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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For the	e 2023 calendar year, or tax year beginning	and	ending	_					
	Check if applicable	C Name of organization			D Employer ide	ntifica	tion number			
	Addres change	e PEOPLE SERVING PEOPLE CHARITIES,	INC.							
	Name change	Doing business as			41-19650	067				
	Initial return Final return/	Number and street (or P.O. box if mail is not del 614 SOUTH THIRD STREET	vered to street address)	Room/suite	E Telephone nui 612-332-4					
	termin ated		ZIP or foreign postal code		G Gross receipts \$		10,800,693.			
	Ameno return				H(a) Is this a grou	up reti	urn			
	Applic tion	F Name and address of principal officer: nothing	MURPHY		for subordin	ates?	Yes X No			
	pendir	SAME AS C ABOVE			H(b) Are all subordina	ates inclu	uded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ch a lis	st. See instructions			
	Websit				H(c) Group exem	ption	number			
		organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 2000	М	State of legal domicile: MN			
	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O						
Governance										
rna	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its ne	t asse	ts.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	4			
		Number of independent voting members of the gov				4	4			
80	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)			5	10			
Vi <u>t</u> i	6	Total number of volunteers (estimate if necessary)				6	723			
Activities &	7 a	Total unrelated business revenue from Part VIII, col				7a	0.			
_	<u> b</u>	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		7b	0.			
					Prior Year	-	Current Year			
Revenue	8				2,801,3		2,916,916.			
	9				2,069,0		2,566,149.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4,		249,3		261,867.				
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-56,3		-111,607.			
_		Total revenue - add lines 8 through 11 (must equal			5,063,3		5,633,325.			
	1	Grants and similar amounts paid (Part IX, column (A			1,397,6	0.	3,342,365.			
		Benefits paid to or for members (Part IX, column (A			496,2		604,997.			
ses	15	Salaries, other compensation, employee benefits (F			430,2	0.	'			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li					0.			
Ä	17	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,			1,080,4	16	1,154,604.			
	''	Total expenses. Add lines 13-17 (must equal Part IX			2,974,3		5,101,966.			
		Revenue less expenses. Subtract line 18 from line			2,089,0	_	531,359.			
	13	nevertue less experises. Subtract line 16 from line		Be	ginning of Current Y		End of Year			
Net Assets or	20	Total assets (Part X, line 16)			21,607,3		22,274,811.			
Assi	21	Total liabilities (Part X, line 26)			2,867,8		1,958,436.			
Net	22	Net assets or fund balances. Subtract line 21 from	ine 20		18,739,5		20,316,375.			
P	art II	Signature Block								
Und	der pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best o	of my k	nowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.					
Sig	ın	Signature of officer			Date					
He	re	TIM JANKA, DIRECTOR OF FINANCE								
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date Chec	k	PTIN			
Pai			KAREN A. GRIES	0	7/01/24 self-	employed	₽00078514			
	parer	Firm's name BAKER TILLY ADVISORY GROUP	, LP		Firm's EIN	39	9-0859910			
Use	Only	Firm's address 225 S 6TH ST #2300								
_		MINNEAPOLIS, MN 55402			Phone no.	612.8	376.4500			
Ма	y the IF	RS discuss this return with the preparer shown above	ve? See instructions				X Yes No			

Pa	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PEOPLE SERVING PEOPLE CHARITIES, INC.'S MISSION IS TO PROVIDE SUPPORT	
	SOLELY TO PEOPLE SERVING PEOPLE, INC. THIS SUPPORT INCLUDES	
	FUNDRAISING, MARKETING, AND RECRUITING AND COORDINATING VOLUNTEERS.	
	THIS ALLOWS PEOPLE SERVING PEOPLE, INC. TO PROVIDE PROGRAMMING AND	
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	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,342,365. including grants of \$3,342,365.) (Revenue \$)
	PROVIDING FINANCIAL AND IN-KIND SUPPORT TO PEOPLE SERVING PEOPLE, INC.,	
	WHICH IS THE LARGEST AND MOST COMPREHENSIVE EMERGENCY SHELTER FOR	
	FAMILIES EXPERIENCING HOMELESSNESS IN MINNESOTA AND A DEDICATED LEADER	
	IN HOMELESSNESS PREVENTION THAT ENVISIONS HEALED FAMILIES AND	
	TRANSFORMED COMMUNITIES. PREVENTION INCLUDES PROVIDING EARLY CHILDHOOD	
	EDUCATION, WORKING TO CHANGE SYSTEMS AND IMPROVE THE FIELD OF TRAUMA	
	INFORMED CARE.	
	017.164	2 400 224 .
4b	(Code:) (Expenses \$817,164. including grants of \$) (Revenue \$) RENTING OFFICE SPACE TO PEOPLE SERVING PEOPLE, INC. AND ALSO	2,490,324.
	FUNDRAISING STAFF COSTS FOR THE OPERATION OF PEOPLE SERVING PEOPLE,	
	INC.'S SHELTER AND RELATED SERVICES.	
	INC. 5 SHEDIER AND REDATED SERVICES.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,159,529.	,
		Form 990 (2023)

41-1965067

Part 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	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			
	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,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠.٠		
.9	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	<u> </u>		l

332003 12-21-23

Form 990 (2023)

People Serving People Chart

Part IV Checklist of Required Schedules (continued)

	(SOMMOS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
2 4a	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		X
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
	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	36		Х
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ta 7 Enter the number of Forms W-2G included on line 13. Enter -0- if not applicable 14	-		
b	Enter the number of Forms w-2d included of fine 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
	(gambling) winnings to prize winners?	1c		

41-1965067

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	If "Yes," enter the name of the foreign country			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		Х
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).	7-	Х	
a	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	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	16.111.4.11.4.11.4.11.4.11.4.11.4.11.4.	70		
e		7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		x
6		10		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_	v	
	more members of the governing body?	7a	Х	
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1_		.,
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
_	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		х
				X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
16-	·			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		_ A
р	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			
<u> </u>	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIM JANKA - 612-277-0245			
	614 SOUTH THIRD STREET, MINNEAPOLIS, MN 55415-1104			

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga		((<u></u>		oute	(D)	(E)	(F)
Name and title	Average hours per week	urs per box, unless person is b			than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAKE GALE	5.00									
CHIEF OPERATING OFFICER	35.00			Х				0.	132,594.	7,570.
(2) RINAL RAY	5.00									
CHIEF EXECUTIVE OFFICER	35.00			Х				0.	123,287.	7,231.
(3) BETH CHALMERS	5.00							_		
DIRECTOR OF FINANCE	35.00					Х		0.	105,933.	12,106.
(4) HOANG CAPISTRAN MURPHY	5.00								20.000	•
CHIEF EXECUTIVE OFFICER	35.00			Х				0.	30,269.	0.
(5) STEFANI TYGAR BARNES	1.00	,		٠,					_	0
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(6) KEITH HUG		,		x				0.	0.	0
BOARD CHAIR (7) JOE CHYBOWSKI	1.00	Х		A				0.	0.	0.
TREASURER	0.00	Х		x				0.	0.	0
(8) KEVIN JACKSON	1.00	^		Λ				0.	٠.	0.
VICE CHAIR/TREASURER	0.00	Х		Х				0.	0.	0.
(9) CHARLOTTE KINZLEY	1.00	Λ		Λ				0.	0.	
DIRECTOR	0.00	X						0.	0.	0.
(10) PATRICIA MARTIN	1.00							· ·	<u> </u>	
DIRECTOR	0.00	х						0.	0.	0.
(11) KAREN KEPLER	1.00	21						· · ·	· ·	<u>.</u>
DIRECTOR	0.00	х						0.	0.	0.
		-								
		L	L	L	L					

	990 (2023) PEOPLE SERVI	NG PEOPLE C	HAK	T.I.T	ES,	TIV	C.			41-196506	/	<u> </u>	age o
Par	t VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		າ than ເ	ano.	Reportable	Reportable	E:	stimate	ed
		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	ar	nount	of
		week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related		other	
		(list any	ector						the	organizations	com	pensa	ation
		hours for	or dir	eo			ted		organization	(W-2/1099-MISC/	l	rom th	
		related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)	ı `	janizat	
		organizations below	ıal trı	onal		ploye	E SO		1099-NEC)			d relat	
		line)	Individual trustee or director	nstitutional trustee	Officer	sey employee	Highest compensated employee	Former			org	anizati	ons
			드	드	Ð	- X	포능	윤					
			1										
	Subtotal								0.	392,083.		26,	907.
С	Total from continuation sheets to Part V	II, Section A							0.	0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u></u>		0.	392,083.		26,	907.
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
	compensation from the organization											T	0
										I		Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the s	•							•	he organization			v

