

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PEOPLE INC. CONSOLIDATED RETURN
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1219 NORTH FOREST ROAD
 City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSVILLE, NY 14221

D Employer identification number
22-3494006

E Telephone number
(716) 634-8132

G Gross receipts \$ **20,444,396.**

H(a) Is this a group return for subordinates? **STMT 1**
 Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number **9265**

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

J Website: **WWW.PEOPLE-INC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **M State of legal domicile:** **NY**

Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATIONS PRIMARY EXEMPT PURPOSES ARE TO PROVIDE HOME HEALTH CARE AND CLINICAL SERVICES,		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	84
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	66
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	463
6	Total number of volunteers (estimate if necessary)	6	66
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,350.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,121,336.	1,662,576.
9	Program service revenue (Part VIII, line 2g)	17,701,547.	18,153,643.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	201,322.	217,017.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	534,531.	376,780.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,558,736.	20,410,016.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,814,655.	11,343,821.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) 655,025.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,389,991.	11,433,545.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,204,646.	22,777,366.
19	Revenue less expenses. Subtract line 18 from line 12	-1,645,910.	-2,367,350.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	82,397,454.	81,026,475.
21	Total liabilities (Part X, line 26)	11,762,324.	11,245,375.
22	Net assets or fund balances. Subtract line 21 from line 20	70,635,130.	69,781,100.

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.

Sign Here
 Signature of officer: *ANNE STONE* Date: **11/13/2020**
ANNE STONE, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **ROBERT V. GRAMUGLIA** Preparer's signature: **ROBERT V. GRAMUGLIA** Date: **11/12/20** Check if self-employed: PTIN: **P00454779**
 Firm's name: **BRYANS & GRAMUGLIA CPAS, LLC** Firm's EIN: **20-2954888**
 Firm's address: **1 PINE WEST PLAZA SUITE 107 ALBANY, NY 12205** Phone no.: **518-452-8055**

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

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: THE ORGANIZATIONS PRIMARY EXEMPT PURPOSES ARE TO PROVIDE HOME HEALTH CARE AND CLINICAL SERVICES, OPERATE APARTMENT BUILDINGS FOR THE ELDERLY AND DISABLED AND RECEIVE CONTRIBUTIONS AND DISTRIBUTE THOSE FUNDS TO AFFILIATED ENTITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,947,886. including grants of \$) (Revenue \$ 7,115,215.) HOUSING AND OUTREACH - OPERATED APARTMENT BUILDINGS FOR THE DISABLED AND ELDERLY UNDER SECTION 202 AND SECTION 811 OF THE NATIONAL HOUSING ACT REGULATED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

4b (Code:) (Expenses \$ 9,280,032. including grants of \$) (Revenue \$ 8,783,798.) HEALTH CARE - PROVIDED HOME HEALTH CARE AND CLINICAL SERVICES IN WESTERN NEW YORK.

4c (Code:) (Expenses \$ 1,753,948. including grants of \$) (Revenue \$ 2,612,377.) PEOPLE INC. FINGER LAKES

4d Other program services (Describe on Schedule O.) (Expenses \$ 0. including grants of \$) (Revenue \$ 10,683.)

4e Total program service expenses 21,981,866.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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
7 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
8 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	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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
c 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
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
35b		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note: All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
			53
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 463		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 84 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 66		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 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 **▶**
ANNE STONE - (716) 634-8132
1219 NORTH FOREST ROAD, WILLIAMSVILLE, NY 14221

