

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

JUNE 30, 2020

|   |  |
|---|--|
| <b>Prepared for</b>                                 | PLACES FOR PEOPLE, INCORPORATED<br>1001 LYNCH STREET<br>ST. LOUIS, MO 63118  |
| <b>Prepared by</b>                                  | BROWN SMITH WALLACE LLP<br>6 CITYPLACE DRIVE, SUITE 900<br>ST. LOUIS, MO 63141   |
| <b>Amount due or refund</b>                         | NOT APPLICABLE   |
| <b>Make check payable to</b>                        | NOT APPLICABLE   |
| <b>Mail tax return and check (if applicable) to</b> | NOT APPLICABLE   |
| <b>Return must be mailed on or before</b>           | NOT APPLICABLE   |
| <b>Special Instructions</b>                         | THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED. |

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** JUL 1, 2019 **and ending** JUN 30, 2020

|   |   |   |   |
|---|---|---|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>PLACES FOR PEOPLE, INCORPORATED                                |   | <b>D Employer identification number</b><br>23-7433924 |
|   | Doing business as   |   | <b>E Telephone number</b><br>314.535.5600             |
|   | Number and street (or P.O. box if mail is not delivered to street address)                      | Room/suite  |   |
|   | 1001 LYNCH STREET   |   | <b>G Gross receipts \$</b> 28,881,658.                |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>ST. LOUIS, MO 63118 |   |   |
| <b>F Name and address of principal officer:</b> LAURA MCCALLISTER<br>SAME AS C ABOVE  |   | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |   |

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.PLACESFORPEOPLE.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1972 **M State of legal domicile:** MO

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: IMPROVING PHYSICAL AND BEHAVIORAL HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                        |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 19           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 19           |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>                  | 420          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 60           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0.           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39 | <b>7b</b>   | 0.                        |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 4,468,202.                | 10,176,851.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 18,158,494.               | 18,673,599.  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 13,169.                   | 13,548.      |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | -2,446.                   | 2,275.       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 22,637,419.               | 28,866,273.  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.                        | 0.           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 15,991,495.               | 17,647,883.  |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 373,605.   | 0.                        | 0.           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 5,678,403.                | 5,817,524.   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 21,669,898.               | 23,465,407.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | 967,521.  | 5,400,866.                |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 14,853,221.               | 25,466,418.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 5,856,357.                | 11,068,688.  |
|   |   | 8,996,864.                | 14,397,730.  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |                         |                          |   |                   |
|-------------------------------|--|-------------------------|--------------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer   | Date                    |                          |   |                   |
|                               | LAURA MCCALLISTER, CEO<br>Type or print name and title               |                         |                          |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JENNIFER M. VACHA                      | Preparer's signature    | Date                     | Check if self-employed <input type="checkbox"/> | PTIN<br>P01251998 |
|                               | Firm's name ▶ BROWN SMITH WALLACE LLP                                | Firm's EIN ▶ 43-1001367 | Phone no. (314) 983-1200 |   |                   |
|                               | Firm's address ▶ 6 CITYPLACE DRIVE, SUITE 900<br>ST. LOUIS, MO 63141 |                         |                          |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

PLACES FOR PEOPLE, INCORPORATED

23-7433924

Name and title of officer

LAURA MCCALLISTER

CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                    |                                       |  |                              |
|------------------------------------|---------------------------------------|--|------------------------------|
| <b>1a</b> Form 990 check here      | ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | <b>1b</b> <u>28,866,273.</u> |
| <b>2a</b> Form 990-EZ check here   | ▶ <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | <b>2b</b> _____              |
| <b>3a</b> Form 1120-POL check here | ▶ <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | <b>3b</b> _____              |
| <b>4a</b> Form 990-PF check here   | ▶ <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | <b>4b</b> _____              |
| <b>5a</b> Form 8868 check here     | ▶ <input type="checkbox"/>            | <b>b Balance Due</b> (Form 8868, line 3c)                                  | <b>5b</b> _____              |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BROWN SMITH WALLACE LLP to enter my PIN 03924  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ May 4, 2021

