		EXTENDED TO AUGUST 16, 20	021		
	0	Return of Organization Exempt Fro	om In	come Tax	OMB No. 1545-0047
Forr		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod) 2019
		Do not enter social security numbers on this form as it	t may be	made public.	Open to Public
		bue Service Go to www.irs.gov/Form990 for instructions and the	e latest i	nformation.	Inspection
AF	or the	$\simeq 2019$ calendar year, or tax year beginning $ ext{OCT}$ 1, $ ext{2019}$ and ending	ling SI	EP 30, 2020	
	heck if pplicable	e: C Name of organization		D Employer identifica	tion number
	Addres				
	Name Change			41 - 144204	9
	Initial return Final return/	1220 ZANE AVE N	m/suite	E Telephone number (763) 529	-1350
	termin- ated			G Gross receipts \$	4,778,315.
	Ameno	GOLDEN VALLEY, MN 55422		H(a) Is this a group retu	um
	Applica tion pendin	F Name and address of principal officer: MICHELLE NESS		for subordinates?	Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates inclu	
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) or = 100000000000000000000000000000000000$	527		st. (see instructions)
		te: WWW.PRISMMPLS.ORG		H(c) Group exemption	
			L Year o	f formation: 1983 M	State of legal domicile: MN
Ра		Summary			
ė		Briefly describe the organization's mission or most significant activities: TO PROV			
anc		CONNECTIONS THAT EMPOWER PEOPLE IN OUR COMMU			
Governance		Check this box if the organization discontinued its operations or disposed of the second			ts. 11
20		Number of voting members of the governing body (Part VI, line 1a)			<u>11</u>
		Number of independent voting members of the governing body (Part VI, line 1b)	26		
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			727
tivi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, line 39			0.
			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,806,489.	4,634,626.
Revenue		Program service revenue (Part VIII, line 2g)		219,791.	116,831.
evel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		276.	637.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-52,896.	6,656.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,973,660.	4,758,750.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,994,030.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		781,639.	905,129.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 304,062.	•		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,198,311.	414,662.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,979,950.	4,313,821.
		Revenue less expenses. Subtract line 18 from line 12		-6,290.	444,929.
s or lices			Beg	inning of Current Year	End of Year
ssets alanc	20	Total assets (Part X, line 16)		669,598.	1,306,780.
et As: nd Ba		Total liabilities (Part X, line 26)		170,693.	361,389.
Euno		Net assets or fund balances. Subtract line 21 from line 20		498,905.	945,391.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			nowleage and belief, it is
uue,	LOITEC		Jieparer II	las ally kilowieuge.	
Sigr		Signature of officer		Date	
Her		MICHELLE NESS, EXECUTIVE DIRECTOR			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid		MATT PILLSBURY MATT PILLSBURY	02	2/09/21 ^{if} self-employed	_ P01565609
Prep		Firm's name CARPENTER, EVERT & ASSOCIATES, LTD			1-1534805

Preparer	Firm's name CARPENTER, EVERT & ASSOCIATES, LTD.	Firm's EIN 🕨 41–1534805								
Use Only	Firm's address 7760 FRANCE AVE S, SUITE 940									
	BLOOMINGTON, MN 55435	Phone no. (952) 831-0085								
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (20									
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT	CONTINUATION								
10160209	310390 116053 2019.05040 PEOPLE RE	ESPONDING IN SOCI 11605								

Form **990** (2019)

	990 (2019) PEOPLE RESPONDING IN SOCIAL MINISTRY 41-1442049 Page t III Statement of Program Service Accomplishments 41-1442049 Page
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE SOCIAL SERVICES AND CONNECTIONS THAT EMPOWER PEOPLE IN OUR
	COMMUNITY TO BUILD HEALTHY, STABLE LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
	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 \$ 3,638,108. including grants of \$) (Revenue \$) (Rev
	COMMUNITY MEMBERS CONCERNED ABOUT LOCAL HUNGRY AND HOMELESS FAMILIES.
	WHAT STARTED AS AN INFORMAL EFFORT HAS SINCE EVOLVED INTO A STRONG,
	SUSTAINABLE ORGANIZATION THAT IS CONSIDERED A LEADING PROVIDER OF BASIC
	NEEDS SERVICES IN THE NORTHWEST SUBURBS. OUR MISSION IS TO PROVIDE
	SOCIAL SERVICES AND CONNECTIONS THAT EMPOWER PEOPLE IN OUR COMMUNITY TO
	BUILD HEALTHY, STABLE LIVES. OUR CORE VALUES OF COLLABORATION,
	INNOVATION, DIGNITY AND ACCOUNTABILITY GUIDE OUR WORK. THE CONTINUED
	GENEROSITY OF THE COMMUNITY ENABLES US TO MEET THE FOOD, CLOTHING, AND
	HOUSING NEEDS TO NEARLY 7,000 LOW-INCOME CHILDREN, ADULTS, AND SENIORS
	EACH YEAR. PRISM'S MARKETPLACE FOOD SHELF, OUR PRIMARY PROGRAM, SERVES
	RESIDENTS OF GOLDEN VALLEY, NEW HOPE, ROBBINSDALE, CRYSTAL AND PLYMOUTH
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	THE MARKETPLACE FOOD SHELF ENSURES CHILDREN, ADULTS, AND SENIORS DO NOT
	GO HUNGRY. AN AVERAGE OF 1,000 FAMILIES VISITED THE FOOD SHELF EACH
	MONTH BETWEEN 10/1/19-9/30/20. IN ADDITION, WE DISTRIBUTED 1,371,048
	POUNDS OF FOOD BETWEEN 10/1/19-9/30/20. PRE-COVID, PRIOR TO ACCESSING
	THE FOOD SHELF, PARTICIPANTS MET FACE-TO-FACE WITH A CASE MANAGER TO
	DISCUSS CONCERNS, IN ADDITION TO THEIR STRUGGLE WITH PROVIDING FOOD FOR
	THEIR FAMILIES. WHAT WE HAVE FOUND IS THAT MOST PARTICIPANTS AND
	FAMILIES WERE JUST MAKING IT ALONG, UNTIL AN EMERGENCY-OR UNFORESEEN
	CIRCUMSTANCE-KNOCKED THEM DOWN, AND THEY ARE NEEDING A HAND-UP TO GET
	BACK ON THEIR FEET. WHILE IN THE FOOD SHELF, PARTICIPANTS SHOPPED FOR
	AND BAGGED THEIR OWN GROCERIES, MUCH LIKE IN A GROCERY STORE. THIS IS
	CALLED A "CHOICE" MODEL, AS INDIVIDUALS WERE SELECTING THEIR OWN
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	PRISM'S HOMELESSNESS PREVENTION PROGRAM KEEPS FAMILIES SAFELY AND
	STABLY HOUSED. BETWEEN 10/1/19-9/30/20 WE HELPED 200 FAMILIES AVOID THE
	LOSS OF THEIR HOME DUE TO FACING A FINANCIAL CRISIS; THIS IS TWICE AS
	MANY AS FY 18/19 WHERE WE ASSISTED 102 FAMILIES. THIS PROGRAM OFFERS
	EMERGENCY FINANCIAL ASSISTANCE, ADVOCACY WITH LANDLORDS TO HELP AVOID
	COSTLY HOUSING COURT PROCEEDINGS AND EVICTION, ASSISTANCE WITH
	APPLICATIONS FOR ENERGY ASSISTANCE PROGRAMS, AND REFERRALS FOR
	COMMUNITY RESOURCES TO ADDRESS OTHER ISSUES LIKE TRANSPORTATION,
	EMPLOYMENT, AND MENTAL HEALTH CARE. PARTICIPANTS OF THE HOUSING
	PROGRAMS MAY ALSO ACCESS THE FOOD SHELF, THRIFT SHOP, AND CHILDREN'S
	PROGRAMS AS THEY WORK TO REGAIN STABILITY.
	AS OF JUNE 2019, WE STARTED A LONG-TERM DATA COLLECTION PROCESS ABOUT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,638,108.
	Form 990 (201
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	8
02	2019.05040 PEOPLE RESPONDING IN SOCI 1160

