) Direct controll entity)
Identification of Deleted True Francisco Conscioning		and West on Form 2000 Forth	NA Fire OA harrows	**************************************				
Part II Identification of Related Tax-Exempt Organization organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	Section 5	olled
PEOPLE SERVING PEOPLE, INC - 41-1443148		ioreign country)	00011011	501(c)(3))			Yes	No
614 S. 3RD STREET MINNEAPOLIS, MN 55415	TO SERVE HOMELESS CHILDREN AND THEIR FAMILIES	MINNESOTA	501(C)(3)	LINE 7	N/A			Χ
	-							

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

Schedule R (Form 990) 2015

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.

organizations treated as a par	thoromp during the tax	your.										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	, i entity i (related, unifelated, i income i end-of-ye		Share of end-of-year	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) Gener mana	al or P	(k) Percentage ownership	
		foreign country)		excludedfromtaxunder sections 512-514)		assets			K-1 (Form 1065)			
		country)		30000113 012 014)			165	INO	10 1 (1 01111 1000)	165	INO	
-						l	l	<u> </u>	l	11		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled titv?

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

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions w	vith one or more rela	ted organizations listed in	Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle	ed entity ~~~~	~~~~~~~		1a		X	
b	Gift, grant, or capital contribution to related organization(s)	~~~~~~	~~~~~~~		1b	Χ		
С	Gift, grant, or capital contribution from related organization(s) ~~~~~	~~~~~~	~~~~~~~		1c		X	
d	Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
f	Dividends from related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~~~~~~	.~~~~~~~~~~~~~~~~	1f		Χ	
g	Sale of assets to related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~	~~~~~~~~	~~~~~~~~~	1a		Χ	
h		~~~~~~	~~~~~~~	-~~~~~~~~~~~	1h		Χ	
i	• • • • • • • • • • • • • • • • • • • •	~~~~~~	~~~~~~~	-~~~~~~~~~~	1i		Χ	
i	j Lease of facilities, equipment, or other assets to related organization(s)							
•								
k Lease of facilities, equipment, or other assets from related organization(s)							Χ	
Performance of services or membership or fundraising solicitations for related organization(s)							Χ	
	Performance of services or membership or fundraising solicitations by related	•			1m		Χ	
	Sharing of facilities, equipment, mailing lists, or other assets with related organic	-			1n	Χ	,	
0				.~~~~~~~~~~~~~~	10	Χ	,	
_	committee of party confidence of the confidence							
n	Reimbursement paid to related organization(s) for expenses ~~~~~	~~~~~~~	~~~~~~~~~		1n	Χ		
q	Reimbursement paid by related organization(s) for expenses ~~~~~				1a	Χ		
ч	Trainburgation paid by rotated enganization(e) for expenses							
r	Other transfer of cash or property to related organization(s) ~~~~~	~~~~~~~	~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1r		Χ	
· e (Other transfer of cash or property from related organization(s) • • • • • • • • • • • •				19		Χ	
	If the answer to any of the above is "Yes." see the instructions for information on wh							
	(-)	•	•	•				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved			
		type (a-s)	ount involved	Wellied of determining difficult inv				
(1) PI	PEOPLE SERVING PEOPLE, INC B 2,367,412. COST/GRANT AMOUNT							
.,,,,			· '	•				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEOPLE SERVING PEOPLE, INC	В	2,367,412.	COST/GRANT AMOUNT
(2) PEOPLE SERVING PEOPLE, INC	J	1,512,372.	COST
(3) PEOPLE SERVING PEOPLE, INC	0	244,946.	COST
(4) PEOPLE SERVING PEOPLE, INC	Р	70,630.	COST
(5) PEOPLE SERVING PEOPLE, INC	Q	5,415.	COST
_(6)			

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.