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
GILBERT MECHANICAL CONTR. LLC	BUILDING IMPROVEMENT PROJECT	
5251 W 74TH ST., EDINA, MN 55439	MANAGEMENT	499,151.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2023) PEOPLE SERVE Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
				_	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
SΩ	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1b					
2 5		c Fundraising events	1c	273,158.				
ffs,			1d					
ig je		_	1e					
Sir		e Government grants (contributions)	ie					
e Hi		f All other contributions, gifts, grants, and		2 642 750				
들됨		similar amounts not included above	1f	2,643,758.				
o d		Noncash contributions included in lines 1a-1f	1g \$	393,407.	2 016 016			
<u>0</u> <u>8</u>		h Total. Add lines 1a-1f			2,916,916.			
				Business Code	4 250 500	4 370 700		
Se	2	a PSP RENT		532000	1,378,700.	1,378,700.		
Program Service Revenue		b GOVERNMENT CONTRACTS		624000	1,111,624.	1,111,624.		
S		c PSP SUPPORT SERVICES		561000	75,825.			75,825.
ar eve		d						
90 H		е						
₫		f All other program service revenue						
		g Total. Add lines 2a-2f			2,566,149.			
	3	Investment income (including divider	nds, intere	st, and				
		other similar amounts)			456,862.			456,862.
	4							
	5							
) Real	(ii) Personal				
	6	a Gross rents 6a	•					
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
		` '	ecurities	(ii) Other				
	′		44,016.	(ii) Garioi				
			11,010.					
ø.		b Less: cost or other basis	39,011.					
Ž			94,995.					
ther Revenue		· /			-194,995.			-194,995.
Ä		d Net gain or (loss)			-194,995.			-194,995.
	8	a Gross income from fundraising events (n						
0		including \$ 273,158.						
		contributions reported on line 1c). Se	I	0 000				
		Part IV, line 18	I	9,000.				
		b Less: direct expenses		128,357.	110 255			110 255
		c Net income or (loss) from fundraising		 I	-119,357.			-119,357.
	9	a Gross income from gaming activities						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming act	tivities					
	10	a Gross sales of inventory, less returns	3					
		and allowances	10a					
		b Less: cost of goods sold	10b					
$\perp \downarrow$		c Net income or (loss) from sales of inv	entory					
_ω				Business Code				
Miscellaneous Revenue	11	a HVAC REBATE		900099	7,750.			7,750.
ane		b						
e še		с						
/lisc B		d All other revenue						
_		e Total. Add lines 11a-11d			7,750.			
	12	Total revenue. See instructions			5,633,325.	2,490,324.	0.	226,085.

332009 12-21-23

41-1965067

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 response or note to any line in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,342,365.	3,342,365.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
C	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees				
6 (Compensation not included above to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	517,847.		103,569.	414,278
8 F	Pension plan accruals and contributions (include				
S	section 401(k) and 403(b) employer contributions)	5,612.		1,122.	4,490 33,240
9 (Other employee benefits	41,551.		8,311.	
10 F	Payroll taxes	39,987.		7,997.	31,990
11 F	Fees for services (nonemployees):				
a N	Management				
b l	_egal				
c A	Accounting	13,394.		13,394.	
d L	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees	45,560.		45,560.	
-	Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A), amount, list line 11g expenses on Sch O.)	213,957.	36,305.	174,469.	3,183 8,830
12 /	Advertising and promotion	8,830.			
	Office expenses	21,058.		3,724.	17,334
14	nformation technology				
15 F	Royalties				
16 (Decupancy				
1 7 7	Fravel				
18 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	4,376.		860.	3,516
	nterest	89,590.	89,590.		
	Payments to affiliates				
22 [Depreciation, depletion, and amortization	703,432.	682,329.	21,103.	
23	nsurance	1,233.		247.	986
a I	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ^c	DPERATING EXPENSES	43,977.		4,011.	39,966
b E	BUILDING MAINTENANCE	8,574.	8,317.	257.	
c <u>I</u> d	PROGRAM EXPENSE	623.	623.		
-	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	5,101,966.	4,159,529.	384,624.	557,813
	loint 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 (2023)
Part X Balance Sheet

Part X		note to accord	a in this Dart V			
	Check if Schedule O contains a response or	note to any line	e in this Part X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			5,665,277.	1	6,496,945
2	Savings and temporary cash investments			, ,	2	, ,
3	Pledges and grants receivable, net	65,894.	3	184,573		
4	Accounts receivable, net	472,459.	4	11,082		
5	Loans and other receivables from any currer			,		<u> </u>
	trustee, key employee, creator or founder, su		, , , , , , , , , , , , , , , , , , ,			
	controlled entity or family member of any of				5	
6	Loans and other receivables from other disq	•				
	under section 4958(f)(1)), and persons descri		6			
_ω 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
9 P	B			3,696.	9	1,679
	a Land, buildings, and equipment: cost or other			·		·
	basis. Complete Part VI of Schedule D		17,733,148.			
	b Less: accumulated depreciation		13,236,109.	4,152,092.	10c	4,497,039
11	Investments - publicly traded securities	9,271,580.	11	10,372,368		
12	Investments - other securities. See Part IV, lii	, ,	12	, ,		
13	Investments - program-related. See Part IV, li		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	1,976,391.	15	711,12		
16	Total assets. Add lines 1 through 15 (must e			21,607,389.	16	22,274,81
17	Accounts payable and accrued expenses	201,878.	17	51,52		
18	Grants payable	•	18	·		
19	Deferred revenue	405,990.	19	46,91		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
00	Loans and other payables to any current or f					
Liabilities	trustee, key employee, creator or founder, su					
<u> </u>	controlled entity or family member of any of		·		22	
ے ا	Secured mortgages and notes payable to un			2,260,000.	23	1,860,000
24	Unsecured notes and loans payable to unrel	•			24	
25	Other liabilities (including federal income tax					
	parties, and other liabilities not included on I					
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			2,867,868.	26	1,958,436
	Organizations that follow FASB ASC 958,	check here	X			
Se l	and complete lines 27, 28, 32, and 33.					
E 27	Net assets without donor restrictions			18,213,446.	27	20,004,408
28	Net assets with donor restrictions	526,075.	28	311,96		
힏	Organizations that do not follow FASB AS					
로	and complete lines 29 through 33.					
ි 29	Capital stock or trust principal, or current fur	nds			29	
96 30 S	Paid-in or capital surplus, or land, building, o				30	
8 31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			18,739,521.	32	20,316,375
33	Total liabilities and net assets/fund balances			21,607,389.	33	22,274,811
				, ,	1	Form 990 (202

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		,633,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	,101,	966.
3	Revenue less expenses. Subtract line 2 from line 1	3			359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	,739,	521.
5	Net unrealized gains (losses) on investments	5	1	,045,	495.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	,316,	375.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Employer identification number

Open to Public Inspection

		PEOPLE	SERVING PEOPLE	CHARITIES, INC.					41-1965067
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
Γhe	orgar	nization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative		·		(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).							
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	Х	An organization that norma	_					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		J				
8		A community trust describe	•	1)(A)(vi). (Complete Part	: II)				
9	H	An agricultural research org				ed in coniu	inction with a	land-grant	college
Ŭ		or university or a non-land-g				-		-	•
		university:	grant conege or agnor	andre (500 mondonom).	Littor tilo i	idino, oity	, and state of	ino conoge	, 01
10		An organization that norma	Illy receives (1) more:	than 33 1/3% of its sunn	ort from co	ontribution	ns memhersh	in fees and	d aross receipts from
	ш	activities related to its exen							
		income and unrelated busin	•	•	. ,				· ·
		See section 509(a)(2). (Co		(less section of reak) inc	iii busiiles	sses acquii	red by the org	ariizatiori a	inter dune 30, 1973.
11		An organization organized	•	volv to toot for public co	ioty Coo	naation E(00(0)(4)		
12	H	An organization organized a	•	•	•			rny out tho	nurnosos of one or
12		more publicly supported or	•	- ·	•			•	
		lines 12a through 12d that	~						DIRECK THE DOX OH
_		Type I. A supporting orga	* *		-			-	aivina
а		the supported organization	•		•	-			
		* * * * * * * * * * * * * * * * * * * *		• • • •	majority o	i tile direc	iors or trustee	55 OI 111 0 St	apporting
b		organization. You must on Type II. A supporting org			ion with it	a aunnarta	d organization	a(a) by bay	ina
U			•				-		•
		control or management o			arrie persoi	iis iiiai coi	ntroi or manaç	ge trie supp	oorted
_		organization(s). You mus			in connoct	ion with a	and functional	ly intograta	od with
С		_ Type III functionally inte its supported organization	-					ly integrate	eu wiiri,
d		Type III non-functionally						tod organi-	zation(s)
u		that is not functionally int						-	* *
		•	-	•	•		-	an alteriliv	/6/16/5
_		requirement (see instruct Check this box if the orga	•	-				II Type III	
е		functionally integrated, or					Type I, Type I	ii, Type iii	
f	Ent	er the number of supported of	ranizations		ig organizi	ation.			
a		vide the following information	•	d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))					
Γ∩t:	al .								

Part II 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	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,282,395.	4,184,110.	3,279,858.	2,801,323.	2,916,916.	15,464,602.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,282,395.	4,184,110.	3,279,858.	2,801,323.	2,916,916.	15,464,602.
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)						1,142,926.
6	Public support, Subtract line 5 from line 4.						14,321,676.
_	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,282,395.	4,184,110.	3,279,858.	2,801,323.	2,916,916.	15,464,602.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	278,300.	188,930.	218,595.	273,355.	456,862.	1,416,042.
9	Net income from unrelated business		_ , , , , , , ,	,,,,,,,	, , , , , , ,	_	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	50,000.	160,438.			7,750.	218,188.
11	Total support. Add lines 7 through 10	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17,098,832.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	8,857,471.
	First 5 years. If the Form 990 is for th	,	,	ourth or fifth tax v			-,,
13	organization, check this box and stop	ŭ		•		. , . ,	
Se	ction C. Computation of Public						
	Public support percentage for 2023 (li			olumn (f))		14	83.76 %
	Public support percentage from 2022					15	83.63 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	-					
Ŀ	33 1/3% support test - 2022. If the co		•				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	•			
ŀ	10% -facts-and-circumstances test	ŭ	•		•		
•	more, and if the organization meets th	-					. = , , , ,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
Ť	Schedule A (Form 990) 2023						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0 : 0	(3) 2323	(6) 252 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010.
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization are second as a section 501(c)(3) organization as a section 501(c)(3) organization are second as a section 501(c)

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
3a		
3b		
Зс		
4-		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Page 5

PEOPLE SERVING PEOPLE CHARITIES, INC.

