			•	AMENDED	RETU	JRN						
For	₀տ 990-T    Exempt Organization Business Income Tax Return											
	<b>مد</b> * ر		. (a	and proxy tax und	der se	ction 6033	(e))		1904	0	_	040
	/· _ ' -	For cal	endar year 2018 or other tax y	ear beginning $\c JUL \ 1$	, 20	18 , and en	ding JU	N 30,	<u>201</u>	9	Z	018
Depa	artment of the Treasury		Go to www.irs gov/Form990T for instructions and the latest information  Open to Public Inspection for									
	nal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only									
Z A [	Check box if		Name of organization ( Check box if name changed and see instructions.)    Demployer identification number (Employees' trust, see instructions.)									
<u>,                                    </u>	address changed	-		22022								02225
	Exempt under section	Print	PEOPLE FOR									83225 ess activity code
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions  304 WEST LINCOLN AVE									
<u> </u>	= '/==				ar faraia	n nootal aada						
' ⊢	408A		YAKIMA, WA	ovince, country, and ZIP of 98902	or foreig	ii postai code				541	519	
_ <u></u>	ook value of all assets		F Group exemption num		<u> </u>		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>	
a a	7,637,6	21.				501	(c) trust		401(a)	trust		Other trust
, H E		_	tion's unrelated trades or		2	<del></del>	··· <i>'</i>	the only (or				
		-	CONSULTING					complete Pa			than one	г,
_		`	ce at the end of the previ	ous sentence, complete P	arts I an			· ·				
b	usiness, then complete	Parts III	-V									
			oration a subsidiary in ar		ent-subs	idiary controlled	d group?		▶ [	Ye	s X	☐ No
			ifying number of the pare						<u>-</u>			
			MADELYN CARI					one number			<u> 248-</u>	
			le or Business In		<del> </del>	(A) Inco	me	(B) E	xpenses			(C) Net
	Gross receipts or sale		25,125.	-1	١.	25	105					
	Less returns and allow			_ c Balance ►	10	45,	125.					
2	Cost of goods sold (S	chedule	A, line		2	25	125.					25,125.
3	Gross profit. Subtract	inne 2 tr	COROLLIO DI	\	3 4a	23,	123.					23,123.
4 a	Capital gain net incom	4707 D	art II, line (7) (attach For	7 86 1007)	4b							
C		ofor true	art II, III est / Mariaci I or	31)	4c							
5	Income (loss) from	Baktners	hip or an S-corporation	attach statement)	5	_						
6	Rent income (Schedu	1£0)	OEN	,	6				-			
7	Rent income (Schedu Unrelated debt-financ	edincon	ne(Ochedule E)		7							
8	Interest, annuities, roy	/alties, a	od rents from a controlled	organization (Schedule F)	8							
9	Investment income of	a sectio	on 501(c)(7), (9), or (17)	organization (Schedule G	) 9							
10	Exploited exempt activ	vity inco	me (Schedule I)		10	-						
11	Advertising income (S		•		11			<u> </u>				
12	Other income (See ins				12	2.5	105					25,125.
13 D	Total. Combine lines		gh 12 ot Taken Elsewhe	FO (Con motivistions f	13		125.					25,125.
[[-	(Except for	contribu	itions, deductions mus	st be directly connecte	ed with t	he unrelated	business	income)				
14			ectors, and trustees (Sch		-					14		
15	Salaries and wages	10010, 011	octoro, una l'abtoco (co.							15		11,505.
16	Repairs and mainten	ance								16		
17	Bad debts									17		
18	Interest (attach sche	dule) (se	ee instructions)			SEE	STAT	EMENT	1	18		44.
19	Taxes and licenses									19		970.
\$20 21 22 23 23 24		•	e instructions for limitatio	n rules)					•	20		
<b>2</b> 1	Depreciation (attach		•				21		28.			0.0
<b>Z</b> 22	•	aimed or	Schedule A and elsewhe	re on return		U	22a			22b		28.
<b>Ti</b> 23	Depletion									23		795.
	Contributions to defe		npensation plans							24		$\frac{793.}{2,192.}$
₹ <sup>25</sup> ₹ <sup>26</sup>	Employee benefit pro		bodulo IV							25 26		<u> </u>
<2 <sup>0</sup>	Excess exempt exper									27		-
27 28 <b>ور</b>	Excess readership co Other deductions (at					SEE	STAT	EMENT	2	28	_	4,836.
يون 20	Total deductions. A								_	29		20,370.
2530			rome before net operatir	ig loss deduction. Subtra	ct line 29	9 from line 13				30		4,755.
29 2030 2131			oss arising in tax years b	-			tions)			31		
32	· ·	-	come. Subtract line 31 fr			•				32		4,755.
			work Reduction Act Notic						al		Form	990-T (2018)