<u>Form 990 (</u>		-	RESPONDING	IN	SOCIAL	MINISTRY
Part IV	Checklist of R					

1 the organization described in section 501(k)0 or 4947(q)(1) other than a private foundation)? 1 X 2 the organization engage in direct in index political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule 0, Part I 3 X 3 Section 501(k)0 organization. Elds the organization engage in tobbying activities, or have a section 501(h) electron in effect of index policy office? If "Yes," complete Schedule 0, Part I 4 X 4 Section 501(k) 0 organization. Did the organization engage in tobbying activities, or have a section 501(h) electron in effect 5 X 5 Is the organization assetment of 04(k), 501(k) 05 (c) 0				Yes	No
2 Is the organization engage in direct or inderte oblightal campaign activities on ball of or inceptosition to candidates for public official 'th'res,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct or inderte oblightal campaign activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization ascentes of the organization report an anount in Part X, line 21, for accrow or cutodial account liability, sorve as a cutodian for amounts not the fulled organization report an anount in Part X, line 21, for accrow or cutodial account liability, sorve as a cutodian for amounts not the following questions in 'Yes,' then complete Schedule D, Part II 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in cliract or indirect political campaign activities on bahal of or in opposition to candidates for public official # "Yes," complete Schedule C, Part # 3 X 4 Section 501(k)0 organizations. Did the organization imgage in kobying activities, or have a section 501(k)1 election in effect during the tax year? # "Yes," complete Schedule C, Part # 4 X 5 Did the organization asternal soft(k)0 organization that receives membership dues, assessments, or similar amounts as differed in Revnue Procedure B-197 # "Yes," complete Schedule C, Part # 6 X 6 Did the organization reactive or hold a conservation assessment, including assessment to response between one page. The environment, historic and areas, or historic structures? # "Yes," complete Schedule D, Part # 6 X 9 Did the organization maintan collections of works of art, historical trassures, or other similar assess? # "Yes," complete Schedule D, Part # 7 X 9 Did the organization away of the glowing questions is "wes," complete Schedule D, Part W 7 X 9 Did the organization away of the glowing questions is "wes," the complete Schedule D, Part W 9 X 9 Did the organization away of the following questions is "wes," the complete Schedule D, Part W 10 X 9 Did the organization report an amount for investments - other securiti		If "Yes," complete Schedule A			
public office // Yes, ' complete Schedule C, Part // 3 X 4 Section 50((G)(3) organizations. Did the organization engages in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(d), 501(c)(d	2		2	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 *Yes, * complete Schedule C, Part I) 4 X 5 Is the organization a section 501(h)(h, 501(b)(h, c) f01(b)(h, c) f01(3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S(10(4), 501(6)(3) for 501(6)) 501(6)(4) 501(6)(4) 6 Did the organization markatin any domra advised funds or accounts for which domras have the right to provide advised on the distribution or investment and manuta in sub-tudied or ganization? If Yes, * complete Schedule D, Part II 6 X 7 Did the organization markatin any domra advised funds or accounts? If Yes, * complete Schedule D, Part II 6 X 8 Did the organization markatin asters, or historic at reasures, or other similar assets? If Yres, * complete Schedule D, Part II 7 X 9 Did the organization is amarkatin solutions? If Yes, * complete Schedule D, Part II 8 X 9 Did the organization (nectry or through a related organization, hold assets in donorrestricted endowments 7 X 10 Did the organization (nectry or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization export an amount for investments or the securities in Part X, line 10? If Yes, * complete Schedule D, Part VI 10 X 12 If the organization neport an amount for investments or the securities in Part X, line 10? If Yes, * complete Schedule D, Part XI 11	_		3		<u> </u>
5 Is the organization a sector S01(c)(4), S01(c)(5), or S01(c)(6), or S01(4				37
eminal amounts as defined in Revenue Procedure 99-197 # Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any domer advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a consenration easement, including easements to preserve open space, the environment, historical freessures, or other similar assets? If 'Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical freessures, or other similar assets? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quals endowments? If 'Yes," complete Schedule D, Part V 8 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 13 X Did the organization report an amount for three securitis in Part X, line 13; fixit 15% or more of its total assets repo	_		4		
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? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization receive on tobial o conservation essement, including easement, ere as a custodian for services? 7 X 8 Did the organization maintain any donor advised funds or accounts of wrise, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization receive or thread in an account is all if yes, 'complete Schedule D, Part V 9 X 10 Did the organization receive or thread in an account is in 'Yes,' complete Schedule D, Part V 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 If 'Yes,' complete Schedule D, Part X 11a X 13 Did the organization report an amount for investments program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 If 'Yes,' compl	5		-		v
provide advice on the distribution or investment of amounts in such funds or accounts? <i>II "Yes,</i> " complete Schedule D, Part I 6 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>II "Yes,</i> " complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II "Yes,</i> " complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? <i>II "Yes,</i> " complete Schedule D, Part IV 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 the organization report an amount for lawstements - organize and mount for investments - organize and mount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II "Yes," complete Schedule D, Part X</i> 11a X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II "Yes," complete Schedule D, P</i>	6		5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endownents? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - organ related in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 14 X Did the organization report an amount for investments - program related in Part X, line 17 If "Yes," complete Schedule D, Part VI 15 Did the organizat	0		6		x
the environment, historic at and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X b Did the organization report an amount for investments - organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X	7		0		
8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? // 'Yes,' complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, factory of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is one or any of the following questions is 'Yes,' then complete Schedule D, Part SV, VII, VII, VII, VX, or X as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16// trives,' complete Schedule D, Part VII 11a X b Did the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16// trives,' complete Schedule D, Part XIII 11a X c Did the organization separate or consolidated financial statements for the tax year' in 'Yes,' complete Schedule D, Part X 11d X 11 X 11d X 11d X 12 X Morther labilit	'		7		x