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) ALEXANDRA WEHR PRESIDENT - MUSEUM	1.00 1.00	X		X				0.	0.	0.
(2) FRANK CAMMARATO BOARD MEMBER - MUSEUM	1.00	X						0.	0.	0.
(3) DEBORAH GOLDMAN BOARD MEMBER - MUSEUM	1.00	X						0.	0.	0.
(4) DAVID GERBER CHAIRPERSON - MUSEUM	1.00	X		X				0.	0.	0.
(5) DONALD TRAYNOR BOARD MEMBER - MUSEUM	1.00	X						0.	0.	0.
(6) ROBERT T. MAYER SECRETARY -PEOPLE INC &	1.00 6.00	X		X				0.	0.	0.
(7) LYNNE R. FRANK VICE CHAIR-PEOPLE INC & AL	1.00 1.00	X		X				0.	0.	0.
(8) RANDALL E. BORST CHAIR-PEOPLE INC & AL	1.00 2.00	X		X				0.	0.	0.
(9) WILLIAM M. COLLINS BOARD MEMBER-PEOPLE INC &	1.00 2.00	X						0.	0.	0.
(10) NANCY R. DOBSON BOARD MEMBER-PEOPLE INC &	1.00 2.00	X						0.	0.	0.
(11) JEFF SANDERSON BOARD MEMBER-RIVERSHORE FO	1.00 34.00	X						0.	113,850.	26,508.
(12) EUGENE MEEKS BOARD MEMBER-PEOPLE INC &	1.00 2.00	X						0.	0.	0.
(13) NANCY DOBSON PRESIDENT -P/INC. FOU	1.00 2.00	X		X				0.	0.	0.
(14) ROBERT J. O'LEARY TREASURER - P/INC. FOUNDAT	1.00	X		X				0.	0.	0.
(15) WILLIAM M. COLLINS BOARD MEMBER - P/INC. FOUN	1.00 2.00	X						0.	0.	0.
(16) KENNETH M. FRANASIAK BOARD MEMBER - P/INC. FOUN	1.00	X						0.	0.	0.
(17) MICHAEL MODRZYNSKI BOARD MEMBER - P/INC. FOUN	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) BETH MONTAGUE BOARD MEMBER - P/INC., FOUN	1.00	X						0.	0.	0.
(19) RONALD J. PAPA BOARD MEMBER - P/INC., FOUN	1.00	X						0.	0.	0.
(20) LARRY SKERKER BOARD MEMBER - P/INC., FOUN	1.00	X						0.	0.	0.
(21) ALEXANDRA WEHR BOARD MEMBER - P/INC., FOUN	1.00	X						0.	0.	0.
(22) MARY ANN O'DEA PRESIDENT - CHDO	1.00 34.00	X		X				0.	52,039.	6,659.
(23) ANNETTE KANIA TREASURER - CHDO	1.00	X		X				0.	0.	0.
(24) EUGENE MEEKS BOARD MEMBER - CHDO	1.00 2.00	X						0.	0.	0.
(25) RANDALL BORST BOARD MEMBER - CHDO	1.00 2.00	X						0.	0.	0.
(26) MARY PIOTROWSKI BOARD MEMBER - CHDO	1.00	X						0.	0.	0.
1b Subtotal								0.	165,889.	33,167.
c Total from continuation sheets to Part VII, Section A								0.	1,639,078.	160,113.
d Total (add lines 1b and 1c)								0.	1,804,967.	193,280.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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	
5 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) Name and business address	(B) Description of services	(C) Compensation
BRYANS & GRAMUGLIA CPAS, LLC, 1 PINE WEST PLAZA, SUITE 107, ALBANY, NY 12205	ACCOUNTING	111,713.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) SHARON FODOR BOARD MEMBER - CHDO	1.00	X						0.	0.	0.
(28) JOANNE HUDECKI BOARD MEMBER - CHDO	1.00 3.00	X						0.	0.	0.
(29) CHARLENE VALVO BOARD MEMBER - CHDO	1.00	X						0.	0.	0.
(30) NANCY PALUMBO TREASURER - MUSEUM	1.00 34.00	X		X				0.	0.	0.
(31) RJ VANNER, JR. BOARD MEMBER - P/INC, FOUN	1.00 1.00	X						0.	0.	0.
(32) DENNIS HERRIGAN BOARD MEMBER - PEOPLE INC &	1.00 1.00	X						0.	0.	0.
(33) ELIZABETH MAURO BOARD MEMBER-PEOPLE INC &	1.00 1.00	X						0.	0.	0.
(34) BRENDA MCDUFFIE BOARD MEMBER-PEOPLE INC &	1.00 1.00	X						0.	0.	0.
(35) BILL REGAN BOARD MEMBER - P/INC, FOUN	1.00	X						0.	0.	0.
(36) DENISE BIENKO BOARD MEMBER - CHDO	1.00 34.00	X						0.	125,208.	18,135.
(37) JERALD WOLFGANG PRESIDENT - RIVERSHORE FOU	1.00	X		X				0.	0.	0.
(38) CHRISTINE VESCIO-SIRIANNI BOARD MEMBER - RIVERSHORE FOUNDATI	1.00	X						0.	0.	0.
(39) BERNIE TOELLNER SECRETARY - RIVERSHORE FOU	1.00	X		X				0.	0.	0.
(40) JOHN ROLFE BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(41) MICHAEL MARRONE BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(42) JOANNE BEATON TREASURER - RIVERSHORE	1.00	X		X				0.	0.	0.
(43) TED KUZNIAREK BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(44) PRIYA GISMONDI BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(45) JOEL COSTANZO II BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(46) CHARLES MALCOMB BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CHRISTINA SARIC BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(48) LEI HAN BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(49) JUDY CONDINO BOARD MEMBER - RIVERSHORE	1.00	X						0.	0.	0.
(50) KEVIN K.GLUC BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(51) KAREN CULLEN BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(52) CRAIG ARRISON BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(53) PAUL SNYDER IV PRESIDENT - SE FOUNDATION	1.00	X		X				0.	0.	0.
(54) ROSEMARIE RUBIN BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(55) RICHARD WETHERBY BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(56) RJ VANNER, JR. BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(57) PAUL HERLAN BOARD MEMBER - SE FOUNDATION	1.00	X						0.	0.	0.
(58) JOANNE HUDECKI TREASURER -PEOPLE INC. &	1.00 3.00	X		X				0.	0.	0.
(59) JOCELYN BOS SECRETARY - HAHDFC, INC	1.00 34.00	X		X				0.	155,863.	9,049.
(60) ROBERT MAYER VP AND TREASURER - HAHDFC, INC	1.00 6.00	X		X				0.	0.	0.
(61) RHONDA FREDERICK SECRETARY - P/INC, FOUNDAT	1.00 34.00	X		X				0.	0.	0.
(62) RHONDA FREDERICK PRESIDENT - HAHDFC, INC	1.00 34.00	X		X				0.	0.	0.
(63) DAVID PUEHN BOARD MEMBER - SE WORKS FO	1.00	X						0.	0.	0.
(64) THOMAS BARRETT BOARD MEMBER - SE WORKS FO	1.00	X						0.	0.	0.
(65) RHONDA FREDERICK PRESIDENT - JAHDFC, INC	1.00 34.00	X		X				0.	0.	0.
(66) JOCELYN BOS SECRETARY - JAHDFC, INC	1.00 34.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ROBERT MAYER VP & TREASURER - JAHDFC, INC	1.00 6.00	X		X				0.	0.	0.
(68) RHONDA FREDERICK PRESIDENT - LLHDFC, INC	1.00 34.00	X		X				0.	0.	0.
(69) JOCELYN BOS SECRETARY - LLHDFC, INC	1.00 34.00	X		X				0.	0.	0.
(70) ROBERT MAYER VP & TREASURER - LLHDFC, INC	1.00 6.00	X		X				0.	0.	0.
(71) ROBERT MAYER VP & TREASURER - GSADFC, INC.	1.00 6.00	X		X				0.	0.	0.
(72) BJ STASIO BOARD MEMBER - MUSEUM	1.00	X						0.	0.	0.
(73) PETER GABAK BOARD MEMBER - MUSEUM	1.00	X						0.	0.	0.
(74) TIMOTHY PFOHL BOARD MEMBER - SE WORKS FO	1.00 34.00	X						0.	0.	0.
(75) MARC SHATKIN, ESQ. TREASURER - SE WORKS FOUND	1.00	X		X				0.	0.	0.
(76) JOANNE HUDECKI SECRETARY - SE WORKS FOUND	1.00 3.00	X		X				0.	0.	0.
(77) JOCELYN BOS SECRETARY - GSADFC, INC.	1.00 34.00	X		X				0.	0.	0.
(78) ROBERT CAGLE BOARD MEMBER-PEOPLE INC &	1.00 1.00	X						0.	0.	0.
(79) DENISE BIENKO EXECUTIVE OFFICER - RIVERSHORE FOUND	1.00 34.00	X		X				0.	0.	0.
(80) DENISE BIENKO SECRETARY - MUSEUM	1.00 34.00	X		X				0.	0.	0.
(81) RHONDA FREDERICK PRESIDENT - GASDFC, INC.	1.00 34.00	X		X				0.	0.	0.
(82) RHONDA FREDERICK PRESIDENT - OSADFC, INC.	1.00 34.00	X		X				0.	0.	0.
(83) JOCELYN BOS SECRETARY - OSADFC, INC.	1.00 34.00	X		X				0.	0.	0.
(84) ROBERT MAYER VP & TREASURER - OSADFC, INC.	1.00 6.00	X		X				0.	0.	0.
(85) RHONDA FREDERICK PRESIDENT AND CEO	1.00 34.00			X				0.	282,227.	14,469.
(86) ANNE STONE CFO	1.00 34.00			X				0.	215,737.	9,827.
Total to Part VII, Section A, line 1c										