34

2018.06030 PEOPLE FOR PEOPLE

Part I	Total Unrelated Business Taxal	ole Income					_		
+33	Total of unrelated business taxable income comput	ed from all unrelated trades or businesses	(see instructions)	)	33	4,755	<u>.                                    </u>		
34	Amounts paid for disallowed fringes				34		_		
` 35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018 (see in	istructions)		35		_		
36	Total of unrelated business taxable income before s								
	lines 33 and 34				36	4,755	. ·		
37	Specific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)			37	4,755 1,000	<u>,</u>		
38	Unrelated business taxable income. Subtract line		line 36.				_		
•	enter the smaller of zero or line 36	or from any corn and or to greater than			38	3,755	. ·		
Part I		<u> </u>			1 33 1		_		
39	Organizations Taxable as Corporations Multiply	ine 38 by 21% (0.21)	<del></del>	<b>•</b>	39	789	<del>, .</del>		
40	Trusts Taxable at Trust Rates. See instructions for		unt on line 38 fron	n:					
	Tax rate schedule or Schedule D (For	·			40				
41	Proxy tax. See instructions				41				
42	Alternative minimum tax (trusts only)				42		—		
43	Tax on Noncompliant Facility Income See Instruc	tions			43		_		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whi				44	789	_		
Part \		onever applies			1 77 1	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	÷		
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		ГТ	<del></del> -	—		
b	Other credits (see instructions)	addis dilasii i siiii i i i i i	45b		1				
c	General business credit. Attach Form 3800		45c	<del></del>	1				
_	Credit for prior year minimum tax (attach Form 880	1 or 8827)	45d		1				
	Total credits. Add lines 45a through 45d	1010027)	1001		45e				
46	Subtract line 45e from line 44				46	789	_		
47									
48	Total tax Add lines 46 and 47 (see instructions)	(attach schedule)	47	789	_				
49	2018 net 965 tax liability paid from Form 965-A or I	Form 965-R Part II column (k) line 2			49		· •		
	Payments: A 2017 overpayment credited to 2018	0111 300 B, 1 art 11, 001a1111 (k), 1110 2	50a	320.	<del>  "  </del>		<u> </u>		
	2018 estimated tax payments		50b		1				
	Tax deposited with Form 8868		50c	<del></del> -	1				
	Foreign organizations: Tax paid or withheld at source	re (see instructions)	50d		1				
	Backup withholding (see instructions)	10 (300 mad 0000ms)	50e		1				
	Credit for small employer health insurance premium	ns (attach Form 8941)	50f	<u> </u>	1 1				
	·	orm 2439			1				
9		ther	<b>▶</b> 50g	1,866.					
51	Total payments. Add lines 50a through 50g		TATEMENT		51	2,186	; _		
52	Estimated tax penalty (see instructions). Check if Fo				52	15			
53	Tax due. If line 51 is less than the total of lines 48,			•	53				
54	Overpayment. If line 51 is larger than the total of lii		1	•	54	1,382	-		
55	Enter the amount of line 54 you want: Credited to 2		1	Refunded >	55	1,382			
Part V						· · · · · · · · · · · · · · · · · · ·			
56	At any time during the 2018 calendar year, did the c	organization have an interest in or a signat	ure or other autho	rity		Yes N	0		
	over a financial account (bank, securities, or other)						$\neg$		
	FinCEN Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of	the foreign countr	у					
here >									
57	During the tax year, did the organization receive a d	stribution from, or was it the grantor of, o	or transferor to, a f	foreign trust?		X	<u> </u>		
	If "Yes," see instructions for other forms the organiz	ation may have to file.				<u> </u>			
58									
0:	Under penalties of perjury, I declare that I have examined forrect, and complete Declaration of preserver (other than	this return, including accompanying schedules and taxpayer) is based on all information of which pre-	statements, and to to	he best of my knowled	ige and bel	ef, it is true,	-		
Sign	correct, and complete Declaration of preparer (other than			VE	av the !RS o	discuss this return with	7		
Here Addus (autor) 1/-6-2000 OFFICER the preparer shown below (see									
	Signature of officer	Date Title		ins	structions)?	X Yes N	o		
	Print/Type preparer's name	Preparer's signature	Date	Check if	f PTIN		_		
Paid				self- employed					
Prepa	rer STACY SHORT			L		0837115			
Use C	nly Firm's name ► CLIFTONLARSON			Firm's EIN	41	-0746749	_		
		H AVE., STE 100		,	E001	000 0010			
	Firm's address ► YAKIMA, WA	98902	_ <del>.</del>	Phone no. (		823-2910			
823711 01-	09-19					Form <b>990-T</b> (201	18)		