inat was not a related organization. See if	istructions regarding exclus	BIOTI TOT CETTAIN HIV	estinent partiersnips.									
(a)	(b)	(c)	(d)	(e))	(f)	(g)	(l	h)	(i)	(j)	(k)
				(e) Are a	all		Share of		onor-	Code V LIDI	Copora	or Porcontago
Name, address, and EIN	Primary activity	Legal domicile	(related unrelated	partners 501(c)	s sec.	Share of		tior	opor- nate	amount in hox 20	managi	ng
of entity		(state or foreign	excluded from tax under	501(c) orgs	.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner	ownersnip
		country)	Predominant income (related, unrelated, excludedfromtaxunder sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	IO
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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 PEOPLE SERVING PEOPLE CHARITIES, INC.	41-xxxx067	Page 5
Part VII Supplemental Information		Ū
Provide additional information for responses to questions on Schedule R (see instructions).		
COUEDING D. DART II. DELATED DARTY		
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 HOMELESS CHILDREN AND THEIR		
TROSTORIE TO THE TO THE TELESTORIE THE THE THE THE THE THE THE THE THE TH		
FAMILIES.		
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532165 09-08-15

Schedule R (Form 990) 2015

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

|File a separate application for each return.

|InformationaboutForm8868anditsinstructionsisatwww.irs.gov/form8868.

OMB No. 1545-1709

•	are filing for an Additional (Not Automatic) 3-Month Ext	•	. , , , , ,	,	0060			
	, ,		ic 3-month extension on a previously					
	c filing (e-file) . You can electronically file Form 8868 if you			•	•			
•	o file Form 990-T), or an additional (not automatic) 3-mon		•					
	file any of the forms listed in Part I or Part II with the exce	•	•					
Personal	Benefit Contracts, which must be sent to the IRS in paper	format (se	ee instructions). For more details on t	the electroi	nic filing of this form	,		
visit www Part I	<u>irs.gov/efile and click on e-file for Charities & Nonprofits</u> Automatic 3-Month Extension of Time.		Ibmit original (no copies nee	eded).				
A corpora	ation required to file Form 990-T and requesting an automa	atic 6-mon	th extension - check this box and cor	mplete				
Part I on	ly ~~~~~~~~~~~~	~~~~	~~~~~~~~~~	· -~~~~	-~~~~~	l		
	corporations (including 1120-C filers), partnerships, REMI ome tax returns.	Cs, and tru	usts must use Form 7004 to request a		on of time er's identifying num	hor		
Type or	Name of exempt organization or other filer, see instruc	rtions		Employer identification number (EIN) or				
print	Name of exempt organization of other filer, see institut	Employer definitional of mariber (Emy) of						
Pilit	PEOPLE SERVING PEOPLE CHARITIES, INC.							
File bv the due date for filing vour	Number, street, and room or suite no. If a P.O. box, see 614 SOUTH THIRD STREET	Social sec	41-1965067 Social security number (SSN)					
return. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55415-1104							
	MINITERIOLIS, MIN 35415 1104							
Enter the	Return code for the return that this application is for (file	a separate	e application for each return) ~~	~~~~	~~~~~	0 1		
A 1: 4:		Datama	A marking street			Determ		
Applicati	on	Return	Application			Return		
ls For	or Form 000 F7	Code	Is For		Code			
Form 990	or Form 990-EZ	01 02	Form 990-T (corporation)			07		
		02	Form 1041-A			09		
Form 990	0 (individual)	03	Form 4720 (other than individual) Form 5227			10		
	-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069					
Form 990-T (trust other than above) JANINE WENHOLZ			Form 8870 12					
• Thob	poks are in the care of 614 SOUTH THIRD STREE	T - MINN	IFAPOLIS, MN 55415-1104					
Talaa	honeNo. 612-277-0245							
			Fax No.					
	organization does not have an office or place of busi sfora Group Return, enter the organization's four digit G					-		
		•	. , ,		3 - 1 / -	necktnis		
box 1 Ire	. If it is for part of the group, check this box and a				extension is for.			
	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exempt	•	ion return for the organization named		ne extension			
	or the organization's return for:							
	X calendar year <u>2015</u> or							
I	tax year beginning, and ending							
2 If th	ne tax year entered in line 1 is for less than 12 months, cho	eck reaso	on:	Final retur	n			
	Change in accounting period			 				
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,			•				
	refundable credits. See instructions.			3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069,			_				
est	mated tax payments made. Include any prior year overpa	vment allo	wed as a credit.	3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pay			_				
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3с	\$	0.		
Caution.	If you are going to make an electronic funds withdrawal (o	direct debi	it) with this Form 8868, see Form 84	53-EO and	Form 8879-EO for	payment		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 523841 Form 8868 (Rev. 1-2014)