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43387801367

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 5/4/2021

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**






# 8879-EO - 2019 - PLACES

Final Audit Report

2021-05-04

|                 |  |
|-----------------|--|
| Created:        | 2021-05-04                                   |
| By:             | Jen Vacha (jvacha@bswllc.com)                |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAA6FWZmZzZRGPItRe_aFIUap1iGcBU-n01 |

## "8879-EO - 2019 - PLACES" History

-  Document created by Jen Vacha (jvacha@bswllc.com)  
2021-05-04 - 7:40:58 PM GMT - IP address: 199.119.121.196
-  Document emailed to Laura McCallister (lmccallister@placesforpeople.org) for signature  
2021-05-04 - 7:41:20 PM GMT
-  Email viewed by Laura McCallister (lmccallister@placesforpeople.org)  
2021-05-04 - 8:17:52 PM GMT - IP address: 47.34.125.87
-  Document e-signed by Laura McCallister (lmccallister@placesforpeople.org)  
Signature Date: 2021-05-04 - 8:19:35 PM GMT - Time Source: server- IP address: 47.34.125.87
-  Agreement completed.  
2021-05-04 - 8:19:35 PM GMT

Part III 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: TO IMPROVE THE PHYSICAL AND BEHAVIORAL HEALTH OF THE INDIVIDUALS, FAMILIES, AND COMMUNITIES WE SERVE AND THOSE WHO SUPPORT THE PROVISION OF THESE SERVICES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,798,614. including grants of \$ ) (Revenue \$ 18,473,450.) COMMUNITY-BASED MENTAL HEALTH PROGRAM - WE PARTNER WITH PERSONS SERVED TO ADDRESS MENTAL ILLNESS, HOMELESSNESS, TRAUMA, AND SERIOUS HEALTH PROBLEMS. TEAMS COORDINATE ALL MEDICAL AND PSYCHIATRIC CARE, HOUSING, MEDICATION MANAGEMENT, ACTIVITIES OF DAILY LIVING, TREATMENT PLANNING AND GOAL SETTING, LINKAGE WITH COMMUNITY RESOURCES, SUPPORTIVE COUNSELING, AND CRISIS INTERVENTION. SERVICES INCLUDE ASSISTANCE FOR PERSONS WHO ARE HIV POSITIVE WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE ISSUES AS WELL AS PSYCHOSOCIAL REHABILITATION. WE STRIVE TO ADVANCE CLIENTS' HEALTH BY IMPROVING MENTAL WELLNESS, DECREASING SUBSTANCE ABUSE, AND ASSISTING ACCESS TO PHYSICAL HEALTH CARE.

4b (Code: ) (Expenses \$ 2,372,151. including grants of \$ ) (Revenue \$ 158,874.) RESIDENTIAL PROGRAM - PLACES FOR PEOPLE, INC. ROUTINELY HAS THE HIGHEST RATE IN MISSOURI OF INDEPENDENT LIVING FOR PEOPLE WITH SERIOUS MENTAL ILLNESS. WE SUPPORT INDEPENDENT LIVING BY ASSISTING THE PEOPLE WE SERVE WITH FINDING AND NEGOTIATING RENTAL ARRANGEMENTS, PROVIDING 24/7 STAFFING AT MULTIPLE TYPES OF RESIDENTIAL SETTINGS, OR UTILIZING RENTAL SUBSIDY PROGRAMS.

4c (Code: ) (Expenses \$ 1,946,098. including grants of \$ ) (Revenue \$ ) CHILDREN & YOUTH SERVICES PROGRAM - WE OFFER SERVICES FOR YOUTH EXPERIENCING BEHAVIORAL HEALTH PROBLEMS, INCLUDING COURT INTERVENTIONS, BY PROVIDING INTENSIVE IN-HOME FAMILY CENTERED SERVICES. IN ADDITION, WE PROVIDE AN EARLY INTERVENTION PROGRAM THAT HELPS ADDRESS BEHAVIORAL CONCERNS WITH PRESCHOOL AND/OR SCHOOL-AGE CHILDREN AND OFFERS POSITIVE STRATEGIES FOR PROMOTING GOOD BEHAVIOR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,441,725. including grants of \$ ) (Revenue \$ 41,275.)