Par	[IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers of the such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activi	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_					_

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year 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)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	3		
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	h the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (F	Form 990) 2023	PEOPLE SERVIN	G PEOPLE CHARI	TIES, INC.		41-1965067	Page 8
Part VI	Supplemental Info Part IV, Section A, lines ine 1; Part IV, Section D Section D, lines 5, 6, and See instructions.)	1, 2, 3b, 3c, 4b, 4c, {), lines 2 and 3; Part l	5a, 6, 9a, 9b, 9c, 11 IV, Section E, lines 1	a, 11b, and 11c; Part ⊧c, 2a, 2b, 3a, and 3b	: IV, Section B, lines 1 a o; Part V, line 1; Part V, ;	ınd 2; Part IV, Sectic Section B, line 1e; F	on C,
SCHEDULE A	, PART II, LINE 1	0, EXPLANATION E	FOR OTHER INCOM	E:			
OTHER INCO	ME						
2020 AMOUN	т: \$ 363.						
2023 AMOUN	T: \$ 7,750.						
DEBT FORGI	VENESS						
2019 AMOUN	T: \$ 50,000.						
2020 AMOUN	T: \$ 160,075.						

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number

41-1965067

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 _______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

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 space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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
2	Name, address, and Zir + +	\$\$ 378,090.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
4	Name, address, and ZIP + 4	\$ 70,000.	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	Hamo, add 200, and En TT	\$\$	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
	Name, aud 655, and ZIF 7 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization **Employer identification number**

PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965067

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD AND SUPPLIES				
2					
		\$\$	12/31/23		
(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		
(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		

Page 4 Schedule B (Form 990) (2023)

varne or or	rganization		Employer Identification number					
	SERVING PEOPLE CHARITIES, INC.		41-1965067					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations					
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	charitable, etc., contributions of \$1,000 or less space is needed.	ss for the year. (Enter this info. once.)					
(a) No.	·							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		-						
ŀ		(e) Transfer of gift	L					
		(c) Transfer of gire						
	Transferee's name, address, a	nd 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					
ŀ	(e) Transfer of gift							
	(-,							
ļ	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from	(In) Down and of the	(2) 11 - 25 - 25	(d) Description of house of the health					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			<u> </u>					
			·-					
Ī	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(a) the pool of give	(5) 555 51 9111	(ш, 2 осольного от доль пола					
			_ _					
	(e) Transfer of gift							
}	Transferee's name, address, a	na ∠IP + 4	Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

PEOPLE SERVING PEOPLE CHARITIES, INC.

Employer identification number

41-1965067

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Takel groups as an all of consu	(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historical Tracquires or O	they Similar Accets
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and below as the attribute
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furt	rierance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		3
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

08040701 144198 121667

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar .	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sigi	nificant us	e of its			
	collection items (check all that apply).										
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "Y	es" on Fo	orm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo					-	/?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if										
	•	(a) Current year	(b) ⊢	rior year	(c) Two years	s back (c	d) Three ye	ars back	(e) Four	years	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										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administere	ed for the			Г	Yes	T No.
	organization by:									165	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment i	unas.							
	Complete if the organization answered) Part IV	/ line 11a S	See Form 990	Part X lir	ne 10				
									(d) Pool	. vol	
	Description of property	(a) Cost or o		` '	or other (other)		cumulated eciation	'	(d) Book	vait	ue
10	Land	· ·		54013	902,681.	асрі	25,41011			902	,681.
	Land			14	,598,645.	1	2,759,0	48.			,597.
	Buildings Leasehold improvements				, = = = , = = = .		_,.55,0		-,		,
				2	,231,822.		477,0	61.	1	754	,761.
	Equipment Other	I			,,,		,,		-,		,
	. Add lines 1a through 1e. (Column (d) must e		V line 1	00 001:::::::	/D))				4	497	,039.
TOLA	- Add iiiles Ta tillough Te. (Column (a) must e	<u>quai Form 990, Part</u>	∧, iine 10	uc, column	(<u>D))</u>						,

Schedule D (Form 990) 2023

	EOPLE CHARITIES, INC	•	41-1965067	Page \$
Part VII Investments - Other Securities Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiza	on Form 990 Part IV line 1	11h See Form 990 Part Y line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(A) E: 11 1 1 1	(b) Book value	(c) Wethod of Valuation. Cost of	cha or year market	value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(2) Closely held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" ((a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or	end-of-year market	value
(1)	. ,	. ,	,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	5 000 D 1 N 1 1 1	44.1.0. 5		
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(In) Decale	
··-	Description		(b) Book	value
<u>(1)</u>				
(2)				
(3)				
(5)				
(6)				
(8)				
<u>(9)</u>				
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		.	
	on Form 000 Dort IV line 1	11 av 11f Caa Farm 000 Dart V lina	O.E.	
Complete if the organization answered "Yes" (on Form 990, Part IV, line 1	The or Th. See Form 990, Part X, line		volus.
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			_	
(7)			_	
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col				

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part X	Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 1		evenue per Re	eturn	
1 To				1	6,824,019.
2 Ar	nounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Ne	et unrealized gains (losses) on investments	2a	1,045,495.		
b Do	onated services and use of facilities	2b	62,402.		
	ecoveries of prior year grants				
	her (Describe in Part XIII.)		128,357.		
e Ad	dd lines 2a through 2d			2e	1,236,254.
3 Su	ubtract line 2e from line 1			3	5,587,765.
4 Ar	nounts included on Form 990, Part VIII, line 12, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	45,560.		
b Ot	her (Describe in Part XIII.)	4b			
c Ad	dd lines 4a and 4b			4c	45,560.
5 To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,633,325
Part)	Reconciliation of Expenses per Audited Financial State		Expenses per l	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1 To	otal expenses and losses per audited financial statements			1	5,247,165.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Do	onated services and use of facilities	2a	62,402.		
	ior year adjustments				
	her losses			_	
	her (Describe in Part XIII.)	2d	128,357.		
	dd lines 2a through 2d			2e	190,759.
3 Su	ubtract line 2e from line 1			3	5,056,406.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	45 560		
	vestment expenses not included on Form 990, Part VIII, line 7b		45,560.	-	
	her (Describe in Part XIII.)	4b			45 560
	dd lines 4a and 4b			4c	45,560.
5 To	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information			5	5,101,966.
lines 2d	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a , LINE 2:			ı; Part X, III	ne 2; Part XI,
THE OR	GANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGEN	CIES IN			
EVALUA	TING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RE	COGNITION			
THRESH	OLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF	TAX			
POSITI	ONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT AR	E NOT			
CERTAI	N TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE	1			
ORGANT	ZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 202	3 AND 2022			
THE OR	GANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMIN	ATION BY			
FEDERA	L AND STATE AUTHORITIES.				
PART X	I, LINE 2D - OTHER ADJUSTMENTS:				
DIRECT	FUNDRAISING EVENT EXPENSES	128 357.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PEOPLE SERVING PEOPLE CHARITIES, IN	ic.	41-1965067	Page 5
Schedule D (Form 990) 2023 PEOPLE SERVING PEOPLE CHARITIES, IN Part XIII Supplemental Information (continued)			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
DIRECT FUNDRAISING EVENT EXPENSES	128,357.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

VINC DEODIE CHARITIES INC					' '	ntification number
·	ered "Y	es" or	n Form 990, Part IV, I	line 1		
t						
e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra (includation)	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		ustody itrol of	(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				
			or has been notified	l it is	exempt from re	gistration
on the Instructions for Form 900 or	000 5	7			Schodula	G (Form 990) 2023
	t. seed funds through any of the following any of the following solicitates and solicitates are special solicitates. It is special solicitates are special solicitates. Solicitates are special solicitates are solicitated and solicitates. Solicitates are solicitates are solicitates are solicitates. Solicitates are solicitates are solicitates are solicitates are solicitates. Solicitates are solicitates are solicitates are solicitates are solicitates are solicitates. Solicitates are solicitates are solicitates are solicitates are solicitates are solicitates. Solicitates are solicitates are solicitates are solicitates are solicitates are solicitates are solicitates. Solicitates are	Complete if the organization answered "Yt. sed funds through any of the following active Solicitation of Soli	Complete if the organization answered "Yes" or t. sed funds through any of the following activities. In the sed funds through any of the following activities. In the sed funds through any of the following activities. In the sed funds through any of the following activities. In the sed funds of governments of the sed funds of governments of the sed funds of the	Complete if the organization answered "Yes" on Form 990, Part IV, it. sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events or oral agreement with any individual (including officers, directors, trustant VII) or entitly in connection with professional fundraising services? viduals or entities (fundraisers) pursuant to agreements under which the organization. (iii) Activity Yes No Yes No The professional fundraisers (iv) Gross receipts from activity from activity from activity or control of co	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 tt. sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events or oral agreement with any individual (including officers, directors, trustees, art VII) or entity in connection with professional fundraising services? viduals or entities (fundraisers) pursuant to agreements under which the fundraiser have custody or control of contributions. (ii) Activity Yes No Yes No On its registered or licensed to solicit contributions or has been notified it is on its registered or licensed to solicit contributions or has been notified it is on the solicit contributions.	VING PEOPLE CHARITIES, INC. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ t. t. sed funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Government g

