

ENVELOPE
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FEB 08 2020

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning January 1, 2019, and ending Dec 31, 20 19.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Check box if address changed

B Exempt under section
 501(c) 03
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

People Serving People Charities, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.

614 S 3rd St

City or town, state or province, country, and ZIP or foreign postal code

Minneapolis, MN 55415

D Employer identification number
(Employees' trust, see instructions.)

41-1965067

E Unrelated business activity code
(See instructions.)

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of Telephone number

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			c Balance
2 Cost of goods sold (Schedule A, line 7)			1c
3 Gross profit. Subtract line 2 from line 1c			2
4a Capital gain net income (attach Schedule D)			3
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4a
c Capital loss deduction for trusts			4b
5 Income (loss) from a partnership or an S corporation (attach statement)			4c
6 Rent income (Schedule C)			5
7 Unrelated debt-financed income (Schedule E)			6
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			7
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			8
10 Exploited exempt activity income (Schedule I)			9
11 Advertising income (Schedule J)			10
12 Other income (See instructions; attach schedule)			11
13 Total. Combine lines 3 through 12			12
			13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16
17 Bad debts			17
18 Interest (attach schedule) (see instructions)			18
19 Taxes and licenses			19
20 Depreciation (attach Form 4562)			20
21 Less depreciation claimed on Schedule A and elsewhere on return			21a
22 Depletion			21b
23 Contributions to deferred compensation plans			22
24 Employee benefit programs			23
25 Excess exempt expenses (Schedule I)			24
26 Excess readership costs (Schedule J)			25
27 Other deductions (attach schedule)			26
28 Total deductions. Add lines 14 through 27			27
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			28
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			29
31 Unrelated business taxable income. Subtract line 30 from line 29			30
			31

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OGDEN, UT
C115 IRS-OSC

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Net

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39. Total amount for line 39 is 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45. Total amount for line 45 is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56. Total amount for line 56 is 910.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 57, 58, and 59.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below?'.

Table for Preparer Information: Paid Preparer Use Only. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, and Phone no.