4e Total program service expenses 19,558,588.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| <b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



**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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | a The governing body?  | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | b Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial 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   
 THE ORGANIZATION - 314.535.5600  
 1001 LYNCH STREET, ST LOUIS, MO 63118

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - 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 instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOE STOFF<br>PRESIDENT                    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) ROBIN KOLKER ADKINS<br>VICE PRESIDENT     | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) ALLIE CHANG RAY<br>SECRETARY (RES. 02/20) | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) KEVIN KISSLING<br>SECRETARY               | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) THOMAS GRANNEMAN<br>TREASURER             | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) NICHOLAS AYLING<br>DIRECTOR               | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) MARK BOYKO<br>DIRECTOR                    | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) ROBERT BROWN<br>DIRECTOR                  | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) KIESHA DAVIS<br>DIRECTOR                  | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) PAUL DEAL<br>DIRECTOR                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) TYRONE FORD<br>DIRECTOR                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) SAM GLADNEY<br>DIRECTOR                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JOE KLINE<br>DIRECTOR                    | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MICHAEL MARTIN<br>DIRECTOR               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) ANDIE PATTON<br>DIRECTOR                 | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) ROY QUICK<br>DIRECTOR                    | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) HENRY RZONCA<br>DIRECTOR                 | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (18) AMY SCHULTE<br>DIRECTOR                                    | 2.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (19) SAM SKED<br>DIRECTOR                                       | 2.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (20) REGGIE SWANIGAN<br>DIRECTOR                                | 2.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (21) LAURA MCCALLISTER<br>VP OF FINANCE                         | 40.00   |   |                       | X       |              |                              | 104,357.   | 0.   | 18,002.   |   |
| (22) JOSEPH YANCEY<br>EXECUTIVE DIRECTOR                        | 40.00   |   |                       | X       |              |                              | 197,416.   | 0.   | 5,535.  |   |
| (23) DR. MEREDITH THROOP<br>MEDICAL DIRECTOR                    | 40.00   |   |                       |         | X            |                              | 322,635.   | 0.   | 6,639.  |   |
| (24) TIFFANY LACY CLARK<br>VP OF CLINICAL SERVICES (RES. 03/20) | 40.00   |   |                       |         |              | X                            | 121,447.   | 0.   | 8,514.  |   |
| (25) RAKHSHANDA HASSAN<br>PSYCHIATRIST                          | 40.00   |   |                       |         |              | X                            | 105,834.   | 0.   | 651.  |   |
| (26) DEBORAH PATTON<br>ADVANCE PRACTICE NURSE                   | 40.00   |   |                       |         |              | X                            | 119,082.   | 0.   | 7,265.  |   |
| <b>1b Subtotal</b>  |   |   |                       |         |              |                              | 970,771.   | 0.   | 46,606.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |   |   |                       |         |              |                              | 218,324.   | 0.   | 14,128.   |   |
| <b>d Total (add lines 1b and 1c)</b>                            |   |   |                       |         |              |                              | 1,189,095. | 0.   | 60,734.   |   |

**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 **9**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> 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 | X   |    |
| <b>5</b> 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                       |     | 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.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| CHIODINI ARCHITECTS, 1401 S. BRENTWOOD BLVD, STE 575, ST. LOUIS, MO 63144           | ARCHITECTURAL SERVICES         | 516,350.            |
| STL COMMUNICATIONS INC, 100 CHESTERFIELD BUSINESS PKWY #300, CHESTERFIELD, MO 63005 | TECHNOLOGY                     | 102,821.            |
|   |                                |                     |
|   |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) JODIE WARSING<br>ADVANCE PRACTICE NURSE      | 40.00   |  |                       |         |              | X                            |        | 115,000.   | 0.  | 767.  |
| (28) JAIME (SMITH) GREENFIELD<br>VP OF OPERATIONS | 40.00   |  |                       |         |              | X                            |        | 103,324.   | 0.  | 13,361.   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c .....       |   |  |                       |         |              |                              |        | 218,324.   |   | 14,128.   |