Schedule D, Part III 8 X 9 Did the organization encort an amount in Part X, line 21, for escrow or outodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, areant on an out for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - other securities in Part X, line 12, this 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X b Did the organization report an amount for investments - organs related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X c Did the organization report an amount for investments - organs related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X 2 Did the organization oxidant tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d X 13 Did the organization oxidant an appreate, independent aud/ted financial statements for the ta	8		-		
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? <i>II</i> "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12? <i>II</i> "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for other liabilities in Part X, line 16? <i>II</i> "yes," complete Schedule D, Part X 11a X 110 Did the organization report an amount for other assets in Part X, line 15? <i>II</i> "Yes," complete Schedule D, Part X 11d X 111 X 11d X 11d X 11d X 112 Did the organization report an amount for other liabilities in Part X, line 15? <i>II</i> "Yes," compl	Ū		8		х
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If "Yes," complete Schedule D, Part IV 10 X 10 X If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (#'Yes," complete Schedule D, Part V 10 X If the organization report an amount for investments - other securities in Part X, line 10? (#'Yes," complete Schedule D, Part V 11 X Ib 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? (#'Yes," complete Schedule D, Part VI 11 X O lot the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes," complete Schedule D, Part VII 11 X O lot 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? (#'Yes," complete Schedule D, Part X 114 X If b the organization separate or consolidated financial statements for the tax year? (#'Yes," complete Schedule D, Part X 114 X If b the organization negore an amount for inhere its the accentration is separate. 111 X Id the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total ass	9				
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part V 11 X 12 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? // 'Yes,' complete Schedule D, Part VI 11 X 13 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? // 'Yes,' complete Schedule D, Part VI 11 X 14 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? // 'Yes,' complete Schedule D, Part X 11 X 15 Did the organization report an amount for other labilities in Part X, line 25? // 'Yes,' complete Schedule D, Part X 11 X 120 Did the organization report an amount for other labilities in Part X, line 25? // 'Yes,' complete Schedule D, Part X 111 X 120 Did the organization included in consolidated financial statements for the tax year? // 'Yes,' complete Schedule D, Part X 111 X	-				
10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answers to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VII, VX, or X as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11c X c Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X 11 Did the organization report an amount for other lassitilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X 11 Did the organization is parate, independent audited financial statements for the tax year include a footnote that addresses the organization include in consolidated, independent audited financial statements for the tax year? 11d X 12 X Did the organization as achoid eschedule D, Parts XI and XII is optional 12a X 13 Is the organization as chool described in accid statements			9		Х
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X					
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 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 	15				
 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	19				37
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	•-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					<u>Ă</u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			206		
	21		24		x
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Form 990 (2			RESPONDING		SOCIAL	MINISTRY		
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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the 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	25a		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	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	26		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	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	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	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, errinnate, or dissorte and ecase operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2019)		RESPONDING				
Part V Statements	Regarding C	Other IRS Filings	and '	Tax Compl	iance	(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	26		x			
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 <i>e-file</i> (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			77		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
۶a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		х		
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			00				
•••	any contributions that were not tax deductible as charitable contributions?			6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	were not tax deductible?		~	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?	1		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h 8								
0								
9								
а				9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		,					
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		·	120				
d	Is the organization licensed to issue qualified health plans in more than one state?			13a				
h	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						
с	Enter the amount of reserves on hand	13c						
	Did the entry institution of the entry of the institution of the insti			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		l l l l l l l l l l l l l l l l l l l	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

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Form 990 (2019)
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PEOPLE RESPONDING IN SOCIAL MINISTRY

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

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. X

		1 1	I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
			-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the fo	orm?	11a	Х	
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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	nent with a				-
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section 5	01(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and	financ	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	►			
20	MICHELLE NESS - (763) 529-1350					
20						
20	1220 ZANE AVE N, GOLDEN VALLEY, MN 55422				990	

Form 990 (2019)	PEOPLE	RESPONDING	IN	SOCIAL	MINISTRY	41-1442049	Page 7		
Part VII Compensation	of Officers	s, Directors, Trus	tees	s, Key Emp	loyees, Highe	st Compensated			
Employees, and Independent Contractors									
Check if Schedule	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)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	not c , unles cer an	ss per	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) STEVE GILLETTE CHAIR	4.00	v		v				0.	0.	0.	
(2) MIKE HERRING	4.00	X		X		-		0.	0.	<u> </u>	
DIRECTOR	4.00	x						0.	0.	0.	
(3) JILL JACKSON	4.00	~						0.	0.	0.	
VICE CHAIR	4.00	x		x				0.	0.	0.	
(4) CHUCK SEGELBAUM	4.00			- 23						U	
DEVELOPMENT CHAIR		x		x				0.	0.	0.	
(5) KIM GEORGE-FREY	4.00										
TREASURER		х		x				0.	0.	0.	
(6) NIKKI SCANLON	4.00										
DIRECTOR		х						0.	0.	0.	
(7) BILL HARWELL	4.00										
SECRETARY		Х		Х				0.	0.	0.	
(8) MARC MEIROVITZ	4.00										
DIRECTOR		Х						0.	0.	0.	
(9) DEANN ARDEN-BAHN	4.00										
DIRECTOR		Х						0.	0.	0.	
(10) MARK PREISSING	4.00										
DIRECTOR		Х						0.	0.	0.	
(11) KATE KNOWLES	4.00										
DIRECTOR	4 00	Х						0.	0.	0.	
(12) ERIC HUDSON DIRECTOR	4.00	v						0.	0.		
(13) HANNAH MARMORINE	4.00	X				-		0.	0.	0.	
DIRECTOR	4.00	x						0.	0.	0.	
(14) MICHELLE NESS	40.00					-		0.	0.	<u> </u>	
EXECUTIVE DIR.		1		x				101,520.	0.	1,195.	
								101,5200		1,1931	
		-									
										600 (0010)	