Pa	rt					
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	T
			(a) Event "	END OF SCHOOL YR	(b) Strict System	(d) Total events
			ANNUAL GALA	CELEBRATION	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			71 7	71 /		
Revenue	1	Gross receipts	272,061.	10,097.		282,158.
	2	Less: Contributions	263,061.	10,097.		273,158.
	3	Gross income (line 1 minus line 2)	9,000.			9,000.
	4	Cash prizes				
S	5	Noncash prizes				
esued	6	Rent/facility costs	30,484.			30,484.
Direct Expenses	7	Food and beverages	18,574.			18,574.
	8	Entertainment	26,654.			26,654.
	9	Other direct expenses				52,645.
	10		2			128,357.
	11	•				-119,357.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ever.						
æ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Ctrici direct expenses	Yes%	Yes%	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	lf '	'No," explain:				
10a	W	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
b	lf '	'Yes," explain:				
33300	22 0	0.13.23			Scho	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 PEOPLE SERVING PEOPLE CHARITIES, INC. 41-	190200/	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
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:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/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?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
			-
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		140
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-

Schedule G	(Form 990)	PEOPLE	SERVING PEOPLE CHARITIES,	INC.	41-1965067	Page 4
Part IV	(Form 990) Supplemental Inform	ation /	continued)			
		(continucaj			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PEOPLE SERVIN	G PEOPLE CHAR	TIES, INC.					41-1965067
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selecti	on
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					janization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is neede		(O) Madhaad af	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEOPLE SERVING PEOPLE INC.						FOOD/SUPPLIES	GUDDODE FOR PROGRAMS AND
614 S. 3RD STREET	41-1443148	E01/G)/3)	2 062 170	270 105	EM2	& DONATED SERVICES	SUPPORT FOR PROGRAMS AND SERVICES
MINNEAPOLIS, MN 55415	41-1443146	501(C)(3)	2,963,170.	379,195.	FMV	SERVICES	SERVICES
-							
2 Enter total number of section 501(c)(3) a	I and government or	nanizations listed in th	e line 1 table			ı	1.
3 Enter total number of other organization	•	•					0.
For Paperwork Reduction Act Notice, see t							Schedule I (Form 990) 2023

332101 11-01-23

LHA

(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 noncash assistance
rt IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
Г I, LINE 2:					
ORGANIZATION MONITORS THE USE OF GRANT FUNI	OS, THROUGH COMMO	N OFFICERS,			
ENDANCE AT PEOPLE SERVING PEOPLE, INC.'S BOA	ARD MEETING, AND	LOCATION IN			
MON WITH PEOPLE SERVING PEOPLE, INC. ADDITION	ONALLY GRANTEE PR	EPARES			
ORTS FOR SPECIFIC GRANTS AS REQUESTED BY GRA	ANTOR.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	PEOPLE SERVING PEO	PLE CHARI	TIES, INC.			41-1	96506	7	
Pai	rt 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	nor	(d) Method of de ncash contribu	etermin	•	s
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								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••									
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
19	Collectibles	x	12	229,090.	COST				
20	Food inventory			225,050.	0001				
21	Drugs and medical supplies								
22	Taxidermy								
	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts Other (SUPPLIES)	x	238	164,317.	COGT				
25	7		230	104,317.	C051				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz							0	
	for which the organization completed Form 826	83, Part V, L	onee Acknowleag	ement 29					
00-	Duta di			and and the David I. Property of the con-	l- 00 H-			Yes	No
зua	During the year, did the organization receive by		• • • • •	· · · · · · · · · · · · · · · · · · ·		at it			
	must hold for at least 3 years from the date of						00-		v
	exempt purposes for the entire holding period?	′					30a		Х
	If "Yes," describe the arrangement in Part II.			af amount and a section of the secti	:0			v	
31	Does the organization have a gift acceptance p	-	•	•	ions?		31	Х	
32a	Does the organization hire or use third parties		_						v
	contributions?						32a		Х
	If "Yes," describe in Part II.		_						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is chec	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** PEOPLE SERVING PEOPLE CHARITIES, INC. 41-1965067 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE SERVING PEOPLE CHARITIES. INC'S MISSION IS TO PROVIDE SUPPORT SOLELY TO PEOPLE SERVING PEOPLE, INC. FOR THE PROGRAMMING AND SERVICES OFFERED TO BREAK THE CYCLE OF POVERTY AND HELP FAMILIES THRIVE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES TO FAMILIES AT-RISK OF AND EXPERIENCING HOMELESSNESS IN AN EFFORT TO END FAMILY HOMELESSNESS IN HENNEPIN COUNTY. FORM 990, PART VI, SECTION A, LINE 7A: ONE OF THE DIRECTORS SHALL BE ELECTED BY THE BOARD OF DIRECTORS OF PEOPLE SERVING PEOPLE, INC. FORM 990, PART VI, SECTION B, LINE 11B: 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: ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS AND KEY EMPLOYEES. PER THE POLICY, CONFLICTS ARISING ARE TO BE REPORTED TO THE BOARD IN WRITING IMMEDIATELY UPON DISCOVERING THE CONFLICT. WHERE A CONFLICT EXISTS, BOARD MEMBERS REFRAIN FROM VOTING AND

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

KEY EMPLOYEES ARE NOT ALLOWED TO EXERT ANY INFLUENCE ON ISSUES INVOLVING

Schedule O (Form 990) 2023

Name of the organization PEOPLE SERVING PEOPLE CHARITIES, INC.	Employer identification number 41-1965067
THE CONFLICT. PROCEEDINGS ARE DOCUMENTED WITHIN MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS NOT COMPENSATED BY THE	
ORGANIZATION BUT IS COMPENSATED BY A RELATED ORGANIZATION, PEOPLE SERVING	
PEOPLE, INC. PEOPLE SERVING PEOPLE, INC. USES THE FOLLOWING METHODS TO	
ESTABLISH COMPENSATION OF THE TOP MANAGEMENT OFFICIAL:	
-COMPENSATION COMMITTEE	
-COMPENSATION SURVEY OR STUDY	
-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

PEOPLE SERVING PEOPLE CHARITIES, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2023

41-1965067

Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state c	(d)	(e) me End-of-yea	I		(f) ect controlling	
of disregarded entity	Timaly dotivity	foreign country)	J Potar mod	ine End or year		entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	e or more r	elated tax-exer	mpt	
(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			(g) Section 512(b)(13 controlled entity?	
		J "		501(c)(3))			Yes	No
PEOPLE SERVING PEOPLE, INC 41-1443148								
614 SOUTH THIRD STREET	TO SERVE HOMELESS CHILDREN	1						
MINNEAPOLIS, MN 55415	AND THEIR FAMILIES	MINNESOTA	501(C)(3)	LINE 7	N/A			Х
	_							
	_							
	4							

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

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile Direct controlling Pre	Legal domicile (state or state	Direct controlling	Legal omicile onicile entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI amount in box	General managir	Percentage ownership
orrelated organization		(state or foreign	5	(related, unrelated, excluded from tax under sections 512-514)		assets	alloca	itions?	20 of Schedule	partner	1		
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N			
-													
							<u> </u>						
-													

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	ent	entity:	
		,						Yes	No	

Schedule R (Form 990) 2023

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

Not	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	s with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х
					1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	Х	
	Performance of services or membership or fundraising solicitations by related organ						Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р	х	
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved		
(1)							
(2)							
(2)							
(3)							
(4)							
(5)							
		1	1				