**Part VIII Statement of Revenue**

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

|   |   |   |                | (A)                  | (B)                                | (C)                        | (D)  |        |
|---|---|---|----------------|----------------------|------------------------------------|----------------------------|--|--------|
|   |   |   |                | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |        |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                |                      |                                    |                            |  |        |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                |                      |                                    |                            |  |        |
|   | <b>c</b> Fundraising events   | <b>1c</b>   | 46,335.        |                      |                                    |                            |  |        |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                |                      |                                    |                            |  |        |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 4,792,134.     |                      |                                    |                            |  |        |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 5,338,382.     |                      |                                    |                            |  |        |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$             |                      |                                    |                            |  |        |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                |                      | 10,176,851.                        |                            |  |        |
| <b>Program Service Revenue</b>  |   |   |                | <b>Business Code</b> |                                    |                            |  |        |
|   | <b>2 a</b> MENTAL HEALTH PROG FEE   |   | 624100         | 18,473,450.          | 18,473,450.                        |                            |  |        |
|   | <b>b</b> RESIDENTIAL PROG FEES  |   | 532000         | 158,874.             | 158,874.                           |                            |  |        |
|   | <b>c</b> OTHER PROGRAM REVENUE  |   | 900099         | 41,275.              | 41,275.                            |                            |  |        |
|   | <b>d</b>  |   |                |                      |                                    |                            |  |        |
|   | <b>e</b>  |   |                |                      |                                    |                            |  |        |
|   | <b>f</b> All other program service revenue  |   |                |                      |                                    |                            |  |        |
| <b>g Total.</b> Add lines 2a-2f   |   |   |                | 18,673,599.          |                                    |                            |  |        |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                | 13,548.              |                                    |                            | 13,548.  |        |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |   |                |                      |                                    |                            |  |        |
|   | <b>5</b> Royalties  |   |                |                      |                                    |                            |  |        |
|   | <b>6 a</b> Gross rents  | <b>6a</b>   | (i) Real       | (ii) Personal        |                                    |                            |  |        |
|   |   |   |                |                      |                                    |                            |  |        |
|   |   |   |                |                      |                                    |                            |  |        |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>   |                |                      |                                    |                            |  |        |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                |                      |                                    |                            |  |        |
|   | <b>d</b> Net rental income or (loss)  |   |                |                      |                                    |                            |  |        |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>   | (i) Securities | (ii) Other           |                                    |                            |  |        |
|   |   |   |                |                      |                                    |                            |  |        |
|   |   |   |                |                      |                                    |                            |  |        |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>   |                |                      |                                    |                            |  |        |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>   |                |                      |                                    |                            |  |        |
| <b>d</b> Net gain or (loss)   |   |   |                |                      |                                    |                            |  |        |
| <b>8 a</b> Gross income from fundraising events (not including \$ 46,335. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |   |                | 17,660.              |                                    |                            |  |        |
|   |   | <b>b</b> Less: direct expenses                        | <b>8b</b>      | 15,385.              |                                    |                            |  |        |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                |                      |                                    | 2,275.                     |  | 2,275. |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |   |                |                      |                                    |                            |  |        |
|   |   | <b>b</b> Less: direct expenses                        | <b>9b</b>      |                      |                                    |                            |  |        |
|   |   | <b>c</b> Net income or (loss) from gaming activities  |                |                      |                                    |                            |  |        |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |   |                |                      |                                    |                            |  |        |
|   |   | <b>b</b> Less: cost of goods sold                     | <b>10b</b>     |                      |                                    |                            |  |        |
|   |   | <b>c</b> Net income or (loss) from sales of inventory |                |                      |                                    |                            |  |        |
| <b>Miscellaneous Revenue</b>  |   |   |                | <b>Business Code</b> |                                    |                            |  |        |
|   | <b>11 a</b>   |   |                |                      |                                    |                            |  |        |
|   | <b>b</b>  |   |                |                      |                                    |                            |  |        |
|   | <b>c</b>  |   |                |                      |                                    |                            |  |        |
|   | <b>d</b> All other revenue  |   |                |                      |                                    |                            |  |        |
| <b>e Total.</b> Add lines 11a-11d   |   |   |                |                      |                                    |                            |  |        |
| <b>12 Total revenue.</b> See instructions   |   |   |                | 28,866,273.          | 18,673,599.                        | 0.                         | 15,823.  |        |