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Form 990 (2019)

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	990 (2019) PEOPLE RE	ESPONDIN	IG	IN	S	OC	IA	L	MINISTRY	41-14	1420	049	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do	not ch		ition		no	Reportable	Reportable		Es	timate	ed
		hours per	box,	, unles	s per	son is	s both	an	compensation	compensatio	n	an	nount	of
		week	offic	cer and	d a di	recto	r/trust	ee)	from	from related	ı		other	
		(list any	ctor						the	organization	s	com	pensa	tion
		hours for	r dire				fed		organization	(W-2/1099-MIS	;C)	fr	om the	Э
		related	itee o	ustee			ensa		(W-2/1099-MISC)			org	anizati	ion
		organizations	al trus	nal tr		oyee	e com					and	d relate	ed
		below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
		line)	lnd	Ins	Offi	Key	em Em	For						
											-+			
	Quick de la							_	101,520.		0.		1,19	25
	Subtotal								0.		0.		т,т.	0.
	Total from continuation sheets to Part VII								101,520.		0.			
	Total (add lines 1b and 1c)												т, т.	95.
2	Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove) who	o re	eceived more than \$100,0	000 of reportable	;			1
	compensation from the organization												Vee	1
											ſ		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a	iccrue compen	satio	on fre	om a	any	unre	late	ed organization or individ	lual for services				
	rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or su	ch p	berse	on .					5		Х
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	epe	nden	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndin	g wi	ith o	or wit	hin	the organization's tax ye	ear.				
	(A)								(B)			(0)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С	ompei	nsatio	า
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e list	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				0)						000	

Form **990** (2019)

932008 01-20-20

	n 990 (DING IN S	SOCIAL MINI	ISTRY	41-1442	049 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin		(B)	(C)	[] (D)
				(A) Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1a h	Federated campaigns 1a Membership dues 1b		1			
Dor.	u o	Fundraising events	66,867.	-			
fts, r Ar	с 4	Related organizations 11	00,007.				
, Gi Jilai	u	Government grants (contributions) 1e	275,480.	-			
Sins	f	All other contributions, gifts, grants, and	275,400.	-			
utic			292,279.				
trib Ot	a		484,149.				
Con	9 h	Total. Add lines 1a-1f		4,634,626.			
00			Business Code	1,001,0100			
	2 9	SALES REVENUE	900099	116,831.	116,831.		
vice	b						
Ser Jue	c						
m ;	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		116,831.			
	3	Investment income (including dividends, intere					
		other similar amounts)		637.			637.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
anı		and sales expenses 7b		-			
venue	с	Gain or (loss)					
Re		Net gain or (loss)	<u></u>				
Other Re	8 a	Gross income from fundraising events (not					
ō		including \$ 66,867. of					
		contributions reported on line 1c). See					
			25,683.	-			
		Less: direct expenses 8b		6 110			6 110
		Net income or (loss) from fundraising events	<u> </u>	6,118.			6,118.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses 9b	<u>'I</u>				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	▶				
	iu a						
	h	and allowances 10 Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			Business Code				
snu	11 a	OTHER INCOME	900099	538.			538.
nec	b						
ella wei	c						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		538.			
	12	Total revenue. See instructions		4,758,750.	116,831.	0.	7,293.
93200	9 01-20-	20					Form 990 (2019)

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	1 990 (2019) PEOPLE RESPO	NDING IN SOC	IAL MINISTRY	41-14	42049 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must compl		organizations must con	polete column (A)	
0000	Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,994,030.	2,994,030.		
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	102,716.	44,281.	30,592.	27,843.
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	659,209.	287,218.	195,735.	176,256.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,197.	18,108.	20,681.	37,408.
10	Payroll taxes	67,007.	32,599.	18,624.	15,784.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	98,600.	71,575.	25,925.	1,100.
12	Advertising and promotion				
13	Office expenses	59,083.	24,259.	17,224.	17,600.
14	Information technology				
15	Royalties	151 501	440.055		
16	Occupancy	151,531.	110,357.	33,637.	7,537.
17	Travel	1,727.	1,704.		23.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 404			F 0 4
22	Depreciation, depletion, and amortization	39,424.	27,135.	11,785.	504.
23		17,118.	8,698.	5,310.	3,110.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	34,204.	5,201.	12,138.	16,865.
b		12,878.	12,878.		
с	STAFF & VOLUNTEER EXPEN	97.	65.		32.

4,313,821.

16

10160209 310390 116053

e All other expenses

Total functional expenses. Add lines 1 through 24e 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)

d

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25

26

Form 990 (2019)

304,062.

2019.05040 PEOPLE RESPONDING IN SOCI 116053_1

371,651.

3,638,108.

10160209 310390 116053

PEOPLE	RESPONDING	IN	SOCIAL	MINISTRY

41-1442049 Page 11

rai	πλ						
		Check if Schedule O contains a response or n	ote to any	y line in this Part X	(A)	<u></u>	(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			221,851.	1	651,544.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			80,910.	3	121,335
	4	Accounts receivable, net			20,465.	4	211,600
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua		· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describ	•	· ·		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			107,410.	8	127,380
As	9	B · · · · · · · · · · ·	38,468.	9	33,811		
		Land, buildings, and equipment: cost or other				-	•
		basis. Complete Part VI of Schedule D		249,757.			
	ь	Less: accumulated depreciation	10b	<u>249,757.</u> 108,867.	180,314.	10c	140,890
	11	Investments - publicly traded securities		12,680.	11	12,720	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,500.	15	7,500	
	16	Total assets. Add lines 1 through 15 (must ed			669,598.	16	1,306,780
	17	Accounts payable and accrued expenses		60,033.	17	117,946	
	18	Grants payable				18	
	19	Deferred revenue		19	75,568		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet			21		
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
llid		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre		F	91,149.	23	153,250
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, j					
		parties, and other liabilities not included on lin					
		of Schedule D			19,511.	25	14,625
	26				170,693.	26	361,389
		Organizations that follow FASB ASC 958, cl			- /		
es		and complete lines 27, 28, 32, and 33.					
anc	27				355,710.	27	530,666
3al:	28	Net assets with donor restrictions	143,195.	28	414,725.		
Б		Organizations that do not follow FASB ASC			•		
Ъ		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current func	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			498,905.	32	945,391.
Z	33	Total liabilities and net assets/fund balances			669,598.	33	1,306,780.