7)	<u> </u>		5 37/3		·-		
Schedule A - Cost of Goods	Sold. Enter	method of inver			<del></del>		
1 Inventory at beginning of year	1		6 Inventory at end of year		_	6	
2 Purchases	2		7 Cost of goods sold S				
3 Cost of labor	3	<u> </u>	from line 5 Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2		L	7	
(attach schedule)	4 <u>a</u>		8 Do the rules of section	1 263A (v	with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (I	From Real	Property and	l Personal Property L	_ease	d With Real Prope	rty)	
(see instructions)				<u>.</u>	<u> </u>		
1 Description of property							
(1)		_				<del></del>	
(2)							
(3)	,						
(4)					<u> </u>		
		ed or accrued			2(a) Dadistrana disastis as	annosted with the income in	
rent for personal property is more than of rent t			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)							
(2)						<del></del>	
(3)			***************************************				
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
					3 Deductions directly connect		
			2 Gross income from or allocable to debt-	(2)	straight line depreciation	(b) Other deductions	
1 Description of debt-fina	anced property		financed property	(",	(attach schedule)	(attach schedule)	
(1)							
(2)				į			
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
(1)			%			-	
(2)			%				
(3)			%				
(4)			%				
				E	nter here and on page 1,	Enter here and on page	1,
					Part I, line 7, column (A)	Part I, line 7, column (B)	
Totals			•		0.		0.
Total dividends-received deductions ind	cluded in columi	1 8	·		<u> </u>		0.

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)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form **990-1** (2018)

Part II Income From Perio	dicals Reporte	ed on a Sepa	rate Basis (For ea	ch periodical listed	l in Part II. fill in	
columns 2 through 7 on a			(, 5, 5)	p		
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)						
Totals from Part I	0.	0	•			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0			·	0.
Schedule K - Compensatio	n of Officers, I	Directors, an	d Trustees (see in	nstructions)		
1 Name			2 Title	3. Percen time devote busines	ed to to un	pensation attributable prelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total Enter here and on page 1, Part II,	line 14				<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	INTEREST PAID	STATEMENT 1
DESCRIPTION		AMOUNT
INTEREST EXPENSE		33
LOAN FEES		11
TOTAL TO FORM 990-T, P	44	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INSURANCE		1,626
SUPPLIES		76 96
TELEPHONE OCCUPANCY		370
OTHER SERVICES		8
RENT/EQUIP LEASE		5
CONTRACT FEES ALLOCATED ADMINISTRATI	VE EXPENSES	92 2,563
FOTAL TO FORM 990-T, P	AGE 1, LINE 28	4,836
БОРМ 000 Л	OMUED CREDIMG AND DAYMENING	CMVMMMM 3
FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
PAXES PAID FOR DISALLO	WED TAXABLE FRINGE BENEFITS	1,866

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

1,866.

## SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

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

▶ 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). ENTITY

OMB No 1545-0687

501(c)(3) Organizations Only

Employer identification number

	PEOPLE FOR PEOPLE			<u>  91-0</u>	<u> 78322</u>	5
ī	Inrelated business activity code (see instructions) > 54180	0				
	Describe the unrelated trade or business ADVERTISI	NG	<u> </u>			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
	Gross receipts or sales 4,157.		A 157			
	Less returns and allowances c Balance ▶	1c	4,157.			
2	Cost of goods sold (Schedule A, line 7)	2	4 1 5 7			4 1 5 7
3	Gross profit Subtract line 2 from line 1c	3	4,157.			4,157
4 a	Capital gain net income (attach Schedule D)	4a			- +	<u>_</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<del></del>			
С	Capital loss deduction for trusts	4c	<del></del>			
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	<del></del> <del></del> -			<del></del>
6	Rent income (Schedule C)	6				<del>_</del>
7	Unrelated debt-financed income (Schedule E)	7		<del>-</del>		
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		·		
10	Exploited exempt activity income (Schedule I)	10	<del></del>	<del></del>		<del></del>
11	Advertising income (Schedule J)	11				<del></del>
12	Other income (See instructions, attach schedule)	12	4,157.		-	4,157
13	Total. Combine lines 3 through 12	13	4,15/•	_		4,15/
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the second sec					r contributions,
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	64
19	Taxes and licenses				19	04
20	Charitable contributions (See instructions for limitation rules)		ا مم ا		20	
21	Depreciation (attach Form 4562)		21		100	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24 25	Contributions to deferred compensation plans				24	
25 25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	<del></del>
27	Excess readership costs (Schedule J)		SEE STATE	MENIO A	27	4,553.
28	Other deductions (attach schedule)		DLE DIATE	MUNI 4	28	4,353,

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Total deductions. Add lines 14 through 28

15471103 131839 087-147772-00

Schedule M (Form 990-T) 2018

29

30

31

32

instructions)

29

30

31

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

,617.

-460.

Form 990-T (2018)

, PEOPLE FO	R PEOPLE	<u> </u>			91-0783	3225		
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation 🕨 N/A	7				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				Yes	No
b Other costs (attach schedule)	4b		property produced or	l for resale) apply to			igsquare	
5 Total Add lines 1 through 4b	5		the organization?					X
Schedule C - Rent Income	(From Real	Property and	d Personal Property I	Lease	d With Real Prop	erty)		
(see instructions)								
Description of property						_		
(1)								
(2)							·	
(3)								
(4)								
		ed or accrued			2(a) Daductions directly	connected w	uth the income ir	•
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percents personal property exceeds 50% or if ent is based on profit or income)	age	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)	-							
(2)								
(3)								
(4)								
Total	0.	Total		0.			_	
(c) Total income Add totals of columns	2(a) and 2(b). En	nter			(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	<u> </u>		<u>0.</u>
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions)					
			2. Gross income from		<ol><li>Deductions directly conn to debt-finance</li></ol>		r allocable	
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions		
1 Description of dest-in	nanced property		inanced property		(attach schedule)	(2	attach schedule)	
				+		+ -		
				+		<del>                                     </del>		
(2)				+				
(3)			<del></del>	<del> </del>	<del></del>	<del> </del>		
(4)	1			+		<del> </del> _		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	a adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		Allocable deduct nn 6 x total of co 3(a) and 3(b))	
(1)		<del></del>	%					
(2)			%			_		
(3)			%					
(4)			%					
	•	· ·			inter here and on page 1, Part I, line 7, column (A)		here and on pag I, line 7, column (	
Totala					0.			0.
Totals  Total dividends-received deductions	ncluded in colum	n 8		·				0.
TOTAL DIVIDENDATION CIVED DEGREE CIVIDIA	iioiaaoa iii butaliil					1		~ •

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PROFESSIONAL SERVICES COMMUNICATIONS	3,255. 1,298.	
TOTAL TO SCHEDULE M, PART	II, LINE 28	4,553.