**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 response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 663,006.              | 200,813.                        | 462,193.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 14,046,031.           | 12,618,575.                     | 1,202,005.                             | 225,451.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 238,922.              | 224,855.                        | 9,760.                                 | 4,307.                      |
| <b>9</b> Other employee benefits  | 1,618,790.            | 1,464,179.                      | 127,088.                               | 27,523.                     |
| <b>10</b> Payroll taxes   | 1,081,134.            | 969,960.                        | 92,942.                                | 18,232.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 7,719.                |                                 | 7,719.                                 |                             |
| <b>c</b> Accounting   | 92,514.               |                                 | 92,514.                                |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 1,657,538.            | 1,418,744.                      | 179,714.                               | 59,080.                     |
| <b>12</b> Advertising and promotion   | 123,446.              | 53,083.                         | 69,508.                                | 855.                        |
| <b>13</b> Office expenses   | 113,171.              | 74,392.                         | 36,268.                                | 2,511.                      |
| <b>14</b> Information technology  | 391,333.              | 189,843.                        | 200,586.                               | 904.                        |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 465,914.              | 236,883.                        | 228,579.                               | 452.                        |
| <b>17</b> Travel  | 334,993.              | 327,077.                        | 7,356.                                 | 560.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  |                       |                                 |  |                             |
| <b>20</b> Interest  | 567,752.              | 34,401.                         | 521,757.                               | 11,594.                     |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 330,073.              | 274,938.                        | 49,667.                                | 5,468.                      |
| <b>23</b> Insurance   | 170,105.              | 16,641.                         | 153,464.                               |                             |
| <b>24</b> 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 O.) |                       |                                 |  |                             |
| <b>a</b> CLIENT SUPPORT CARE  | 1,085,034.            | 1,083,565.                      | 1,469.                                 |                             |
| <b>b</b> DUES AND SUBSCRIPTIONS   | 345,195.              | 261,993.                        | 67,124.                                | 16,078.                     |
| <b>c</b> FOOD & BEVERAGE  | 107,802.              | 99,635.                         | 7,782.                                 | 385.                        |
| <b>d</b> MISCELLANEOUS  | 24,935.               | 9,011.                          | 15,719.                                | 205.                        |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 23,465,407.           | 19,558,588.                     | 3,533,214.                             | 373,605.                    |
| <b>26</b> 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)