Form 990 (2019)

Form 990 (2019) PEO Part X Balance Sheet

Form	1 990 (2019) PEOPLE RESPONDING IN SOCIAL MINISTRY	41-14	42049	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,758		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,313		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,92	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,90	
5	Net unrealized gains (losses) on investments	5	1	.,55	<u>57.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	945	5,39	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2 a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE A
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(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.

OMB No. 1545-0047
2019
Open to Public Inspection

		f the Treasury nue Service	►		Attach to Form 990 or F v/Form990 for instruction	Form 990-EZ. Open to Pub ions and the latest information. Inspection					
Nan	ne of t	the organizati	on						Employer	identification numbe	
					ING IN SOCIAL					1-1442049	
Pa	irt I	Reason	for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instruction	s.		
The	organ	ization is not a	ı private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3					anization described in s			ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed 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	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:									
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, members	hip fees, an	d gross receipts from	
		activities rela	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment	
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
		7	-	• •	f supporting organizatior				-		
а				-	upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		¬ ~		complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			•		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	¬ ~		t complete Part IV,							
С			-		g organization operated				lly integrate	ed with,	
			0	.,.). You must complete l			-			
d		•••	-		porting organization oper			• •	•		
					zation generally must sat nplete Part IV, Sections				an allenin	reness	
		- ·	,	,	written determination fro						
e			•		nally integrated supporti			турет, туре	п, туре ш		
f	Ente	er the number		ragnizationa			ation.				
			••	n about the supporte	d organization(s)					L	
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions	
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 19

Schedule A (Form 990 or 990 EZ) 2019 PEOPLE RESPONDING IN SOCIAL MINISTRY 41-1442049 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
	ndar 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.")	1745082.	1350425.	2799914.	2806989.	2624705.	<u>11327115.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1745000	1250425	2700014	2006000	2624705	11207115
	Total. Add lines 1 through 3	1745082.	1350425.	2799914.	2806989.	2624/05.	11327115.
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)						11327115.
	Public support. Subtract line 5 from line 4.						<u>µтэд/ттэ.</u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1745082.	1350425.	2799914.	2806989.		11327115.
	Gross income from interest,	1,130021	10001200	2,33311	20003031	2021/051	<u></u>
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-1,636.	-4,980.	-2,020.	276.	637.	-7,723.
9	Net income from unrelated business	,	_,,,,,,,	_,			.,
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,307.	1,062.	4,643.	693.	538.	8,243.
11	Total support. Add lines 7 through 10						11327635.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	872,359.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	<u>99.94</u> %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.94 %
1 6a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual		••••				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						e
40	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 PEOPLE RESPONDING IN SOCIAL MINISTRY 41-1442049 Page 3 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.)

Sec	ction A. Public Support			•	-		
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	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 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	0		, ,	,	()()	,
_	check this box and stop here						>
	ction C. Computation of Publi		-			1 1	
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
17 18	Investment income percentage for 20 Investment income percentage from		B	line 13, column (f))		17 18	<u>%</u> %
	33 1/3% support tests - 2019. If the					33 1/3%, and lir	
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2018. If the	-	-				%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
93202	23 09-25-19						990 or 990-EZ) 2019
			21	L		•	•

^{2019.05040} PEOPLE RESPONDING IN SOCI 116053_1

1

Yes No

Part IV Supporting Organizations

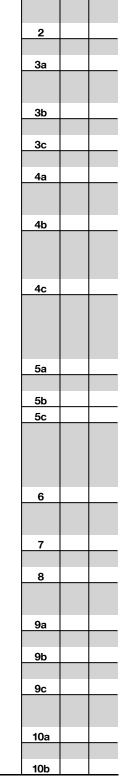
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PEOPLE RESPONDING IN SOCIAL MINISTRY 41-1442049 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
000			Vee	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
-	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	09-25-19 Schedule A (Form 9		0-EZ)	2019
			,	

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	dule A (Form 990 or 990-EZ) 2019 PEOPLE RESPONDING IN SOC			41-1442049 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			
1	other Type III non-functionally integrated supporting organizations must com			In Part VI). See Instructions. Al
Sect	ion A - Adjusted Net Income	ipiete a	(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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		1	
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting o	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 PEOPLE RESPONDING IN SOCIAL MINISTRY

Fai	Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continued)	1
<u>Secti</u>	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne 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			
Secti	on 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 (reason-			
	able 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			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
_ <u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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. Breakdown of line 7:			
8	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
•				

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A Part VI	(Form 990 or 990-EZ) 2019 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, 5	explanations requ 5, 9a, 9b, 9c, 11a section E, lines 10	uired by Part II, lir , 11b, and 11c; P c, 2a, 2b, 3a, and	ne 10; Part II, line 17 art IV, Section B, line 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	C,
	(See instructions.)						
932028 09-25-1	9		26		Sche	edule A (Form 990 or 990-	EZ) 2019

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of th	e organization
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PEOPLE RESPONDING IN SOCIAL MINISTRY