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calendar year, or tax year beginning	and	ending			
В	Check if applicable	C Name of organization			D Employer i	identific	cation number
	Addres						
	Name change	D :			41-14	43148	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	number	
	Final return/	614 SOUTH THIRD STREET	ivorou to otroot udurooo,	Troomy outlo	612-332		
	termin- ated		ZIP or foreign postal code		G Gross receipts	\$	11,823,411.
	Amend return		3 1		H(a) Is this a g		
	Applica tion	F Name and address of principal officer: nothing	MURPHY		for subor		
	pendin	SAME AS C ABOVE			H(b) Are all subor		
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," a	ttach a	list. See instructions
J	Websit	e: WWW.PEOPLESERVINGPEOPLE.ORG			H(c) Group ex	emption	n number
K		g	sociation Other	L Year	of formation: 19	82 N	State of legal domicile: MN
P	_	Summary					
41	1 1	Briefly describe the organization's mission or most	significant activities: WE EXI	ST TO SE	E FAMILIES T	HRIVE.	
ü							
Activities & Governance	2 (· ·	tinued its operations or dispos	sed of more	than 25% of its	net ass	ets.
Š	3	Number of voting members of the governing body (11
<u>ب</u> ق	4	Number of independent voting members of the gov					10
es	5	Total number of individuals employed in calendar y					131
Ę.	6	Total number of volunteers (estimate if necessary)					723
Act	7 a	Total unrelated business revenue from Part VIII, col					0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		. 7b	0.
				-	Prior Year	615	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			1,397		3,530,365.
Revenue	9	0			8,257,088.		
Be	10					,774.	31,826.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,349.	11,819,279.
_					-	,783.	13,405.
	1	Grants and similar amounts paid (Part IX, column (A				0.	0.
	1= 0	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			4,777,842		5,468,067.
Expenses	160	Professional fundraising fees (Part IX, column (A), li			-,	0.	0.
Sen	h ioa	Total fundraising expenses (Part IX, column (D), line		0.		- 1	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		5,007	.374.	5,465,482.
		Total expenses. Add lines 13-17 (must equal Part IX			9,791		10,946,954.
		Revenue less expenses. Subtract line 18 from line			-1,078		
or	í í	<u>,</u>		Ве	eginning of Curren	t Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			4,260	,133.	4,519,651.
Ass	21	Tatal liabilities (Dart V. line 00)			2,742	,562.	2,129,755.
Ret	22	Net assets or fund balances. Subtract line 21 from	line 20		1,517	,571.	2,389,896.
P	art II	Signature Block					
	-	ties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	hich preparer	has any knowledg	je.	
Sig	ın	Signature of officer			Date		
He	re	FIM JANKA, DIRECTOR OF FINANCE					
		Type or print name and title			D.I.		DTIN
_		Print/Type preparer's name	Preparer's signature			Check if	PTIN
Pai	·		KAREN A. GRIES	0		self-employe	•
	parer	Firm's name BAKER TILLY ADVISORY GROUP	P, LP		Firm's	EIN :	39-0859910
Use	Only	Firm's address 225 S 6TH ST #2300				64.5	000 4500
_		MINNEAPOLIS, MN 55402			Phone	no.612	.876.4500
Ма	y the IR	S discuss this return with the preparer shown above	e? See instructions				X Yes No

Га	Statement of Frogram Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WE EXIST TO SEE FAMILIES THRIVE. WE WORK WITH FAMILIES AMID THEIR		
	EXPERIENCE OF HOMELESSNESS. WE PROVIDE SAFE AND DIGNIFIED SHELTER AND		
	NUTRITIOUS MEALS, WHILE OFFERING WRAPAROUND AND TRAUMA RESPONSIVE		
	SERVICES. THESE INCLUDE EDUCATIONAL SERVICES, ADVOCACY SERVICES, AND		
2	Did the organization undertake any significant program services during the year which were not listed on	tho	
2			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		res no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	nicos?	Vos X No
3	If "Yes," describe these changes on Schedule O.	vices?	res No
4	Describe the organization's program service accomplishments for each of its three largest program service.	cos, as moasured by	ovnoncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.	to others, the total ex	perises, and
 4а	6 241 404) (Payanua \$	5 737 451. \
ти	EMERGENCY SHELTER:) (Nevenue w	
	IN 2023, PEOPLE SERVING PEOPLE, INC'S (PSP) WELCOMED AN AVERAGE OF 297		
	GUESTS PER NIGHT. THE AVERAGE LENGTH OF STAY WAS 98 DAYS AND THE		
	AVERAGE FAMILY SIZE WAS 3.39. PSP SERVED (UNDUPLICATED) 327 INDIVIDUAL		
	FAMILIES TOTALING 108,649 (DUPLICATED TOTAL) SHELTER STAYS, IN 2023.		
	PSP WELCOMED BACK MORE VOLUNTEERS AND HAD 718 VOLUNTEERS WHO DONATED		
	6,209 HOURS OF TIME. PSP SERVED OVER 170,000 MEALS AND DISTRIBUTED		
	10 213 DIAPERS PER MONTH, OF THE GUESTS, 62% WERE UNDER THE AGE OF 18		
	AND 26% WERE UNDER THE AGE OF 6. ADDITIONALLY, 96% OF GUESTS IDENTIFIED		
	AS BLACK, INDIGENOUS, OR PEOPLE OF COLOR. THE AVERAGE AGE OF CHILDREN		
	STAYING AT PSP WAS 7 YEARS OLD. PSP OFFERS GUESTS A RANGE OF		
	WRAP-AROUND SERVICES TO SUPPORT THEM IN THEIR JOURNEY TO STABILITY.		
4b	(Code:) (Expenses \$ 2,203,404. including grants of \$ 13,405.) (Payanua \$	1 267 557. \
	EDUCATIONAL PROGRAMS:	/ (Heverlae w	,
	PEOPLE SERVING PEOPLE'S COMMITMENT TO HELPING FAMILIES ADDRESS THE ROOT		
	CAUSES OF THEIR HOMELESSNESS AND RETURN TO STABILITY IS GROUNDED IN THE		
	IMPORTANCE OF EDUCATION, IN 2023 201 CHILDREN WERE ABLE TO ENROLL IN		
	OUR SHELTER'S EDUCATION PROGRAMS. THESE PROGRAMS INCLUDED THE ONSITE		
	LICENSED AND NATIONALLY ACCREDITED EARLY CHILDHOOD DEVELOPMENT PROGRAM		
	WHICH SERVES CHILDREN AGED INFANCY THROUGH PRESCHOOL MONDAY THROUGH		
	FRIDAY. PSP'S K-12 ENRICHMENT PROGRAM OFFERS EDUCATIONAL SUPPORT FOR		
	SCHOOL-AGED CHILDREN, INCLUDING 1:1 TUTORING, HOMEWORK HELP, AND SOCIAL		
	ACTIVITIES. THIS PROGRAM IS OFFERED AFTER SCHOOL AND DURING THE SUMMER.		
	IN ADDITION TO ON-SITE OFFERINGS, PSP OPERATES THE OFFSITE CENTER OF		
	EXCELLENCE PRESCHOOL AND LEARNING CENTER LOCATED AT FIRST COVENANT		
4c) (Revenue \$	93,035.)
	FAMILY SUPPORT SERVICES PROGRAMS:	, (Nevende ¢	· · · · · · · · · · · · · · · · · · ·
	WHILE STAYING AT PSP, FAMILIES ARE ENCOURAGED TO PARTICIPATE IN THE		
	ORGANIZATION'S STRENGTHS-BASED, CLIENT-CENTERED PROGRAMMING THAT		
	EMPOWERS FAMILIES TO REACH STABILITY BY ADDRESSING THEIR		
	SELF-IDENTIFIED BARRIERS AND AREAS OF POTENTIAL GROWTH. EVERY FAMILY IS		
	ASSIGNED AN ADVOCATE WHO WILL BE THEIR PRIMARY TOUCH POINT AND CASE		
	MANAGER THROUGHOUT THEIR STAY, ALTHOUGH THEY CAN SPEAK TO ANY ADVOCATE		
	ANYTIME. THESE ADVOCATES OFFER INDIVIDUAL SESSIONS AND CONVERSATIONS TO		
	HELP FAMILIES WORK TOWARD THEIR SELF-DETERMINED STABILITY GOALS. IN		
	2023, PSP ADVOCATE STAFF HELD 480 1:1 MEETINGS WITH GUESTS		
	(UNDUPLICATED). IN ADDITION TO THESE INDIVIDUAL SUPPORT SYSTEMS, PSP		
	ALSO OFFERS MORE STRUCTURED PROGRAMMING. IN 2023, 207 PARENTS WERE ABLE		
4d	Other program services (Describe on Schedule O.)		
	,	1,016,010	·)
4e	Total program service expenses 10,311,081.	, ,	,

Form 990 (2023) PEOPLE SERVING PEOPLE, INC. Part 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
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		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
-	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	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

	THE PROPER CERTIFIC PROPER THE	41 1442140	_ 1
Form 990 (202)		41-1443148	Page 4
Part IV C	necklist of Required Schedules (continued)		

				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	ls on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the org				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ye.				
	Schedule J		23		X
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		X
b	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				
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If	"Yes," complete			
	Schedule L, Part I		25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				v
			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or		07		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete S		27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Sche	edule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? 14			
а			28a		Х
h	"Yes," complete Schedule L, Part IV		28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?		200		
·	"Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedul		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifier				
	contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedu</i>		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," or				
	Schedule N, Part II	•	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu				
	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				
	Part V, line 1		34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	controlled entity			
	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	•			_
	If "Yes," complete Schedule R, Part V, line 2		36		<u>X</u>
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, F		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1	1b and 19?		.,	
Par			38	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V				
	Officer if Sofficiality a response of flote to any line in this Part v				N'a
1.	Enter the number reported in how 3 of Form 1006. Enter 0, if not applicable	1a 128		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a 128 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	10			
·	(gambling) winnings to prize winners?	0 0	1c		
332004	12-21-23			990 (2023)

41-1443148

Form 990 (2023) PEOPLE SERVING PEOPLE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
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	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		Х
	to file Form 8282?	7d	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I			
_	organization is licensed to issue qualified health plans	13b 13c				
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	1/10		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			עדי		
.0	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					000	

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
				X
6		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		^
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	77	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	, , , , , , , , , , , , , , , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedMN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIM JANKA - 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**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	J		((C)		-	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck i ss per	ition more rson is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAKE GALE	35.00									
CHIEF OPERATING OFFICER	5.00			Х				132,594.	0.	7,570.
(2) RINAL RAY	35.00	1								
CHIEF EXECUTIVE OFFICER	5.00	Х		Х				123,287.	0.	6,880.
(3) BETH CHALMERS	35.00									
DIRECTOR OF FINANCE	5.00					Х		105,933.	0.	12,106.
(4) HOANG CAPISTRAN MURPHY	35.00									
CHIEF EXECUTIVE OFFICER	5.00	Х		Х				30,269.	0.	0.
(5) APRIL WAGNER	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) LUKE DERHERIM	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) TIM CARTER	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) RELESHA E. BILLUPS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) LAUREN DAY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KATIE DESANTIS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARCIE DEWALT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) EVAN DORAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MAURA HOWARD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RJ DEVICK	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JORDAN GRACE MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DOMINIC MCQUERRY	1.00									
DIRECTOR		Х						0.	0.	0.

