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Form 990-T

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

OMB No 1545-0687  
**2018**  
Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to [www.irs.gov/Form990T](http://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).

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)

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

**Employer identification number** (Employees' trust, see instructions)  
**91-0783225**

**Number, street, and room or suite no.** If a P.O. box, see instructions.  
**304 WEST LINCOLN AVE**

**Unrelated business activity code** (See instructions)  
**541519**

**City or town, state or province, country, and ZIP or foreign postal code**  
**YAKIMA, WA 98902**

**C** Book value of all assets at end of year **7,637,621.**

**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. **2** Describe the only (or first) unrelated trade or business here **IT CONSULTING**. 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.

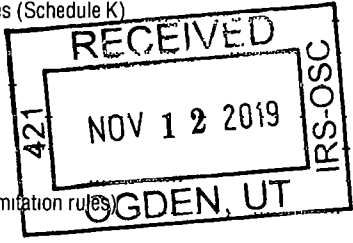
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **MADELYN CARLSON** Telephone number **509-248-6726**

| Part I Unrelated Trade or Business Income |   | (A) Income     | (B) Expenses | (C) Net        |
|---|---|----------------|--------------|----------------|
| 1a  | Gross receipts or sales <b>25,125.</b>  |                |              |                |
| b   | Less returns and allowances <b>c Balance</b>  | <b>25,125.</b> |              |                |
| 2   | Cost of goods sold (Schedule A, line 7)   |                |              |                |
| 3   | Gross profit. Subtract line 2 from line 1c  | <b>25,125.</b> |              | <b>25,125.</b> |
| 4a  | Capital gain net income (attach Schedule D)   |                |              |                |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                |              |                |
| c   | Capital loss deduction for trusts   |                |              |                |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               |                |              |                |
| 6   | Rent income (Schedule C)  |                |              |                |
| 7   | Unrelated debt-financed income (Schedule E)   |                |              |                |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                |              |                |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                |              |                |
| 10  | Exploited exempt activity income (Schedule I)   |                |              |                |
| 11  | Advertising income (Schedule J)   |                |              |                |
| 12  | Other income (See instructions, attach schedule)                                      |                |              |                |
| 13  | <b>Total.</b> Combine lines 3 through 12  | <b>25,125.</b> |              | <b>25,125.</b> |

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

|    |  |  |  |                |
|----|--|--|--|----------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   |  |  |                |
| 15 | Salaries and wages   |  |  | <b>11,505.</b> |
| 16 | Repairs and maintenance  |  |  |                |
| 17 | Bad debts  |  |  |                |
| 18 | Interest (attach schedule) (see instructions)  |  |  | <b>44.</b>     |
| 19 | Taxes and licenses   |  |  | <b>970.</b>    |
| 20 | Charitable contributions (See instructions for limitation rules)   |  |  |                |
| 21 | Depreciation (attach Form 4562)  |  |  |                |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  |  |  |                |
| 23 | Depletion  |  |  |                |
| 24 | Contributions to deferred compensation plans   |  |  | <b>795.</b>    |
| 25 | Employee benefit programs  |  |  | <b>2,192.</b>  |
| 26 | Excess exempt expenses (Schedule I)  |  |  |                |
| 27 | Excess readership costs (Schedule J)   |  |  |                |
| 28 | Other deductions (attach schedule)   |  |  |                |
| 29 | <b>Total deductions</b> Add lines 14 through 28  |  |  | <b>4,836.</b>  |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |  |  | <b>20,370.</b> |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |  |  | <b>4,755.</b>  |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30   |  |  | <b>4,755.</b>  |



SEE STATEMENT 1

SEE STATEMENT 2

SCANNED JAN 06 2020

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign accounts and distributions.

Declaration section with signature of Stacy Short, Chief Executive Officer, dated 11-10-19.

Paid Preparer Use Only section with details for Stacy Short, CliftonLarsonAllen LLP, including firm name, address, and EIN.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|  |    |  |  |   |        |
|--|----|--|--|---|--------|
| 1 Inventory at beginning of year                   | 1  |  | 6 Inventory at end of year   | 6 |        |
| 2 Purchases  | 2  |  | 7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           |   |        |
| 3 Cost of labor                                    | 3  |  |  | 7 |        |
| 4a Additional section 263A costs (attach schedule) | 4a |  |  |   | Yes No |
| b Other costs (attach schedule)                    | 4b |  | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   |        |
| 5 <b>Total.</b> Add lines 1 through 4b             | 5  |  |  |   |        |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property

(1)  
(2)  
(3)  
(4)