Employer identification number 41 - 1442049

Par			or Accour	ITS. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Fur	ids and other accounts	
1	Total number at end of year		(12) * 0.1		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value of grants norm (during year)				
- 5	Did the organization inform all donors and donor advisors in v	vriting that the assets hold in depart advis	od funde		
5	are the organization's property, subject to the organization's	-		Yes No	
6	Did the organization inform all grantees, donors, and donor a				
0	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		•	Yes No	
Par					
1	Purpose(s) of conservation easements held by the organization		art iv, into 7		
•	Preservation of land for public use (for example, recreat		a historically	important land area	
	Protection of natural habitat	Preservation of	-		
	Preservation of open space		a certineu m		
2		ind concentration contribution in the form	of a concorva	tion accoment on the last	
2	Complete lines 2a through 2d if the organization held a qualif			Held at the End of the Tax Year	
-	day of the tax year.		00	Held at the End of the Tax Year	
a L					
b					
c	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a	,			
•	listed in the National Register				
3					
	year ▶	annual in the stand			
4	Number of states where property subject to conservation eas				
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
•	violations, and enforcement of the conservation easements it holds?				
0	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, hand	ling of violations, and enforcing concerns	tion according	to during the year	
7	S	ning of violations, and enforcing conserva	lion easemen	is during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)(4)(B)(i)		
U	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,		Yes No	
9	In Part XIII, describe how the organization reports conservation				
Ū	balance sheet, and include, if applicable, the text of the footn	1			
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sl	neet works	
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in fu	irtherance of	public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	IS.		
b					
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		▶	\$	
				\$	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$	
	Assets included in Form 990, Part X			\$	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019	
	10-02-19			-	

		RESPONDING						11-14			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or Otl	ner S	imilar	Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that mak	e signit	ficant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange program						
b	Scholarly research	e	• 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organization's e	xempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-	-					
	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran								line 9. or		
	reported an amount on Form 990, Pa			0					,		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liarv for co	ontribution	s or other assets n	ot incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										_
		·	Ū.						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered "	Yes" on Fo	orm 990, Part IV, lir	ne 10.					
		(a) Current year	(b) Pr	ior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administered fo	r the o	rganiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990, Part	: X, line	10.				
	Description of property	(a) Cost or o basis (investr			t or other (c (other)) Accu depre	mulate	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment		757.			10	8,86	57.	14	0,8	90.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. columi	n (B). line 1	0c.)				14	0,8	90.
_	· · · · ·				-					_	

Schedule D (Form 990) 2019

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-vear market value
			or your market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>: 15.)</u>	\blacksquare	
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) CAPITAL LEASE PAYABLE			14,625.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	>	14,625.
2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncertain tax positions under		-	

PEOPLE RESPONDING IN SOCIAL MINISTRY

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2019 PEOPLE RESPONDING IN S				1442049	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Re	venue per Reti	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,760,	307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,557.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>557.</u>
3	Subtract line 2e from line 1			3	4,758,	750.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	<u>2.)</u>		5	4,758,	750.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Ex	openses per Re	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.				
1	Total expenses and losses per audited financial statements			1	4,313,	821.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3					1 212	-
	Subtract line 2e from line 1		L	3	<u> 4, JIJ,</u>	821.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	<u>4</u> ,313,	-
4 a				3	4,313,	-
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	4,313,	-
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c		821.
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			4,313,	821.

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

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME
TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX
POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE
FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE
ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION
APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

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932054 10-02-19

Schedule D (Form 399) 2019 PROFILE RESPONDING IN SOCIAL MINISTRY 41-1442049 Praces. Part XIII Supplemental Information (continued)	Schedule D	(Form 990) 2019	PEOPLE	RESPONDING	IN	SOCIAL	MINISTRY	41-1442049	Page 5
		Supplemental Infor	mation _{(cont}	tinued)					
Schedula D (Frm 980/2019									
Schudub D (Frm 98012019	_								
Schadulo D./Form 990 2019									
Schadulo D./Form 990/2019									
Schadula D Form 990 2019									
Schadula D // Form 990 2019									
Schedule D (Form 990) 2019									
Schedule D (Form 990) 2019	_								
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Schedule D (Form 990) 2019									
Schedule D (Form 990) 2019									
Schedule D (Form 990) 2019									
								Schedule D (Form 9	90) 2019

SCHEDULE G							OMB No. 1545-0047	
(Form 990 or 990-EZ)							or if the	2019
Department of the Treasury	_	Attach to Form 990	•		-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization								entification number
		RESPONDING IN SOCI					41-144	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	-	ed funds through any of the followin	-					
a 🦲 Mail solicitat				0	overnment grants			
—	email solicitations				nment grants			
c Phone solici d In-person so		g 🛄 Special	lunura	Ising	events			
•		r oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees.	or	
		art VII) or entity in connection with p				,	Ye	es 🗌 No
·	0	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	he fur	ndraiser is to b	De
compensated at le	ast \$5,000 by the	organization.			1	<u> </u>		
(i) Name and addres	s of individual		(iii) fundr	aiser	(iv) Gross receipts		Amount paid or retained by	(vi) Amount paid
or entity (func		(ii) Activity	have c or con contribu	trol of	from activity	,	fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No		113		
					-			
		n is registered or licensed to solicit o	contrib	 utions	or has been notified	it is (exempt from r	egistration
or licensing.								
	aduction Act Not	ca saa tha Instructions for Earne (00 ~~	000 F	7	Soha	dula C (Earra	990 or 990-EZ) 2019
		ce, see the Instructions for Form 9	00 Ur	990-E	. ∠ .	Scrie		330 01 330-EZJ 2019

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019
 PEOPLE
 RESPONDING
 IN
 SOCIAL
 MINISTRY
 41-1442049
 Page 2

 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 contributio n Form 990-E7 lines 1 and 6b. List events with a , n \$5 000 and a otor the olinto o ind

		of fundraising event contributions and gro	(a) Event #1 TASTE OF THE	(b) Event #2	(c) Other events	(d) Total events
			"BURBS"		NOME	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	92,550.			92,550
r		Less: Contributions	66,867.			66,867
		Gross income (line 1 minus line 2)	25,683.			25,683
	3		25,005.			25,005
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs	5,833.			5,833
Uirect Expenses	7	Food and beverages				
בו	8	Entertainment	3,000.			3,000
	9	Other direct expenses				10,732
	10	Direct expense summary. Add lines 4 through			▶	19,565
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			6,118
neveriue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Uirect Expenses	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes N
		No," explain:				
			wakad suspandad arta	rminated during the tax v	/ear?	YesN
	We	ere any of the organization's gaming licenses re	evokeu, suspenueu, or te			
)a		re any of the organization's gaming licenses re Yes," explain:				
)a						

Sche	edule G (Form 990 or 990-EZ) 2019 PEOPLE RESPONDING IN SOCIAL MINISTRY 41-1	442049	Page 3
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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	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 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 $ ightarrow$ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III. lines 9. !	9b. 10b.
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,
93208	3 09-11-19 Schedule G (Form	n 990 or 990	-EZ) 2019
	34		