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	210,352.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	674,187.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	778,037.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 22,081.				
	h Total. Add lines 1a-1f			1,662,576.			
	Program Service Revenue	2 a HEALTH CARE	Business Code	624100	8,764,516.	8,764,516.	
		b HOUSING AND OUTREACH		623990	7,123,565.	7,115,215.	8,350.
c PEOPLE INC. FINGER LAKES			623990	2,254,879.	2,254,879.		
d FOUNDATIONS			900099	10,683.	10,683.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				18,153,643.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			217,017.		217,017.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents		(i) Real				
		6a	(ii) Personal				
		6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 210,352. of contributions reported on line 1c). See Part IV, line 18						
		8a		34,380.			
8b			34,380.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19							
	9a						
	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10a						
	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	376,780.	376,780.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			376,780.			
12 Total revenue. See instructions			20,410,016.	18,522,073.	8,350.	217,017.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,151,884.	9,151,884.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,677.	65,677.		
9 Other employee benefits	1,441,146.	1,441,146.		
10 Payroll taxes	685,114.	685,114.		
11 Fees for services (nonemployees):				
a Management	1,533,513.	1,367,362.	136,225.	29,926.
b Legal	4,507.	4,507.		
c Accounting	32,128.	27,878.	4,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,350,034.	1,350,034.		
12 Advertising and promotion	56,131.	52,724.		3,407.
13 Office expenses	440,852.	395,800.		45,052.
14 Information technology	320,745.	303,979.		16,766.
15 Royalties				
16 Occupancy	1,615,670.	1,610,955.		4,715.
17 Travel	126,573.	125,646.		927.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,795.	29,653.		2,142.
20 Interest	118,585.	114,245.		4,340.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,858,100.	2,829,882.		28,218.
23 Insurance	713.			713.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	1,843,480.	1,829,781.		13,699.
b CONTRIBUTION EXPENSE	421,758.			421,758.
c SUPPLIES	415,321.	405,344.		9,977.
d MISCELLANEOUS	163,582.	162,292.		1,290.
e All other expenses	100,058.	27,963.		72,095.
25 Total functional expenses. Add lines 1 through 24e	22,777,366.	21,981,866.	140,475.	655,025.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,900.	1	7,400.
	2 Savings and temporary cash investments	2,129,904.	2	2,218,973.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,423,437.	4	1,280,253.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,551,199.	7	2,551,199.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	156,492.	9	236,020.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,502,177.		
	b Less: accumulated depreciation	10b 35,824,589.	63,016,154.	10c 59,677,588.
	11 Investments - publicly traded securities	6,339,121.	11	7,721,013.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,777,247.	15	7,334,029.
16 Total assets. Add lines 1 through 15 (must equal line 33)	82,397,454.	16	81,026,475.	
Liabilities	17 Accounts payable and accrued expenses	1,064,559.	17	859,240.
	18 Grants payable		18	
	19 Deferred revenue	28,186.	19	92,052.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,309.	21	7,483.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,961,877.	23	1,336,492.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	7,700,393.	25	8,950,108.
	26 Total liabilities. Add lines 17 through 25	11,762,324.	26	11,245,375.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	70,635,130.	27	69,781,100.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	70,635,130.	32	69,781,100.	
33 Total liabilities and net assets/fund balances	82,397,454.	33	81,026,475.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,410,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,777,366.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,367,350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,635,130.
5	Net unrealized gains (losses) on investments	5	1,010,559.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	502,761.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,781,100.