FOIII 990 (2023) 1 HOT HE BERRY	ine rherbh,	1110	•						11 111011	rage o
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	compensation	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		•								
1b Subtotal								392,083.	0.	26,556.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								392,083.	0.	26,556.
2 Total number of individuals (including but	not limited to th	റടേ	lieta	d ah	OVA) wh	o re	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Proceedings of the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
GARDAWORLD SECURITY SERVICES		
PO BOX 843886, KANSAS CITY, MO 64184	SHELTER SECURITY SERVICES	441,155.
COURAGEOUS CHANGE COLLECTIVE, 3237 40TH	EMPLOYEE TRAINING AND	
AVENUE SOUTH, MINNEAPOLIS, MN 55406	MENTORSHIP	155,000.
GILBERT MECHANICAL	BUILDING IMPROVEMENT PROJECT	
5251 W 74TH STREET, EDINA, MN 55439	MANAGEMENT	112,346.
ATOMIC DATA LLC., 250 MARQUETTE AVE S.,		
STE 225, MINNEAPOLIS, MN 55401	IT SERVICES	108,801.
2 Total number of independent contractors (including but not limited to those listed		

Form **990** (2023)

\$100,000 of compensation from the organization

41-1443148

Form 990 (2023)

Part VIII Statement of Revenue

			Check if Schedule O cont	ains a r	esponse o	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns	I	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
S S			Fundraising events		1c					
fts,			Related organizations		1d	3,342,365.				
ig ig						3,312,303.				
ons,			Government grants (contribut		1e					
utio er (All other contributions, gifts, gran			100 000				
ĕ			similar amounts not included abo		1f	188,000.				
ont		_	Noncash contributions included in lines	1a-1f	1g \$	379,195.	2 520 265			
<u>0</u> 8		<u>n</u>	Total. Add lines 1a-1f			B	3,530,365.			
			GOVERNMENT GOVERN GEG	_		Business Code	6 505 000	6 505 000		
<u>c</u>	2	-	GOVERNMENTAL CONTRACTS	5		624200	6,727,990.	6,727,990.		
erv		~	TUITION			624200	1,267,557.	1,267,557.		
n S		-	PSP CHAR SUPPORT SVCS			561000	143,035.			143,035.
Program Service Revenue		d	SUPPORTIVE HOUSING			624200	93,035.	93,035.		
og F		е								
٩		f	All other program service reve	enue		624200	25,471.	25,471.		
		g	Total. Add lines 2a-2f				8,257,088.			
	3		Investment income (including	dividen	ids, intere	st, and				
		other similar amounts)				27,208.			27,208.	
	4		Income from investment of tax							
	5		Royalties							
				(i)	Real	(ii) Personal				
	6	а	Gross rents 6a	ı						
		b	Less: rental expenses 6b	,						
		С	Rental income or (loss) 6c	;						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory 7a	1		8,750.				
		b	Less: cost or other basis							
e e			and sales expenses 7b	,		4,132.				
her Revenue			Gain or (loss) 7c	:		4,618.				
ě			Net gain or (loss)				4,618.			4,618.
e			Gross income from fundraising ev							
뒴	_		including \$							
			contributions reported on line							
			Part IV, line 18	•						
			Less: direct expenses							
			Net income or (loss) from fund							
			Gross income from gaming ac							
	-	_	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less							
	10		and allowances							
			Less: cost of goods sold							
			Net income or (loss) from sale							
\neg			THE INCOME OF (1033) FROM SAIC	,3 OI IIIV	critory	Business Code				
sn	11	2								
Jeo Tue	• •	a b								
Miscellaneous Revenue										
Sce		ч С	All other revenue							
Ξ			All other revenue							
			Total Add lines 11a-11d				11,819,279.	8,114,053.	0.	174,861.
	12		Total revenue . See instructions				11,010,413.	1 0,114,000.	ı .	1, 1, 1, 0, 0, 1,

332009 12-21-23

41-1443148

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13,405.	13,405.		
3	Grants and other assistance to foreign	, .	, -		
Ü	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	418,639.	402,303.	16,336.	
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	4,167,887.	4,001,335.	166,552.	
8	Pension plan accruals and contributions (include	, ,	, ,	,	
	section 401(k) and 403(b) employer contributions)	91,628.	91,628.		
9	Other employee benefits	430,180.	403,479.	26,701.	
10	Payroll taxes	359,733.	342,778.	16,955.	
11	Fees for services (nonemployees):	·	·	,	
а	Management				
b	Legal	3,848.		3,848.	
С	Accounting	34,102.		34,102.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A), amount, list line 11g expenses on Sch O.)	1,189,522.	895,500.	294,022.	
12	Advertising and promotion	1,750.	1,750.		
13	Office expenses	336,225.	333,518.	2,707.	
14	Information technology				
15	Royalties				
16	Occupancy	2,091,745.	2,033,584.	58,161.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,064.	10,717.	347.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	265,754.	257,849.	7,905.	
23	Insurance	83,422.	80,919.	2,503.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FOOD AND GUEST SUPPLIES	882,687.	882,679.	8.	
b	PROGRAM EXPENSES	378,599.	378,599.		
С	OPERATING EXPENSES	148,332.	147,392.	940.	
d	TRAINING	38,432.	33,646.	4,786.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	10,946,954.	10,311,081.	635,873.	
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 (2023) Part X Balance Sheet

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,489,864.	1	1,277,03
	2	Savings and temporary cash investments			165,803.	2	16,60
	3	Pledges and grants receivable, net				3	
	4		unts receivable, net		843,253.	4	1,550,54
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		· ·			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ا ي	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		6,291.	8	4,75	
As	9	5			53,677.	9	46,11
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,293,911.			
	b	Less: accumulated depreciation		2,077,984.	1,280,180.	10c	1,215,92
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			421,065.	15	408,67
	16	Total assets. Add lines 1 through 15 (must ed			4,260,133.	16	4,519,65
	17	Accounts payable and accrued expenses	324,615.	17	600,83		
	18	Grants payable		18			
	19	Deferred revenue	40,613.	19	22,35		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ا ي	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
֡֡֡֡֡֞֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	400,00
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	•	·	2,377,334.	25	1,106,57
	26	-			2,742,562.	26	2,129,75
		Organizations that follow FASB ASC 958, cl	heck her	e X			
se		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			1,517,571.	27	2,389,89
Da	28	Net assets with donor restrictions		28	(
ᅙ		Organizations that do not follow FASB ASC					
?		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ls			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,517,571.	32	2,389,890
-	33	Total liabilities and net assets/fund balances			4,260,133.	33	4,519,651

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	11	819,	279.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	946,	954.		
3	Revenue less expenses. Subtract line 2 from line 1	3		872,	325.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	517,	571.		
5	Net unrealized gains (losses) on investments	5					
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				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 on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			
			Form	990	(2023)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PEOPLE SERVING PEOPLE, INC. 41-1443148 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,083,293.	2,586,843.	3,146,660.	1,397,615.	3,530,365.	13,744,776.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,083,293.	2,586,843.	3,146,660.	1,397,615.	3,530,365.	13,744,776.
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)						
6	Public support. Subtract line 5 from line 4.						13,744,776.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3,083,293.	2,586,843.	3,146,660.	1,397,615.	3,530,365.	13,744,776.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,801.	7,953.	13,297.	1,199.	27,208.	61,458.
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						
	assets (Explain in Part VI.)				1,295.		1,295.
11	Total support. Add lines 7 through 10						13,807,529.
	Gross receipts from related activities,	etc (see instruction	ine)			12	33,616,250.
	First 5 years. If the Form 990 is for the	•		ourth or fifth tax ve	ar as a section 5		
10	organization, check this box and stor						
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	99.55 %
	Public support percentage from 2022					15	99.74 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te						
r	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	_					. = , 0 0.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•	***************************************	
				,,, 5, 1, 0,			(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	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 organ-							
	ization'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							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
r	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,	
	ction C. Computation of Publi							
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>	
	Public support percentage from 2022					16	%	
	ction D. Computation of Inves							
17		D23 (line 10c, column (f), divided by line 13, column (f))						
18		2022 Schedule A, Part III, line 17						
19a							7 is not	
-	more than 33 1/3%, check this box ar							
k	b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20								
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่		

332023 12-21-23

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 2 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	10a		
	10b		
مارر	A (Form	n aan)	2023

332024 12-21-23

Schedule A (Form 990

Sche	dule A (Form 990) 2023 PEOPLE SERVING PEOPLE, INC.	41-1443148	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	oorted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction	19)	
2	Activities Test. Answer lines 2a and 2b below.	ity (See mondern	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

PEOPLE SERVING PEOPLE, INC.