Schedule G	(Form 990 or 990-EZ) Supplemental Inform	PEOPLE RESPONDING	IN	SOCIAL	MINISTRY	41-1442049	Page 4
Failly	Supplemental mon	(continued)					
						Schedule G (Form 990 or	990-EZ)

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		омв No. 1545-0047 2019
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organizat		SPONDING I	IN SOCIAL M	INISTRY				Employer identification number 41-1442049
Part I General I	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis	tance?				-		
	IV the organization's pro							
	d Other Assistance to I	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	hat received more than ddress of organization vernment	(b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	per of section 501(c)(3) and ber of other organizations			e line 1 table				

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

Schedule I (Form 990) (2019) PEOPLE RESPONDING IN SOCIAL MINISTRY

41-1442049

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD	44335	222,950.	2,434,158.	\$1.70/LB.	FOOD
HOUSING ASSISTANCE	197	293,109.	5,950.	FMV	CLOTHING
CHILDREN AND SCHOOL SUPPLIES, HOLIDAY TOYS	1285	13,792.	24,071.	FMV	SCHOOL SUPPLIES AND GIFTS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

P

Employer identification number
41-1442049

EOPLE	RESPONDING	IN	SOCIAL	MINISTRY	

Par	τI	Types	of Property								
				(a)	(b)	(c)		(d)			
				Check if	Number of contributions or	Noncash contribut amounts reported		Method of de		•	
				applicable		Form 990, Part VIII, li		noncash contribu	ition an	nounts	5
1	Ar	t - Works of a	art								
2			treasures								
3			interests								
4			Dications								
5			ousehold goods								
6			vehicles								
7			nes								
8		ellectual pro									
9			olicly traded								
10			sely held stock								
11			tnership, LLC, or								
••		ist interests									
12			scellaneous								
13			ervation contribution -								
13											
14			ures								
15		eal estate - R									
16			ommercial								
17			ther								
18											
19				x		2 454 1	28.5	L.70/LB &	TM17		
20			dical supplies			2,191,1	<u>20.</u>		1 11 1		
20											
22			icts								
23			imens								
23 24			artifacts								
24 25			CLOTHES AND T)	x	0	30 0	21.FI	/T\7			
25 26						50,0	21.1	1 V			
20 27		her 🕨 ()								
28		her 🕨 ()								
<u>20</u> 29			ms 8283 received by the organiz	l zation during	l the tax year for co	ontributions					
25			rganization completed Form 828	-			a				
	101	which the o	rganization completed rollin ozt	00,1 art 10, 1						Yes	No
30a	Du	iring the year	r, did the organization receive by	v contributio	n any property rep	orted in Part L lines 1	through 2	98 that it		103	
000			t least three years from the date								
			ses for the entire holding period?						30a		х
Ь			be the arrangement in Part II.						504		
31			nization have a gift acceptance p	oolicy that re	ouires the review o	of any nonstandard co	ntribution	s?	31		х
		-	nization hire or use third parties	-	-	•					
JZa		ntributions?	·		•	· • ·	104311		32a		х
h			be in Part II.						528		
			ion didn't report an amount in c	olumn (a) fai	rature of property	for which column (a)	ie chocko	d			
33		-			a type of property	tor which column (a)	ь спеске	u,			
	ue	scribe in Par	t II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

Schedule M	(Form 990) 2019	PEOPLE F	RESPONDING	IN	SOCIAL	MINISTR	Y 41-1	442049	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), th dditional informa	 Provide the inforr e number of contrik tion. 	nation	required by P s, the number	Part I, lines 30b, of items receive	32b, and 33, and whet ed, or a combination of	her the organization both. Also complete	on ete
932142 09-27-1	9						Sci	nedule M (Form 9	90) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



41-1442049

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

STABLE LIVES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO COVID WE CLOSED SFC FOR A FEW MONTHS. IT IS RE-OPEN NOW. WE

PEOPLE RESPONDING IN SOCIAL MINISTRY

ALSO CHANGED OUR FOOD SHELF DELIVERY MODEL. WE USED TO ALLOW

PARTICIPANTS TO PICK OUT THEIR FOOD ITEMS. DUE TO COVID WE HAD TO

SWITCH TO A DRIVE THROUGH MODEL WHERE WE PACK THE FOOD FOR OUR

PARTICIPANTS AND JUST PUT THE FOOD IN THEIR TRUNK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(EAST OF 494), AS WELL AS RESIDENTS OF SURROUNDING CITIES. OTHER CORE

SERVICES INCLUDE HOUSING AND CHILDREN'S PROGRAMS, WHICH SERVES

RESIDENTS OF HENNEPIN COUNTY, AND SHOP FOR CHANGE THRIFT SHOP, WHICH IS

OPEN TO THE PUBLIC. COVID POSED A CHALLENGE FOR PRISM TO MEET THE

EXPONENTIAL GROWTH IN NEED FOR FOOD AND HOUSING SERVICES, AND PRISM MET

AND CONTINUES TO MEET THIS NEED. PRIS'S FOOD DISTRIBUTION-ALTHOUGH

MODIFIED-NEVER STOPPED SUPPLYING FAMILIES WITH FOOD. IN ADDITION,

HOUSEHOLDS NOW VISIT ONCE PER WEEK, AS OPPOSED TO ONCE PER MONTH

PRE-COVID. BETWEEN 10/1/19-2/29/20, FOOD SHELF VISITS AVERAGED 827 PER

MONTH. BETWEEN 3/1/20-9/30/20, FOOD SHELF VISITS AVERAGED 1,191 PER

MONTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HYGIENE PRODUCTS AND APPROXIMATELY ONE WEEK'S WORTH OF FREE GROCERIES

TO MEET THEIR DIETARY NEEDS AND PREFERENCES. SINCE COVID, WE CONTINUE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 930-19