Part XII Financial Statements and Reporting

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

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

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization <p align="center">PEOPLE INC. CONSOLIDATED RETURN</p>	Employer identification number <p align="center">22-3494006</p>
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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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1837983.	1154522.	1880567.	1121336.	1662576.	7656984.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1837983.	1154522.	1880567.	1121336.	1662576.	7656984.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						7656984.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1837983.	1154522.	1880567.	1121336.	1662576.	7656984.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	166,897.	147,840.	170,363.	201,322.	217,017.	903,439.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8560423.
12 Gross receipts from related activities, etc. (see instructions)					12 106,827,340.	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.45 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	93.73 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. 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 stop here. 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 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
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? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			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	Distributable Amount. 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).		

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

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

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

PEOPLE INC. CONSOLIDATED RETURN

22-3494006

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

Employer identification number

PEOPLE INC. CONSOLIDATED RETURN

22-3494006

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIVISION OF HOME & COMMUNITY BASED SERVICES ONE COMMERCE PLAZA, ROOM 826 ALBANY, NY 12210	\$ 637,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PEOPLE INC. CONSOLIDATED RETURN

22-3494006

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

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

Name of organization

Employer identification number

PEOPLE INC. CONSOLIDATED RETURN

22-3494006

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

(e) Transfer of gift	
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

(e) Transfer of gift	
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

(e) Transfer of gift	
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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

