2939305302100 OMB No. 1545-0047

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Form	990-	I
Form	990-	

	Form	990-T		and proxy (and proxy)	tax under sec	tion 6	6033(e))				2019
		nent of the Treasury	<b>.</b>	► Go to www.irs.gov/For					· / - \ / O \	Open to	o Public Inspection for 3) Organizations Only
	Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your or address changed  Name of organization ( Check box if name changed and see instruction)						is a ou			3) Organizations Only entification number	
:		Check box if address changed		· · ·		and see	instructions.)				trust, see instructions.)
1		npt under section	Print	People Serving People, Inc.							
	_	01( c () 3 )	or	Number, street, and room or sur	te no. If a P.O. box, see I	nstructio	ns.		F Unrel:		1443148 siness activity code
		08(e) 220(e)	Type	614 S 3rd St						nstruct	
	40			City or town, state or province, o	country, and ZIP or foreig	n postai	code				
•	C Book		F G	Minneapolis, MN 55415	instructions \ \			_			
	at en	value of all assets id of year		roup exemption number (So heck organization type ▶		on	☐ 501(c) trust		401(a)	truct	☐ Other trust
7	U En	ter the number		organization's unrelated tra			<del></del>				first) unrelated
,		ide or business			If c						
				at the end of the previous	sentence, complete	Parts	I and II. complet	te a S	chedule	M fo	r each additional
				complete Parts III-V.							
ī				e corporation a subsidiary in	an affiliated group or	a parer	nt-subsidiary contro	olled a	roup?		☐ Yes ☐ No
•				and identifying number of t			it cabalalary conta	J 3	очр	• •	
-		e books are in o			no parent corporati	<u> </u>	Telephone n	umbe	r 🕨		
Ì				le or Business Income	· <del>-</del>		(A) Income		Expense	s	(C) Net
•		Gross receipts				T					
	b	Less returns a			c Balance ▶	1c					
	2			Schedule A, line 7)		2		1			
	3			t line 2 from line 1c		3	<del></del>				** ******
	4a	•		me (attach Schedule D) .		4a	·				
	b			4797, Part II, line 17) (attac		4b					
	C			n for trusts		4c					
	5		from a partnership or an S corporation (attach								
					· ·	5					
	6			ıle C)		6					
	7	•		ced income (Schedule E) .		7			` _	1	· · · · · · · · · · · · · · · · · · ·
	8			s, and rents from a controlled orga		8					
_	9		-	of a section 501(c)(7), (9), or (17) organization (Schedule G) pt activity income (Schedule I)							
2020	10										_
	11	•	-	Schedule J)		10		-			
87	12	-	-	structions; attach schedule		12		_			
0	13			3 through 12				-		Ì	
NSI.	Part	Deduction	ıs Not	Taken Elsewhere (See i	nstructions for limi	tations	on deductions.)	(Ded	uctions	must	t be directly
=;				the unrelated business inc			·	•			•
$\Omega$	14	Compensation	of offi	cers, directors, and trustee	s (Schedule K)	.)			T	14	
SCANNED	15	Salaries and w	ages		/ \	! 	<b>.</b>		[	15	
Ž	16	Repairs and m	aintena	ance		<b>:</b>			[	16	
8	17	Bad debts .		dule) (see instructions) .  Form 4562) .  Simed on Schedule A and el	( ) . / .				[	17	
တ	18	Interest (attach	sched	dule) (see instructions) .) .	1 1/				[	18	
	19	Taxes and lice	nses .	· · · · · · ( ) //	·				[	19	_
	20	Depreciation (a	attach	Form 4562)	<i>/</i>		20				
	21	Less depreciat	ion cla	imed on Schedule A and el	lsewhere on return		. 21a			21b	
	22	Depletion		//					[	22	
	23	Contributions t	o defe	rred compensation plans					[	23	
	24			ograms						24	
	25			nses (Schedule I)						25	
	26			osts (Schedule J)						26	
	27			ach schedule)						27	
	28			dd lines 14 through 27 .						28	
	29			axable income before net o						29	
	30			perating loss arising in ta							
									L	30	
	31	Unrelated busi	ness ta	axable income. Subtract lin	e 30 from line 29				Г	31	0