Sche	dule A (Form 990) 2023 PEOPLE SERVING PEOPLE, INC.			41-1443148	Page 6			
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus		•	•				
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current (options					
1	Net short-term capital gain	1						
2	Recoveries of prior-year 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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 0.015 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 0.035.	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Y	ear			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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-functional	lly integrat	ted Type III supporting or	ganization (see				
	instructions).	-		•				

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
<u>a</u>	From 2018						
<u>b</u>	From 2019						
c	From 2020						
d	From 2021						
е	From 2022						
f	f Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>_i</u>	Carryover from 2018 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2023 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
u	Excess from 2022 Excess from 2023						

Schedule A (Form 990) 2023

Part VI	Supplemental Information Design to the second secon				
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
	(See instructions.)				

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PEOPLE SERVING PEOPLE, INC.

Employer identification number

41-1443148

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 _______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE, INC.

41-1443148

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(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 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 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.)

Name of organization

Employer identification number

PEOPLE SERVING PEOPLE, INC.

41-1443148

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	FOOD AND SUPPLIES			
1				
		\$\$	12/31/23	
(a)		(c)		
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	Description of noncash property given	(See instructions.)	Date received	
	-			
	-	_¢		
		\$		
(a)		(c)		
No.	(b)	FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
		.		
	-	\$		
(a)				
No.	(b)	(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
raiti				
	-			
		\$		
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received	
Part I		(Coo mondoner,		
	-			
				
(a) No.	(b)	(c)	(d)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I		(See instructions.)		
	-			
	-	 \$		

Name of o	rganization		Employer identification number
PEOPLE S	SERVING PEOPLE, INC.		41-1443148
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional sp	nrough (e) and the following line entagritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this 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 gif	
	Transferee's name, address, and		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 gif	ft 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 gif	ft Relationship of transferor to transferee
	- Transitive & Hame, address, and		ricialisticing of a difficient to administrate
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Name of organization **Employer identification number** PEOPLE SERVING PEOPLE, INC. 41-1443148 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	expenses, and share	•	•			, ,			
<u>B</u>	Check if the filing organizat	ion checked box A a	and "limited control" pro	ovisions apply.					
		s on Lobbying Expo itures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1:	a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)						
ı	b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)						
	c Total lobbying expenditures (add lir	nes 1a and 1b)							
	d Other exempt purpose expenditure	s							
•	e Total exempt purpose expenditures	(add lines 1c and 1	d)						
	f Lobbying nontaxable amount. Ente	r the amount from th	ne following table in bot	h columns.					
	If the amount on line 1e, column (a) or	(b) is: The lo	bbying nontaxable am	ount is:					
	not over \$500,000,		f the amount on line 1e.						
	over \$500,000 but not over \$1,000,		000 plus 15% of the exc						
	over \$1,000,000 but not over \$1,50		000 plus 10% of the exc	· , , , ,					
	over \$1,500,000 but not over \$17,0		000 plus 5% of the exce	ss over \$1,500,000.					
	over \$17,000,000,	\$1,000),000.						
	g Grassroots nontaxable amount (ent	•							
	h Subtract line 1g from line 1a. If zero								
	i Subtract line 1f from line 1c. If zeroj If there is an amount other than zer		r ling 1i did the organiz						
	reporting section 4911 tax for this y				Г	Yes No			
	reporting section 45 in tax for this y		eraging Period Under	Section 501(h)		103 110			
	(Some organizations th	at made a section		have to complete all o	f the five columns be	low.			
		Lobbying Expe	enditures During 4-Yea	ar Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
	a Lobbying nontaxable amount b Lobbying ceiling amount								
	(150% of line 2a, column(e))								
,	c Total lobbying expenditures								
	d Grassroots nontaxable amount				0.				
	e Grassroots ceiling amount (150% of line 2d, column (e))								
_	f Grassroots lobbying expenditures					do C (Form 900) 2022			

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			3,958.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			600.	
i Other activities?	X			8,400.	
j Total. Add lines 1c through 1i				12,958.	
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section					
	1 501(c)(5), or sec	tion		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."				3, is	
Dues, assessments and similar amounts from members		1			
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic 					
expenses for which the section 527(f) tax was paid).	u.				
a Current year		2a			
b Carryover from last year		I			
c Total					
0 4 1 1 1 1 1 0000/ \(\lambda \) \(\lambda					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
		4			
- Touchte and the fields and a still of an and the still of the still		5			
Part IV Supplemental Information		0			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	A, lines 1 a	nd 2 (see		
PEOPLE SERVING PEOPLE SUPPORTS PUBLIC POLICY THAT PROVIDES STABILITY					
FOR CHILDREN AND FAMILIES IN THE COMMUNITY AND WORKS TO MOVE UPSTREAM					
TO PREVENT FAMILY HOMELESSNESS THROUGH SYSTEMS CHANGE, CENTERING					
FAMILIES, AND LEADING WITH RACIAL EQUITY. IN 2023, STAFF LOBBIED ON					
BEHALF OF CHILD CARE ASSISTANCE, EARLY LEARNING SCHOLARSHIPS,		Schedu	le C (Form	990) 2023	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

PEOPLE SERVING PEOPLE, INC.

Employer identification number 41 - 1443148

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

07320701 144198 81013

Schedule D (Form 990) 2023

1,215,927.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

170,034,

170,034.

Scriedule D	(1 01111 990	12023			,		
Dart VII	Investo	nonte -	Other Sec	uritios			

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) UNEMPLOYMENT TRUST	18,445.
(2) RIGHT-OF-USE ASSETS	390,228.
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	408,673.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCOUNTS PAYABLE - PEOPLE SERVING PEOPLE CHARITIES,	
(3)	INC.	711,125.
(4)	OPERATING LEASE LIABILITY	395,448.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	1,106,573.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

O a la a	dule D (Form 990) 2023 PEOPLE SERVING PEOPLE, INC.			41-144	31/8
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue per Re		3148 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		rondo por mo		
1	Tatal variance and attack and attack and attack and attack and attack and attacks and			1	11,879,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,
	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		73,553.		
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)	1 1			
	Add lines 2a through 2d			2e	73,553.
3	Subtract line 2e from line 1			3	11,805,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		13,405.		
	Add lines 4a and 4b			4c	13,405.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	11,819,279.
	T XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F	_	, , -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	11,007,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	73,553.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	73,553.
3	Subtract line 2e from line 1			3	10,933,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		13,405.		
	Add lines 4a and 4b			4c	13,405.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,946,954.
Pai	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part X, lir	ne 2; Part XI,
	ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCES	ES IN			
EVAL	UATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECO	GNITION			
THRE	SHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF T	AX			
POSI	TIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE	NOT			
CERT	AIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE				
ORGA	NIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023	AND 2022.			
THE	ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINAT	ION BY			
FEDE	RAL AND STATE AUTHORITIES.				

PART XI, LINE 4B - OTHER ADJUSTMENTS:

13,405.

SCHOLARSHIPS AND TUITION DISCOUNTS

Schedule D (Form 990) 2023

332054 09-28-23

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2023 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
PEOPLE SERVING	PEOPLE, INC.						41-1443148
Part I General Information on Grants and	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assista Describe in Part IV the organization's proc 	ance?				-	stance, and the selecti	
Part II Grants and Other Assistance to De recipient that received more than \$5					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	-		l e line 1 table		<u> </u>	1	

(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 noncash assistance
PLOYEE TUITION DISCOUNTS	13	13,405.	0.		
DOLLE TOTTION DIBLOGATE		13,103.			
rt IV Supplemental Information. Provide the information	equired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
T I, LINE 2:					
ISTANCE IS AWARDED TO EMPLOYEES ON REQUEST BY	THE EMPLOYEE,	AS LONG AS			
Y HAVE AN ELIGIBLE CHILD AS A STUDENT. AMOUNT	S ARE BILLED TO) THE			
LOYEE AT THE DISCOUNTED BILLING RATE.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	PEOPLE SERVING PEO	PLE, INC.				41-	144314	8	
Pai	rt 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	r	Method of one one of the one of t		•	s
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								
7	Boats and planes								
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	Х	1	229,090.	COST				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SUPPLIES)	Х	1	150,105.	COST				
26	Other ()								
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, E	onee Acknowledg	ement 29				0	
	-		_					Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?		31		х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?		_	•			32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER ON COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PEOPLE SERVING PEOPLE, INC.