TULIP HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1399434
CONNECTICUT STREET HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1570343
MARIGOLD HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1560867
VIOLET HOUSING CORP	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1570344
ELM HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-3497165
CARNATION HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1597248
DAFFODIL HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1597247
REHABILITATIVE SERVICES AND ASSISTANCE, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1446568
PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1564672
GERANIUM HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	38-3698696
SUNFLOWER HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-1638766
POINSETTIA HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-1638764
MAPLE HOUSING OF NY CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-1638767
OAK HOUSING OF NY CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-1638773
REDWOOD HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-1686520
BIRCH HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-1799339
PINE HOUSING OF NY CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-1638769
MUSEUM OF DISABILITY HISTORY	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-1668536

WILLOW HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-3497119
HOLLY HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	26-1736138
ORCHARD HOUSING OF NY CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	26-2103425
WALNUT HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	26-4587444
HEADWAY OF WESTERN NY, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	22-2704224
HERTEL HOUSING DEVELOPMENT FUND CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1542479
PEOPLE INC. FINGER LAKES	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	20-2017098
RIVERSHORE FOUNDATION, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1377957
HIGHLAND AVENUE HOUSING DEVELOPMENT FUND COMPANY, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	47-4794480
SOUTHEAST WORKS FOUNDATION, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1591003
LINCOLN ST. HOUSING CORP.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	11-3724573
JEFFERSON AVENUE HOUSING DEVELOPMENT FUND COMPANY, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	82-1423898
THE INDEPENDENCE FOUNDATION	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	61-1485976
DEAF ACCESS SERVICES, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	16-1433932
LINWOOD LAFAYETTE HOUSING DEVELOPMENT FUND CO., INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	82-2691254
GRANT STREET APARTMENTS DEVELOPMENT FUND CO., INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	83-1238240
OAKWOOD SENIOR APARTMENTS DEVELOPMENT FUND CO., INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	84-2403690
AGAPE PARENTS' FELLOWSHIP, INC.	1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221	11-2617454

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

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

18,935.

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	604,321.	604,321.	162,151.	162,151.	149,188.
b Contributions			442,170.		12,963.
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	604,321.	604,321.	604,321.	162,151.	162,151.

- 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 100.00 %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		4,105,770.		4,105,770.
b Buildings		81,056,012.	28,727,484.	52,328,528.
c Leasehold improvements		8,767,298.	6,097,620.	2,669,678.
d Equipment		1,559,597.	988,329.	571,268.
e Other		13,500.	11,156.	2,344.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,677,588.

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)		
Total. (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)		
Total. (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) DEPOSITS	299,241.
(2) RESERVES FOR REPLACEMENT	4,800,975.
(3) RESIDUAL RECEIPTS	130,244.
(4) DUE FROM AFFILIATES	2,096,086.
(5) PARTICIPANT FUNDS	7,483.
(6)	
(7)	
(8)	
(9)	
Total. (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) DUE TO AFFILIATES	8,532,268.
(3) DUE TO FUNDING SOURCES	122,614.
(4) SECURITY DEPOSITS	290,016.
(5) CHARITABLE GIFT ANNUITY	5,210.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

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

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.

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

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 III, LINE 4:

THEY FURTHER THE PURPOSE BY EDUCATING THE PUBLIC ABOUT THE HISTORY OF PEOPLE WITH DEVELOPMENTAL DISABILITIES TO HELP THEM BECOME AN ACCEPTED PART OF SOCIETY AND THE COMMUNITIES WHERE THEY LIVE.

PART IV, LINE 2B:

THE AGENCY HAS SIGNATURE AUTHORITY OVER PARTICIPANT FUNDS. THESE FUNDS ARE USED FOR AUTHORIZED AND ALLOWABLE PURCHASES OF PARTICIPANTS PERSONAL ITEMS.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INVESTED IN PERPETUITY FOR THE LONG TERM SECURITY

Part XIII Supplemental Information (continued)

OF THE ORGANIZATION WITH THE EARNINGS UTILIZED IN ACCORDANCE WITH THE
DONORS WISHES.

PART X, LINE 2:

THE AGENCY IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM INCOME
TAXES AS ORGANIZATIONS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE. THE AGENCY HAS ALSO BEEN CLASSIFIED BY THE INTERNAL REVENUE
SERVICE AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB ASC 740-10
WHICH REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE
NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR TAX-EXEMPT ENTITIES,
THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, SINCE
EVENTS COULD OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. HOWEVER, THE
ENTITY HAS NO KNOWLEDGE OF EVENTS OR CIRCUMSTANCES THAT WOULD JEOPARDIZE
ITS TAX-EXEMPT STATUS.

THE AGENCY IMPLEMENTED FASB ASC 740-10 AND ITS CURRENT ACCOUNTING POLICY
FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY
ACCEPTED ACCOUNTING PRINCIPLES. THE AGENCY HAS NOT RECOGNIZED ANY
BENEFITS FROM UNCERTAIN TAX POSITIONS IN 2019 AND BELIEVES IT HAS NO
UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL
AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR
DECREASE WITHIN 12 MONTHS OF THE STATEMENTS OF FINANCIAL POSITION DATE.