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property   | 2 Gross income from or allocable to debt-financed property                            | 3. Deductions directly connected with or allocable to debt-financed property |  |  |
|---|---|--|--|--|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                         |  |
| (1)   |   |  |  |  |
| (2)   |   |  |  |  |
| (3)   |   |  |  |  |
| (4)   |   |  |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5   | 7. Gross income reportable (column 2 x column 6)               | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |  |
| (2)   |   | %  |  |  |
| (3)   |   | %  |  |  |
| (4)   |   | %  |  |  |
| <b>Totals</b>   |   |  | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b> | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>     |
| <b>Total dividends-received deductions</b> included in column 8                                   |   |  |  | <b>0.</b>  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization  | 2 Employer identification number                 | Exempt Controlled Organizations                  |   |  |   |
|------------------------------------|--|--|---|--|---|
|                                    |  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made  | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                                |  |  |   |  |   |
| (2)                                |  |  |   |  |   |
| (3)                                |  |  |   |  |   |
| (4)                                |  |  |   |  |   |
| Nonexempt Controlled Organizations |  |  |   |  |   |
| 7 Taxable Income                   | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made               | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10                          |   |
| (1)                                |  |  |   |  |   |
| (2)                                |  |  |   |  |   |
| (3)                                |  |  |   |  |   |
| (4)                                |  |  |   |  |   |
|                                    |  |  | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)        | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B)       |   |
| <b>Totals</b>                      |  |  | 0.  | 0.   |   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule)    | 4 Set-asides (attach schedule)                       | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|--|--|--|
| (1)                     |                    |  |  |  |
| (2)                     |                    |  |  |  |
| (3)                     |                    |  |  |  |
| (4)                     |                    |  |  |  |
|                         |                    | Enter here and on page 1, Part I, line 9, column (A) | Enter here and on page 1, Part I, line 9, column (B) |  |
| <b>Totals</b>           |                    | 0.   | 0.   |  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|--|
| (1)                                 |  |  |  |  |                                     |  |
| (2)                                 |  |  |  |  |                                     |  |
| (3)                                 |  |  |  |  |                                     |  |
| (4)                                 |  |  |  |  |                                     |  |
|                                     |  | Enter here and on page 1, Part I, line 10, col (A)                         | Enter here and on page 1, Part I, line 10, col (B)   | Enter here and on page 1, Part II, line 28                         |                                     |  |
| <b>Totals</b>                       |  | 0.   | 0.   | 0.   |                                     |  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                       | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|----------------------------|----------------------------|--|----------------------|--------------------|---|
| (1)  |                            |                            |  |                      |                    |   |
| (2)  |                            |                            |  |                      |                    |   |
| (3)  |                            |                            |  |                      |                    |   |
| (4)  |                            |                            |  |                      |                    |   |
| <b>Totals (carry to Part II, line (5))</b> |                            | 0.                         | 0.   |                      |                    | 0.  |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical               | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|----------------------------|----------------------------|--|----------------------|--------------------|---|
| (1)                                |                            |                            |  |                      |                    |   |
| (2)                                |                            |                            |  |                      |                    |   |
| (3)                                |                            |                            |  |                      |                    |   |
| (4)                                |                            |                            |  |                      |                    |   |
| <b>Totals from Part I</b>          | 0.                         | 0.                         |  |                      |                    | 0.  |
| <b>Totals, Part II (lines 1-5)</b> | 0.                         | 0.                         |  |                      |                    | 0.  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| (1)  |         | %                                     |   |
| (2)  |         | %                                     |   |
| (3)  |         | %                                     |   |
| (4)  |         | %                                     |   |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |         |                                       | 0.  |

| FORM 990-T                           | INTEREST PAID | STATEMENT 1 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION                          |               | AMOUNT      |
| INTEREST EXPENSE                     |               | 33.         |
| LOAN FEES                            |               | 11.         |
| TOTAL TO FORM 990-T, PAGE 1, LINE 18 |               | 44.         |

| FORM 990-T                           | OTHER DEDUCTIONS | STATEMENT 2 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION                          |                  | AMOUNT      |
| INSURANCE                            |                  | 1,626.      |
| SUPPLIES                             |                  | 76.         |
| TELEPHONE                            |                  | 96.         |
| OCCUPANCY                            |                  | 370.        |
| OTHER SERVICES                       |                  | 8.          |
| RENT/EQUIP LEASE                     |                  | 5.          |
| CONTRACT FEES                        |                  | 92.         |
| ALLOCATED ADMINISTRATIVE EXPENSES    |                  | 2,563.      |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 |                  | 4,836.      |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form990T](http://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

Name of the organization **PEOPLE FOR PEOPLE** Employer identification number **91-0783225**