Employer identification number 41-1443148

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
PROGRAMS, AND SYSTEMS CHANGE WORK TO IMPROVE THE FIELD OF FAMILY	
FOR INFANTS, PRESCHOOL, KINDERGARTEN PREPARATION, PARENT ENGAGEMENT	
CHURCH OF MINNEAPOLIS. THIS PROGRAM FEATURES EDUCATION AND CHILDCARE	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CONGREGATE DINING TO GUESTS IN OUR CAFETERIA.	
DIRECTLY TO ROOMS AND, IN THE FALL OF 2022, REOPENED (OPTIONAL)	
VOLUNTEERS, AND GUESTS, WE HAVE CONTINUED TO OFFER MEALS DELIVERED	
THROUGHOUT THE SHELTER. TO PROMOTE THE SAFETY OF OUR STAFF,	
KITCHEN STAFF AND HAVE CONTINUED ADHERING TO STRICT CLEANING REGIMES	
CONTINUING TO USE DISPOSABLE SILVERWARE TO MINIMIZE THE RISK TO OUR	
SAW PSP'S MEAL SERVICE RETURN TO REUSABLE TRAYS, PLATES, AND CUPS WHILE	
INFLATION. PSP HAS BEEN AT MAXIMUM CAPACITY SINCE SUMMER 2022. 2023	
HAVE BEEN IMPACTED BY BOTH THE LIFTING OF THE EVICTION MORATORIUM AND	
SUPPORTIVE LOCAL ORGANIZATIONS. PSP AS AN ORGANIZATION AND OUR GUESTS	
FINANCIAL LITERACY, SYSTEMS ADVOCACY, AND CONNECTIONS TO OTHER	
BASIC NEEDS, EDUCATION, EMPLOYMENT ASSISTANCE, TECHNOLOGY ACCESS,	
GUESTS CAN CHOOSE WHETHER OR NOT TO ACCESS THESE SERVICES, INCLUDING	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
THRIVE.	
VOLUNTEERS. OUR ULTIMATE GOAL IS TO BUILD STABILITY AND SEE FAMILIES	
CHANGE. WE DO THIS WORK WITH OUR FAMILIES, COMMUNITY PARTNERS, AND	
EXPERIENCE OF FAMILY HOMELESSNESS THROUGH BOTH PROGRAM AND SYSTEMS	
SUPPORTIVE GROUPS. WE ARE ALSO WORKING TO MOVE UPSTREAM TO PREVENT THE	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
,	

332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** PEOPLE SERVING PEOPLE, INC. 41-1443148 RESILIENCE AND TRAUMA-INFORMED EDUCATION AND SERVICE. THE CENTER IS PART OF PSP'S CONTINUITY OF CARE INITIATIVE WHICH ENABLES US TO PROVIDE SUPPORTIVE CONTINUITY OF SERVICES FOR FAMILIES TRANSITIONING OUT OF EMERGENCY SHELTER AND FAMILIES AT RISK OF EXPERIENCING HOMELESSNESS AND OTHER CHRONIC ADVERSITIES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TO ATTEND PERSONALIZED FINANCIAL FITNESS CLASSES, AND OF THOSE GUESTS, 110 OPENED NEW SAVINGS ACCOUNTS. TO FIND JOB OPENINGS AND HOUSING OPPORTUNITIES. PSP SUPPORTED 158 GUESTS WITH EMPLOYMENT SERVICES SESSIONS, AND 133 GUESTS MADE 621 VISITS TO PSP'S TECHNOLOGY RESOURCE CENTER TO SEARCH FOR JOBS, PREPARE RESUMES, AND SEEK OUT OPPORTUNITIES FOR THEIR CAREERS. WHILE 14% OF GUESTS WERE EMPLOYED WHEN THEY ARRIVED AT PSP, 40% WERE EMPLOYED WHEN THEY LEFT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PSP'S FAMILY HOMELESSNESS PREVENTION PROGRAM WAS LAUNCHED AS A PILOT PROGRAM IN 2021. WITH COMMUNITY SUPPORT, PSP INCREASED THE DIRECT FINANCIAL ASSISTANCE AVAILABLE TO PARTICIPATING FAMILIES AND EXPANDED THE PROGRAM TO SERVE MORE FAMILIES. THIS PROGRAM AIMS TO PREVENT THE EXPERIENCE OR RE-EXPERIENCE OF HOMELESSNESS THROUGH CONNECTION WITH FAST AND FLEXIBLE RESOURCES AND LIMITED CASE MANAGEMENT, ALLOWING FAMILIES TO STAY STABLY HOUSED. FOR PARTICIPATING FAMILIES, 2023 SAW A DRAMATIC INCREASE IN NEED AND REQUESTS FOR ASSISTANCE. THESE REQUESTS WERE TYPICALLY FOR SUPPORT WITH SECURITY DEPOSITS, BACK RENT, RENT SUPPORT, CAR REPAIRS/TRANSPORTATION/TIRE REPLACEMENT, AND CELL PHONES TO ASSIST WITH JOB SEARCHES AND CHILDCARE COMMUNICATIONS. IN 2023, 190 FAMILIES COULD RECEIVE SERVICES AND PREVENT THE RE-EXPERIENCE OF

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization PEOPLE SERVING PEOPLE, INC. 41-1443148 HOMELESSNESS THROUGH THIS PROGRAM, AND 28 FAMILIES COULD REMAIN STABLY HOUSED BEFORE EXPERIENCING HOMELESSNESS. EXPENSES \$ 759,887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,016,010. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR ITS REVIEW AND DISCUSSION PRIOR TO FILING. BOTH THE FINANCE COMMITTEE AND KEY STAFF REVIEW THE DOCUMENT PRIOR TO PRESENTING IT TO THE FULL BOARD AND ARE PRESENT TO ANSWER ANY QUESTIONS. UPON APPROVAL OF AND ACCEPTANCE BY THE FULL BOARD. THE FORM 990 IS APPROPRIATELY FILED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS AND KEY EMPLOYEES. PER THE POLICY, CONFLICTS ARISING ARE TO BE REPORTED TO THE BOARD IN WRITING IMMEDIATELY UPON DISCOVERING THE CONFLICT. WHERE A CONFLICT EXISTS, BOARD MEMBERS REFRAIN FROM VOTING AND KEY EMPLOYEES ARE NOT ALLOWED TO EXERT ANY INFLUENCE ON ISSUES INVOLVING THE CONFLICT. PROCEEDINGS ARE DOCUMENTED WITHIN MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 15A: THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR THE CEO'S SALARY. THE COMMITTEE RESEARCHES COMPARABILITY DATA AND RECOMMENDS COMPENSATION. THE FULL BOARD, IN CLOSED SESSION, APPROVES OF THE COMPENSATION. THE CEO RESEARCHES COMPARABLE DATA TO DETERMINE THE COMPENSATION OF THE TOP MANAGEMENT OFFICIALS. FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023		Page 2
Name of the organization PEOPLE SERVING PEOPLE, INC.		Employer identification number 41-1443148
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPO	ON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACT LABOR:		
PROGRAM SERVICE EXPENSES	653,299.	
MANAGEMENT AND GENERAL EXPENSES	119,412.	
TOTAL EXPENSES	772,711.	
ADMINISTRATIVE MANAGEMENT FEE:		
PROGRAM SERVICE EXPENSES	72,796.	
MANAGEMENT AND GENERAL EXPENSES	3,030.	
TOTAL EXPENSES	75,826.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	161,900.	
MANAGEMENT AND GENERAL EXPENSES	171,580.	
TOTAL EXPENSES	333,480.	
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	7,505.	
TOTAL EXPENSES	7,505.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,189,522.	

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41 - 1443148

(a)	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	ome E	End-of-year	assets	Direct c	ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34,	because i	it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public	(e) c charity (if section	Direc	(f) et controlling entity	1	g) 512(b)(13) rolled ity?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501	501(c)(3))			Yes	3) 112(b)(13) olled
PEOPLE SERVING PEOPLE CHARITIES, INC 41-1965067, 614 SOUTH THIRD STREET,	FUNDRAISING TO SUPPORT PEOPLE SERVING PEOPLE,								
MINNEAPOLIS, MN 55415	INC. PROGRAMS	MINNESOTA	501(C)(3)	LINE 7	'	N/A			Х

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

PEOPLE SERVING PEOPLE, INC.

Schedule R (Form 990) 2023

		O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
David 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
Part III	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

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	ent	ction b)(13) rolled tity?
		,						Yes	No

Part V Trans	actions With Related Organiza	tions. Complete if the	organization answered	"Yes" on I	Form 990, Pa	art IV, line 34,	, 35b, or 36.
--------------	-------------------------------	-------------------------------	-----------------------	------------	--------------	------------------	---------------

Not	ote: 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 with one or mor	re relate	d organizations listed in	Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	b Gift, grant, or capital contribution to related organization(s)				1b		Х	
					1c	Х		
					1d		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses				1e		Х	
f	f Dividends from related organization(s)				1f		Х	
g	g Sale of assets to related organization(s)				1 g		Х	
					1h		Х	
i					1i		Х	
j								
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х	
	Defends a few data and a subject to the desire of the desi				1m		Х	
n					1n	Х		
					10	Х		
р	p Reimbursement paid to related organization(s) for expenses				1p	Х		
r	r Other transfer of cash or property to related organization(s)				1r		х	
					1s		Х	
	· · · · · · · · · · · · · · · · · · ·							
	(a) (b) Name of related organization Transaction		(c) Amount involved	(d) Method of determining amount invo	alved			
Name of related organization Amount involved Method of determining amount in								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PEOPLE SERVING PEOPLE CHARITIES, INC.	С	2,963,170.	GRANT AMOUNT
(2) PEOPLE SERVING PEOPLE CHARITIES, INC.	K	1,378,700.	RENT
(3) PEOPLE SERVING PEOPLE CHARITIES, INC.	0	218,860.	COST
(4) PEOPLE SERVING PEOPLE CHARITIES, INC.	Q	134,740.	COST
(5) PEOPLE SERVING PEOPLE CHARITIES, INC.	С	379,195.	NON-CASH AMOUNT
<u>(6)</u>			

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000