THE AGENCY EVALUATED ITS TAX POSITION AND CONCLUDED THAT ALL OF THE
POSITIONS TAKEN BY THE AGENCY WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON
EXAMINATION, BASED ON TECHNICAL MERITS. THE INFORMATION RETURNS OF THE

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **PEOPLE INC. CONSOLIDATED RETURN** Employer identification number **22-3494006**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	SEW CHALLENGE (event type)	1 (total number)	
Revenue	1 Gross receipts	159,255.	57,367.	28,110.	244,732.
	2 Less: Contributions	132,216.	55,197.	22,939.	210,352.
	3 Gross income (line 1 minus line 2)	27,039.	2,170.	5,171.	34,380.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	853.			853.
	6 Rent/facility costs	24,125.		4,506.	28,631.
	7 Food and beverages	1,060.		41.	1,101.
	8 Entertainment				
	9 Other direct expenses	1,001.	2,170.	624.	3,795.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,380.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 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		13a	%
b An outside facility		13b	%

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)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2019

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

Part I Questions Regarding Compensation

		Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	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?	5a	X
b	Any related organization?	5b	X
	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?	6a	X
b	Any related organization?	6b	X
	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	7	X
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	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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) JOCELYN BOS SECRETARY - HAHDFC, INC	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 152,077.	1,500.	2,286.	2,311.	6,738.	164,912.	0.	
(2) RHONDA FREDERICK PRESIDENT AND CEO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 260,904.	0.	21,323.	4,436.	10,033.	296,696.	0.	
(3) ANNE STONE CFO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 213,549.	1,000.	1,188.	3,090.	6,737.	225,564.	0.	
(4) ANNA KORUS VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	
(ii) 160,226.	1,000.	1,188.	3,753.	16,998.	183,165.	0.	
(5) TRACY SCOTT HARRIENGER IN HOUSE COUNCIL	(i) 0.	0.	0.	0.	0.	0.	
(ii) 154,562.	1,500.	774.	1,670.	18,391.	176,897.	0.	
(6) MARY BETH IWANSKI SENIOR VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	
(ii) 172,904.	1,000.	1,188.	1,800.	21,768.	198,660.	0.	
(7) TIMOTHY PFOHL VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	
(ii) 172,899.	1,000.	774.	6,596.	15,574.	196,843.	0.	
(8) NANCY PALUMBO CAO	(i) 0.	0.	0.	0.	0.	0.	
(ii) 189,254.	1,000.	774.	12,696.	9,387.	213,111.	0.	
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPERATE APARTMENT BUILDINGS FOR THE ELDERLY AND DISABLED AND RECEIVE
CONTRIBUTIONS AND DISTRIBUTE THOSE FUNDS TO AFFILIATED ENTITIES.

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

FOUNDATIONS

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,683.

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

PEOPLE INC. UTILIZE THEIR AUDITORS TO PREPARE A DRAFT COPY OF THE FORM 990
FROM INFORMATION PROVIDED BY THE MANAGEMENT OF PEOPLE INC. THE BOARD OF
DIRECTORS HAS ASSIGNED AUTHORITY TO THE BOARD AUDIT COMMITTEE TO REVIEW THE
DRAFT 990, MAKE SUGGESTIONS OR DIRECTIVES FOR ADJUSTMENTS, AND RECOMMEND
APPROVAL OF A FINAL FORM THAT MEETS THEIR AGREEMENT. THE DRAFT IS PRESENTED
TO MANAGEMENT FOR THEIR APPROVAL. THE AUDITORS ALSO PRESENT THE DRAFT
INFORMATION RETURNS TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND
ALLOW THEM TO IDENTIFY ANY ISSUES, QUESTIONS, OR CONCERNS THEY HAVE WITH
THE FORM 990. THE AUDIT COMMITTEE THEN VOTES ON WHETHER OR NOT THEY BELIEVE
THE RETURN IS ACCURATE AND WHETHER THEY WILL RECOMMEND THAT IT BE APPROVED
BY THE BOARD OF DIRECTORS. A RECOMMENDATION IS MADE BY THE AUDIT COMMITTEE
TO THE BOARD OF DIRECTORS WHO ARE ENCOURAGED TO REVIEW THE INFORMATION
RETURNS THEMSELVES OR ASK QUESTIONS OF THE AUDIT COMMITTEE. THE BOARD WILL
ACCEPT THE RECOMMENDATION OF THE BOARD AUDIT COMMITTEE AS APPROVAL AND
AUTHORIZATION FOR THE FINAL 990 TO BE SUBMITTED AND RELEASED. THE CEO WILL
THEN SIGN FORM 8879-EO TO AUTHORIZE THE AUDITORS TO FILE THE FORM 990
ELECTRONICALLY ON BEHALF OF THE ORGANIZATION.