**Part X Balance Sheet**

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

|   |  | (A)                    |             | (B)         |
|---|--|------------------------|-------------|-------------|
|   |  | Beginning of year      |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,120,469.             | <b>1</b>    | 2,623,059.  |
|   | <b>2</b> Savings and temporary cash investments .....  | 452,210.               | <b>2</b>    | 5,321,272.  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 293,500.               | <b>3</b>    | 2,631,862.  |
|   | <b>4</b> Accounts receivable, net .....  | 2,322,484.             | <b>4</b>    | 2,478,467.  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                        | <b>5</b>    |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                        | <b>6</b>    |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                        | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use .....   |                        | <b>8</b>    |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 91,681.                | <b>9</b>    | 78,766.     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 14,237,990. |             |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 2,931,321.  |             |             |
|   |  | 7,572,418.             | <b>10c</b>  | 11,306,669. |
|   | <b>11</b> Investments - publicly traded securities .....   |                        | <b>11</b>   |             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                        | <b>12</b>   |             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                        | <b>13</b>   |             |
|   | <b>14</b> Intangible assets .....  |                        | <b>14</b>   |             |
| <b>15</b> Other assets. See Part IV, line 11 .....                        | 1,000,459.   | <b>15</b>              | 1,026,323.  |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 14,853,221.  | <b>16</b>              | 25,466,418. |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,878,448.             | <b>17</b>   | 3,393,342.  |
|   | <b>18</b> Grants payable .....   |                        | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue .....   | 48,757.                | <b>19</b>   |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                        | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                        | <b>21</b>   |             |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                        | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 3,614,693.             | <b>23</b>   | 4,732,898.  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                        | <b>24</b>   | 2,371,800.  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 314,459.               | <b>25</b>   | 570,648.    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 5,856,357.             | <b>26</b>   | 11,068,688. |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                        |             |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 8,254,282.             | <b>27</b>   | 8,964,149.  |
|   | <b>28</b> Net assets with donor restrictions .....   | 742,582.               | <b>28</b>   | 5,433,581.  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                        |             |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                        | <b>29</b>   |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                        | <b>30</b>   |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                        | <b>31</b>   |             |
|   | <b>32</b> Total net assets or fund balances .....  | 8,996,864.             | <b>32</b>   | 14,397,730. |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 14,853,221.  | <b>33</b>              | 25,466,418. |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 28,866,273. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 23,465,407. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,400,866.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 8,996,864.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 14,397,730. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | X   |    |
| <b>b</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 _____   | X   |    |



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br><br>PLACES FOR PEOPLE, INCORPORATED | <b>Employer identification number</b><br><br>23-7433924 |
|--|---|

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019    | (f) Total   |
|--|------------|------------|------------|------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 4,389,129. | 3,890,760. | 3,472,085. | 4,468,202. | 10,176,851. | 26,397,027. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 4,389,129. | 3,890,760. | 3,472,085. | 4,468,202. | 10,176,851. | 26,397,027. |
| <b>5</b> 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) ..... |            |            |            |            |             | 3,212,780.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |             | 23,184,247. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019    | (f) Total                |
|--|------------|------------|------------|------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 4,389,129. | 3,890,760. | 3,472,085. | 4,468,202. | 10,176,851. | 26,397,027.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   | 8,672.     | 12,291.    | 18,249.    | 13,169.    | 13,548.     | 65,929.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |            |            |            |            | 2,275.      | 2,275.                   |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            |            |            |            |             |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |             | 26,465,231.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12          | 77,010,296.              |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 87.60 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 96.83 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> 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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** 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 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> 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.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a 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.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  | Yes | No |
| <b>a</b> 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 that these activities constituted substantially all of its activities. |  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 these activities but for the organization's involvement.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |     |    |
| <b>a</b> 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? Provide details in Part VI.  |  |     |    |
| <b>b</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.   |  |     |    |
| <b>2a</b>  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>3b</b>  |  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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 must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2019

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |





# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

PLACES FOR PEOPLE, INCORPORATED

Employer identification number

23-7433924

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br><br>PLACES FOR PEOPLE, INCORPORATED | Employer identification number<br><br>23-7433924 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 2,841,865.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 1,500,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ 1,140,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ 700,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ 538,387.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><br>PLACES FOR PEOPLE, INCORPORATED | Employer identification number<br><br>23-7433924 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ 395,756.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ 238,708.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <hr/> <hr/> <hr/>                 | \$ 121,546.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <hr/> <hr/> <hr/>                 | \$ 99,503.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |  |
|---|--|
| Name of organization<br><br>PLACES FOR PEOPLE, INCORPORATED | Employer identification number<br><br>23-7433924 |
|---|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |

|   |  |
|---|--|
| Name of organization<br><br>PLACES FOR PEOPLE, INCORPORATED | Employer identification number<br><br>23-7433924 |
|---|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and 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 |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and 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 |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and 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 |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 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