Form 99	0-1 (2019)						Page Z
Part		tal Unrelated Business Taxable					<u>;                                      </u>
32	Total o	unrelated business taxable income	computed from all ur	related trades or businesses (	see		;
	instruct	oņs)			· [	32	0
33	Amount	s paid for disallowed fringes				33	
34	Charital	ole contributions (see instructions for	limitation rules)		. [	34	
35	Total ur	related business taxable income be	fore pre-2018 NOLs an	d specific deduction. Subtract	line 🗍		
	34 from	the sum of lines 32 and 33			.	35	
36	Deduct	on for net operating loss arising	in tax years beginning	ng before January 1, 2018 (	see 「		
	instruct	ons)			.	36	
37	Total of	unrelated business taxable income t	pefore specific deduction	n. Subtract line 36 from line 35	. [	37	
38		deduction (Generally \$1,000, but se	•			38	
39		ed business taxable income. Subt					
	enter th	e smaller of zero or line $37\ldots$			.	39	0
Part		x Computation	***************************************				
40		zations Taxable as Corporations. N	fultiply line 39 by 21% (	0.21)	<b></b>	40	
41	_	Taxable at Trust Rates. See		•	<b>—</b>		
	the amo	ount on line 39 from:   Tax rate sch	edule or 🔲 Schedu	ıle D (Form 1041)	▶ [	41	
42	Proxy t	ax. See instructions			▶	42	
43		ive minimum tax (trusts only)				43	
44		Noncompliant Facility Income. See			_	44	
45		dd lines 42, 43, and 44 to line 40 or				45	
	_	x and Payments	1 A				
46a		tax credit (corporations attach Form	1118: trusts attach For	m 1116) . 46a			
b	_	redits (see instructions)		r			
C		business credit. Attach Form 3800 (		+			
ď		or prior year minimum tax (attach Foi	•	1 -			
e		redits. Add lines 46a through 46d	· ·	· · · · · · · · · · · · · · · · · · ·	. 7	46e	0
47		t line 46e from line 45			_	47	
48		es. Check if from: Form 4255 Form				48	
49		x. Add lines 47 and 48 (see instruction				49	0
50		t 965 tax liability paid from Form 965	•		_	50	
51a		its: A 2018 overpayment credited to		. )	Ī		
b	-	timated tax payments			5933		
c		osited with Form 8868			9		
d		organizations: Tax paid or withheld					
е	Backup	withholding (see instructions)		51e			
f	•	or small employer health insurance p					
g	Other c	redits, adjustments, and payments:	☐ Form 2439				
•	☐ Form	· · · · · · · · · · · · · · · · · · ·		Total ▶ 51g			
52	Total p	ayments. Add lines 51a through 51g				52	5933
53	Estimat	ed tax penalty (see instructions). Che	ck if Form 2220 is attac	ched ▶	□ [	53	
54		e. If line 52 is less than the total of lin			▶ [	54	
55	Overpa	yment. If line 52 is larger than the to	tal of lines 49, 50, and 5	3, enter amount overpaid	▶ [	55	5933
56	Enter the	amount of line 55 you want: Credited	to 2020 estimated tax 🕨	Refunded	ı▶「	56	5933
Part '	VI St	atements Regarding Certain A	ctivities and Other Ir	nformation (see instructions)			
57	At any t	ime during the 2019 calendar year, o	lid the organization hav	e an interest in or a signature o	r other	author	ity Yes No
		inancial account (bank, securities, or					
	FinCEN	Form 114, Report of Foreign Bank a	and Financial Accounts.	If "Yes," enter the name of the	foreig	n count	try
	here ▶						
58	During t	ne tax year, did the organization receive a	distribution from, or was	it the grantor of, or transferor to, a	foreign	trust?	
	_	' see instructions for other forms the		_	-		
59		e amount of tax-exempt interest rec	-				
	Under	penalties of penjury, I declare that I have examined	this return, including accompar	nying schedules and statements, and to the		my knowl	edge and belief, it is
Sign	true, co	errect, and complete Declaration of preparer (other	- 1 /- 1		ige. Ma	y the IRS	discuss this return
Here	1 460	the lattices	2/10/20 s	r. Director of Finance			parer shown below ons)?   Yes   No
		re of officer		itle	136	- manucile	
Paid	•	Print/Type preparer's name	Preparer's signature	Date	Check	☐ ıf	PTIN
	0505					ployed	
Preparer Firm's name						EIN ►	
Use (	OUIA	Firm's address ▶			Phone		
				··			