Name of the organization

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

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

PEOPLE INC.'S CONFLICT OF INTEREST POLICY HAS TWO PARTS TO IT. THE FIRST PART STATES THAT EMPLOYEES MAY NOT RECEIVE OR ACCEPT ANY PAYMENT, GIFT OR OTHER PERSONAL ECONOMIC BENEFIT OF VALUE FROM ANY PERSON OR ENTITY THAT HAS OR SEEKS TO HAVE A BUSINESS RELATIONSHIP WITH PEOPLE INC. IN NOVEMBER/DECEMBER AN AGENCY WIDE E-MAIL IS SENT OUT TO REINFORCE THIS PORTION OF THE POLICY. THE REMINDER STATES THAT IF THERE IS A GIFT GIVEN DIRECTLY TO THE SITE/PROGRAM/DEPARTMENT THE GIFT SHOULD BE DONATED TO THE FOUNDATION OR THE AGENCY. EMPLOYEES ARE ALSO DIRECTED TO THE CORPORATE COMPLIANCE OFFICER TO ANSWER ANY QUESTIONS FROM EMPLOYEES. THE SECOND PART OF THE POLICY STATES THAT EMPLOYEES MAY NOT ACCEPT EMPLOYMENT WITH AN ORGANIZATION THAT HAS A RELATIONSHIP WITH PEOPLE INC. WHERE THE EMPLOYEE MAY GAIN FINANCIALLY OR ACCEPT EMPLOYMENT THAT WILL INTERFERE WITH THEIR EMPLOYMENT AT PEOPLE INC. EMPLOYEES ARE MADE AWARE THAT THEY MUST DISCLOSE ANY EMPLOYMENT OUTSIDE OF PEOPLE INC. THAT MAY CREATE A CONFLICT OF INTEREST. THE ENTIRE POLICY IS DISCUSSED AT DEPARTMENTAL MEETINGS WITH THE CORPORATE COMPLIANCE OFFICER AS WELL AS REVIEWED AT MANAGEMENT TRAINING. THE POLICY IS CONTAINED IN THE EMPLOYEE HANDBOOK WHICH ALL EMPLOYEES ARE ABLE TO ACCESS THROUGH THE EMPLOYEE INTRANET. IN ADDITION, SUPERVISORS ARE ASKED TO REVISIT THIS POLICY WITH THEIR STAFF ESPECIALLY AROUND THE HOLIDAYS.

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

PEOPLE INC. DETERMINES THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO BY HAVING AN INDEPENDENT CONTRACTOR PERFORM THE FOLLOWING:

- 1) EVALUATE THE CURRENT BASE SALARY FOR MARKET COMPETITIVENESS.
- 2) REVIEW THE BENEFITS AND PREREQUISITES PROVIDED.

Name of the organization

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

3) DEVELOP RECOMMENDATIONS FOR ALL COMPONENTS OF THE PRESIDENT/CEO'S COMPENSATION.

THE BOARD OF DIRECTORS THEN EVALUATES THE RECOMMENDATIONS FROM THE THIRD-PARTY AND VOTES ON THE RECOMMENDATIONS PROVIDED.

FOR SENIOR STAFF AND KEY EMPLOYEES, PEOPLE INC. DETERMINES THEIR SALARY BY USING THE FOLLOWING PROCESS:

EVERY THREE YEARS THE FIRM OF THE BURKE GROUP, REVIEWS THE JOB RESPONSIBILITIES OF THE STAFF AND DOES AN INDUSTRY COMPARISON OF DUTIES, QUALIFICATIONS AND THE SCOPE OF THE JOB. THE COMPLETED REPORT IS USED TO ADJUST SALARIES ON A YEAR BY YEAR BASIS TO MEET THE RECOMMENDED RANGES. OVER THE THREE YEAR PERIOD, THE OUTSIDE SALARY EVALUATION COMPARISON MAY BE REVIEWED MORE FREQUENTLY IF THERE HAS BEEN SIGNIFICANT GROWTH AND/OR CHANGE IN RESPONSIBILITIES. OVER A SERIES OF MEETINGS, THE CEO PROVIDES INPUT INTO THE PRE-COMPARISON DATA WHICH INCLUDES JOB DESCRIPTIONS, ORGANIZATIONAL CHARTS AND A DISCUSSION OF THE POSITION. THE COMPARISON REPORT IS THEN REVIEWED AND DISCUSSED WITH THE BURKE GROUP CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 18:

AN ANNUAL REPORT IS PRODUCED YEARLY BY THE PUBLIC AFFAIRS DEPARTMENT. COPIES ARE AVAILABLE TO THE PUBLIC BY REQUEST AT NO CHARGE. ALSO, IT IS AVAILABLE ONLINE THROUGH PEOPLE INC.'S WEBSITE.