2019

Open to Public Inspection

Name of the organization: PLACES FOR PEOPLE, INCORPORATED
Employer identification number: 23-7433924

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about property control and private benefit.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historically important land area, certified historic structure) and a table for tracking easements held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 721,726.                        |                              | 721,726.       |
| b Buildings  |                                      | 8,260,599.                      | 2,316,348.                   | 5,944,251.     |
| c Leasehold improvements   |                                      | 36,212.                         | 29,553.                      | 6,659.         |
| d Equipment  |                                      | 1,091,776.                      | 585,420.                     | 506,356.       |
| e Other  |                                      | 4,127,677.                      |                              | 4,127,677.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 11,306,669.    |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**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)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**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) FUNDS HELD FOR CLIENTS  | 395,863.       |
| (3) CAPITALIZED LEASE OBLIGATION  | 174,785.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 570,648.       |

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...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |             |
|----------|--|-----------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 28,866,273. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 0.          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 28,866,273. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 28,866,273. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |             |
|----------|---|-----------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 23,465,407. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |             |
| <b>c</b> | Other losses  | <b>2c</b> |           |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 0.          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 23,465,407. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 23,465,407. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE ISSUED DETERMINATION RULINGS EXEMPTING THE ORGANIZATION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE DOES NOT CONSIDER THE ORGANIZATION TO BE A PRIVATE FOUNDATION; THEREFORE, INCOME FROM CERTAIN UNRELATED BUSINESS ACTIVITIES NOT DIRECTLY RELATED TO ITS EXEMPT PURPOSE, IF ANY, IS SUBJECT TO INCOME TAX.

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1               | (b) Event #2                 | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|----------------------------|------------------------------|---------------------|--|
|  |   | GOLF EVENT<br>(event type) | TRIVIA NIGHT<br>(event type) | 1<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 41,263.                    | 16,493.                      | 6,239.              | 63,995.  |
|  | <b>2</b> Less: Contributions .....  | 23,603.                    | 16,493.                      | 6,239.              | 46,335.  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 17,660.                    |                              |                     | 17,660.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                            | 200.                         |                     | 200.   |
|  | <b>5</b> Noncash prizes .....   |                            | 39.                          |                     | 39.  |
|  | <b>6</b> Rent/facility costs .....  | 8,898.                     | 340.                         |                     | 9,238.   |
|  | <b>7</b> Food and beverages .....   | 4,196.                     | 343.                         | 688.                | 5,227.   |
|  | <b>8</b> Entertainment .....  |                            |                              |                     |  |
|  | <b>9</b> Other direct expenses .....  | 598.                       | 53.                          | 30.                 | 681.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                            |                              |                     | 15,385.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                            |                              | 2,275.              |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 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 ► \$ \_\_\_\_\_
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

PLACES FOR PEOPLE, INCORPORATED

Employer identification number

23-7433924

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JOSEPH YANCEY<br>EXECUTIVE DIRECTOR     | (i)  | 197,416.   | 0.                                  | 0.                                  | 5,502.   | 33.                     | 202,951.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) DR. MEREDITH THROOP<br>MEDICAL DIRECTOR | (i)  | 322,635.   | 0.                                  | 0.                                  | 6,580.   | 59.                     | 329,274.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION FOR THE  
EXECUTIVE DIRECTOR BY REVIEWING COMPARISON SALARY INFORMATION FROM THE FORM  
990'S OF SIMILAR ORGANIZATIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

PLACES FOR PEOPLE, INCORPORATED

Employer identification number

23-7433924

FORM 990, TAX YEAR 2019 OPERATIONS:

AS A RESULT OF THE COVID-19 PANDEMIC, MANY ORGANIZATIONS HAD IN-PERSON

PROGRAM EVENTS CANCELLED, POSTPONED, TRANSITIONED TO A VIRTUAL

ENVIRONMENT, OR HOSTED WITH LIMITED ATTENDANCE. DURING THE LAST QUARTER

OF THE 2019 TAX YEAR, PLACES FOR PEOPLE (PFP) STAFF MADE MINOR CHANGES

IN HOW THE ORGANIZATION CONDUCTED OPERATIONS. SOME PFP STAFF

TRANSITIONED WORK TO A REMOTE FORMAT, INCLUDING THE DELIVERY OF

SERVICES TELEPHONICALLY OR ELECTRONICALLY. ADDITIONAL PERSONAL

PROTECTIVE EQUIPMENT (PPE) WAS ALSO PURCHASED FOR THE SAFETY OF ALL

PARTIES. PLACES FOR PEOPLE IS DEDICATED TO FURTHERING ITS MISSION AND

ACHIEVING PROGRAM RESULTS DURING THESE CHALLENGING TIMES THROUGH THESE

MINOR MODIFICATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY-BASED SUBSTANCE USE TREATMENT PROGRAM - WE PROVIDE INDIVIDUAL

AND GROUP COUNSELING AND COMMUNITY SUPPORT SERVICES TO INDIVIDUALS

WORKING TOWARD RECOVERY FROM SUBSTANCE USE DISORDERS. PERSONS SERVED

WILL ALSO HAVE ACCESS TO PSYCHIATRY SERVICES FOR MEDICATION ASSISTED

TREATMENT AND/OR TREATMENT FOR OTHER CO-OCCURRING MENTAL HEALTH NEEDS.

STAFF MEMBERS WILL WORK COLLABORATIVELY WITH PERSONS SERVED TO SUPPORT

SUSTAINABLE RECOVERY GOALS THAT ACHIEVE A HIGH QUALITY OF LIFE.

RESEARCH AND EVALUATION PROGRAM - THIS PROGRAM FOCUSES ON THE CONSTANT

EVOLUTION OF TREATMENT MODELS, EVALUATING THE IMPACT OF SPECIFIC MODELS

ON OUR CLIENTS' LIVES: THEIR HOUSING, SUBSTANCE USE, MENTAL HEALTH

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

Schedule O (Form 990 or 990-EZ) (2019)

|   |  |
|---|--|
| Name of the organization<br>PLACES FOR PEOPLE, INCORPORATED | Employer identification number<br>23-7433924 |
|---|--|

SYMPTOMS, AND OTHER OUTCOME MEASURES. WE PUBLISH RESULTS, SPEAK AT

NATIONAL CONFERENCES, AND PROVIDE CONSULTATION TO START UP PROGRAMS.

EXPENSES \$ 1,441,725. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,275.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S POLICY IS TO PROVIDE A COPY OF FORM 990 TO ALL BOARD

MEMBERS PRIOR TO FILING WITH THE IRS. ANY QUESTIONS OR CONCERNS ARE

ADDRESSED AND INCORPORATED INTO THE FORM 990 PRIOR TO ITS SUBMISSION TO THE

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST POLICY AT A

BOARD MEETING FOR REVIEW AND REVISION AS NECESSARY. ANY POTENTIAL CONFLICTS

ARE ADDRESSED AT THIS TIME AND AS THEY MAY ARISE IN THE FUTURE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION FOR THE

EXECUTIVE DIRECTOR BY REVIEWING COMPARISON SALARY INFORMATION FROM THE FORM

990'S OF SIMILAR ORGANIZATIONS.

THE ORGANIZATION HAS UTILIZED THE SERVICES OF AN OUTSIDE ORGANIZATION TO

CONDUCT A SALARY SURVEY. THE ANALYSIS IS UPDATED PERIODICALLY TO MAINTAIN

COMPARABILITY. THE ORGANIZATION ALSO PARTICIPATES IN A SALARY SURVEY AS

CONDUCTED BY A COALITION TO FURTHER SUPPORT COMPARABILITY OF COMPENSATION

PRACTICES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

|   |  |
|---|--|
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|---|--|

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.