Unrelated business activity code (see instructions) ▶ **541800**  
Describe the unrelated trade or business ▶ **ADVERTISING**

| <b>Part I Unrelated Trade or Business Income</b>   |               | (A) Income              | (B) Expenses | (C) Net                 |
|--|---------------|-------------------------|--------------|-------------------------|
| <b>1 a</b> Gross receipts or sales   | <u>4,157.</u> |                         |              |                         |
| <b>b</b> Less returns and allowances   |               |                         |              |                         |
| <b>c</b> Balance ▶   |               | <b>1c</b> <u>4,157.</u> |              |                         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |               | <b>2</b>                |              |                         |
| <b>3</b> Gross profit Subtract line 2 from line 1c   |               | <b>3</b> <u>4,157.</u>  |              | <b>3</b> <u>4,157.</u>  |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |               | <b>4a</b>               |              |                         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |               | <b>4b</b>               |              |                         |
| <b>c</b> Capital loss deduction for trusts   |               | <b>4c</b>               |              |                         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |               | <b>5</b>                |              |                         |
| <b>6</b> Rent income (Schedule C)  |               | <b>6</b>                |              |                         |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |               | <b>7</b>                |              |                         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |               | <b>8</b>                |              |                         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |               | <b>9</b>                |              |                         |
| <b>10</b> Exploited exempt activity income (Schedule I)  |               | <b>10</b>               |              |                         |
| <b>11</b> Advertising income (Schedule J)  |               | <b>11</b>               |              |                         |
| <b>12</b> Other income (See instructions, attach schedule)                                     |               | <b>12</b>               |              |                         |
| <b>13 Total.</b> Combine lines 3 through 12  |               | <b>13</b> <u>4,157.</u> |              | <b>13</b> <u>4,157.</u> |

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

|  |                        |            |               |
|--|------------------------|------------|---------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |                        | <b>14</b>  |               |
| <b>15</b> Salaries and wages   |                        | <b>15</b>  |               |
| <b>16</b> Repairs and maintenance  |                        | <b>16</b>  |               |
| <b>17</b> Bad debts  |                        | <b>17</b>  |               |
| <b>18</b> Interest (attach schedule) (see instructions)  |                        | <b>18</b>  |               |
| <b>19</b> Taxes and licenses   |                        | <b>19</b>  | <u>64.</u>    |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   |                        | <b>20</b>  |               |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>              |            |               |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b>             | <b>22b</b> |               |
| <b>23</b> Depletion  |                        | <b>23</b>  |               |
| <b>24</b> Contributions to deferred compensation plans   |                        | <b>24</b>  |               |
| <b>25</b> Employee benefit programs  |                        | <b>25</b>  |               |
| <b>26</b> Excess exempt expenses (Schedule I)  |                        | <b>26</b>  |               |
| <b>27</b> Excess readership costs (Schedule J)   |                        | <b>27</b>  |               |
| <b>28</b> Other deductions (attach schedule)   | <b>SEE STATEMENT 3</b> | <b>28</b>  | <u>4,553.</u> |
| <b>29 Total deductions.</b> Add lines 14 through 28  |                        | <b>29</b>  | <u>4,617.</u> |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            |                        | <b>30</b>  | <u>-460.</u>  |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |                        | <b>31</b>  |               |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  |                        | <b>32</b>  | <u>-460.</u>  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

PEOPLE FOR PEOPLE

91-0783225

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|  |    |  |  |   |        |
|--|----|--|--|---|--------|
| 1 Inventory at beginning of year                   | 1  |  | 6 Inventory at end of year   | 6 |        |
| 2 Purchases  | 2  |  | 7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2                                    | 7 |        |
| 3 Cost of labor                                    | 3  |  |  |   |        |
| 4a Additional section 263A costs (attach schedule) | 4a |  | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | Yes No |
| b Other costs (attach schedule)                    | 4b |  |  |   |        |
| 5 Total Add lines 1 through 4b                     | 5  |  |  |   | X      |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property

(1)  
(2)  
(3)  
(4)

| 2 Rent received or accrued  |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property   | 2 Gross income from or allocable to debt-financed property                            | 3 Deductions directly connected with or allocable to debt-financed property |  |  |
|---|---|---|--|--|
|   |   | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)                         |  |
| (1)   |   |   |  |  |
| (2)   |   |   |  |  |
| (3)   |   |   |  |  |
| (4)   |   |   |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5   | 7 Gross income reportable (column 2 x column 6)                | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |  |
| (2)   |   | %   |  |  |
| (3)   |   | %   |  |  |
| (4)   |   | %   |  |  |
| Totals  |   |   | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b> | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>     |
| Total dividends-received deductions included in column 8  |   |   | <b>0.</b>  | <b>0.</b>  |



FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

PROFESSIONAL SERVICES  
COMMUNICATIONS

3,255.

1,298.

TOTAL TO SCHEDULE M, PART II, LINE 28

4,553.