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

THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT NO CHARGE.

Name of the organization

PEOPLE INC. CONSOLIDATED RETURN

Employer identification number

22-3494006

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON ACQUISITION	402,761.
CAPITAL ADDITIONS	100,000.
TOTAL TO FORM 990, PART XI, LINE 9	502,761.

PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HIGHLAND AVENUE, L.P. - 35-2539364, 1219 NORTH FOREST ROAD, WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	HIGHLAND AVENUE GP LLC	RELATED	-35.	0.	X		N/A	X		.01%
LINWOOD LAFAYETTE, L.P. - 82-1955158, 1219 NORTH FOREST ROAD, WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	LINWOOD LAFAYETTE GP, LLC	RELATED	-143.	0.	X		N/A	X		.01%
JEFFERSON AVENUE APARTMENTS, L.P. - 82-0815800, 1219 NORTH FOREST ROAD, WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	JEFFERSON AVENUE GP, LLC	RELATED	0.	0.	X		N/A	X		.01%
GRANT STREET APARTMENTS, L.P., - 35-2632141, 1219 NORTH FOREST ROAD, WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	GRANT STREET APARTMENTS MM, LLC	RELATED	0.	0.	X		N/A	X		.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HIGHLAND AVENUE GP LLC - 47-4506250 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	PEOPLE COMMUNITY HOUSING	C CORP	0.	0.	51.00%		X
LINWOOD LAFAYETTE GP, LLC - 82-1939934 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	PEOPLE COMMUNITY HOUSING	C CORP	0.	0.	51.00%		X
JEFFERSON AVENUE GP, LLC - 82-0658157 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	PEOPLE COMMUNITY HOUSING	C CORP	0.	0.	51.00%		X
GRANT STREET APARTMENTS MM, LLC - 83-0940917 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	PEOPLE COMMUNITY HOUSING	C CORP	0.	0.	51.00%		X
OAKWOOD SENIOR APARTMENTS, LLC - 84-2161936 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	REALTY COMPANY	NY	PEOPLE COMMUNITY HOUSING	C CORP	0.	0.	51.00%		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PEOPLE INC.	A	141,942.	FAIR MARKET VALUE
(2)	PEOPLE INC.	D	2,551,200.	FAIR MARKET VALUE
(3)	PEOPLE INC.	P	1,139,305.	FAIR MARKET VALUE
(4)	PEOPLE INC.	Q	102,680.	FAIR MARKET VALUE
(5)	PEOPLE INC.	B	421,758.	FAIR MARKET VALUE
(6)	PEOPLE INC.	K	135,234.	FAIR MARKET VALUE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

HIGHLAND AVENUE HOUSING DEVELOPMENT FUND COMPANY, INC.

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

JEFFERSON AVENUE HOUSING DEVELOPMENT FUND COMPANY, INC.

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

LINWOOD LAFAYETTE HOUSING DEVELOPMENT FUND COMPANY, INC.

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

GRANT STREET APARTMENTS DEVELOPMENT FUND COMPANY, INC.

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

OAKWOOD SENIOR APARTMENTS DEVELOPMENT FUND COMPANY, INC.

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORPORATION

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

HIGHLAND AVENUE GP LLC

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.

NAME OF RELATED ORGANIZATION:

LINWOOD LAFAYETTE GP, LLC

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.

NAME OF RELATED ORGANIZATION:

JEFFERSON AVENUE GP, LLC

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.

NAME OF RELATED ORGANIZATION:

GRANT STREET APARTMENTS MM, LLC

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.

NAME OF RELATED ORGANIZATION:

OAKWOOD SENIOR APARTMENTS, LLC

DIRECT CONTROLLING ENTITY: PEOPLE COMMUNITY HOUSING DEVELOPMENT CORP.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PEOPLE INC. CONSOLIDATED RETURN	Taxpayer identification number (TIN) 22-3494006
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1219 NORTH FOREST ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILLIAMSVILLE, NY 14221	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNE STONE

- The books are in the care of ▶ **1219 NORTH FOREST ROAD - WILLIAMSVILLE, NY 14221**
Telephone No. ▶ **(716) 634-8132** Fax No. ▶ **(716) 634-8063**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **9265**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.