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PEOPLE RESPONDING IN SOCIAL MINISTRY	Page 2 Employer identification number 41-1442049
TO MODIFY OUR FOOD DISTRIBUTION MODEL. ON MARCH 16, 2019,	WE BEGAN
DISTRIBUTING FOOD USING A DRIVE-UP MODEL. WHILE PARTICIPAN	ITS WAIT
SAFELY IN THEIR CARS, PRISM STAFF LOAD TRUNKS AND BACKSEAT	S WITH A
WEEK'S WORTH OF GROCERIES. CASE MANAGERS STOPPED SEEING PA	ARTICIPANTS
FACE-TO-FACE AND SPENT MUCH TIME ON THE PHONE CHECKING IN	WITH REGULAR
PARTICIPANTS AND OTHERS WITH QUESTIONS OR WHO NEEDED RESOU	IRCES. NOW, AS
THINGS ARE SLOWLY OPENING, WE ARE WELCOMING PARTICIPANTS B	BACK INTO THE
BUILDING BY APPOINTMENT ONLY TO PICK UP A PRE-PACKED CART	OF FOOD AND
THAT THEY TAKE TO THEIR CARS. PARTICIPANTS MEET BRIEFLY WI	TH A CASE
MANAGER IN-PERSON WHEN THEY COME TO PICK UP THEIR CART OF	GROCERIES.
CASE MANAGERS LATER FOLLOW-UP BY PHONE WITH THOSE PARTICIP	ANTS THAT
REQUEST FURTHER ASSISTANCE. CASE MANAGERS PROVIDE REFERRAL	S TO
COMMUNITY RESOURCES TO ADDRESS THESE ISSUES. THEY MAY ALSO	PROVIDE GIFT
CERTIFICATES TO THE THRIFT SHOP TO ACCESS CLOTHING AND HOU	JSEWARES, AS
WELL AS EMERGENCY RENTAL ASSISTANCE TO PREVENT EVICTION. E	BETWEEN
10/1/19-9/30/20 WE PROVIDED 36 FAMILIES WITH GIFT CERTIFIC	CATES TO THE
THRIFT SHOP AND ASSISTED 105 FAMILIES WITH CASE MANAGEMENT	SERVICES.
PRIOR TO THE PANDEMIC, PARTICIPANTS COULD ACCESS THE FOOD	SHELF ONE
TIME PER MONTH. SINCE MARCH 16, 2020, PARTICIPANTS ARE NOW	INVITED TO
VISIT ONCE PER WEEK. THIS SUMMER WE CONTINUED AS THE AS TH	IE
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS	COORDINATOR
AT THE GOLDEN VALLEY AND NEW HOPE FARMERS' MARKETS. THIS P	PROVIDES AN
OPPORTUNITY FOR SNAP BENEFIT RECIPIENTS TO BUY FRESH FOOD	FROM LOCAL
FARMERS. BETWEEN 10/1/19-9/30/20 FAMILIES WERE ABLE TO USE	THEIR SNAP
BENEFITS TO PURCHASE \$1,593 WORTH OF FRESH FRUITS AND VEGE	TABLES THEY
OTHERWISE WOULD NOT BE ABLE TO PURCHASE WITH THEIR SNAP BE	NEFITS.
PARTICIPANTS OF THE FOOD SHELF WERE ALSO INVITED TO PARTIC	IPATE IN
CHILDREN'S PROGRAMS, WHICH PROVIDED MORE THAN 1,285 CHILDR	
932212 09-06-19 Scher 41 1 (0 0 0 0 0 1 1 (0 5 2) 2010 0 5 0 4 0 DEODLE DEGDO	dule O (Form 990 or 990-EZ) (2019)

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	Dave 0
Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
PEOPLE RESPONDING IN SOCIAL MINISTRY	41-1442049
SCHOOL SUPPLIES, HOLIDAY TOYS, NEW BABY ESSENTIALS AND BIR	THDAY GIFTS
BETWEEN 10/1/19 - 9/30/20. UNFORTUNATELY, WE ARE NOT CURRE	NTLY GIVING
OUT BIRTHDAY GIFTS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	
THE IMPACT OF RENTAL ASSISTANCE, SURVEYING OUR HOMELESSNES	S PREVENTION
PARTICIPANTS WHEN THEY FIRST RECEIVE ASSISTANCE, AND THEN	AGAIN AT 3, 6
AND 12 MONTHS AFTER. HOUSEHOLD STABILITY IS ASSESSED BY AS	KING ABOUT
CHANGES TO HOUSEHOLD'S MEMBERSHIP, MOBILITY OR TRANSIENCE,	AND CHANGES
IN MENTAL AND PHYSICAL HEALTH. ADDITIONALLY, WE ASK ABOUT	TYPICAL
BARRIERS TO STABLE HOUSING, SUCH AS HOMELESSNESS, CHILD PF	OTECTIVE
SERVICES INVOLVEMENT, AND CONVICTIONS. TO CREATE A MORE CO	MPREHENSIVE
UNDERSTANDING OF WHO WE SERVE WE REVIEW SURVEY DATA ALONG	WITH THE
COLLECTED DEMOGRAPHIC DATA AND CASE NOTES. THIS PROVIDES A	MORE
HOLISTIC UNDERSTANDING ON THE IMPACT OF OUR SERVICES WHILE	ALSO
PROVIDING KEY CONTEXTUAL INFORMATION ABOUT EACH PARTICIPAN	T'S UNIQUE
SITUATION.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SHOP FOR CHANGE THRIFT SHOP MAKES PROPER CLOTHING ACCESSIBLE TO
EVERYONE. THE SHOP IS STOCKED BY DONATIONS FROM THE COMMUNITY AND IS
STAFFED PRIMARILY BY VOLUNTEERS. ONE HUNDRED PERCENT OF THE PROCEEDS
SUPPORT PRISM'S BASIC NEEDS SERVICES. OPEN TO PRISM PARTICIPANTS AND
THE GENERAL PUBLIC, THE SHOP OFFERS HIGH-QUALITY, UNIQUELY AFFORDABLE
CLOTHING AND HOUSEWARES. WE CLOSED OUR DOORS ON MARCH 14, 2019 AND
RE-OPENED IN MID-OCTOBER. BETWEEN 10/1/19 - 9/30/20 WE GAVE GIFT
CERTIFICATES TO 36 FAMILIES PARTICIPATING IN PRISM'S PROGRAMS TO ENSURE
ACCESS TO NEEDED CLOTHING AND HOUSEHOLD ITEMS. THERE HAS BEEN
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

10160209 310390 116053

<u> </u>	TONY MENDINE ME COUNCIL ON MONIMOTING TODETCHITTONY MEDITUMIT	
SOURCES,	DISCUSSIONS WITH PARTNER ORGANIZATIONS.	
FORM 990,	, PART VI, SECTION C, LINE 19:	
GOVERNING	G DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STAT	EMENTS

ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

N/A

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization

PEOPLE RESPONDING IN SOCIAL MINISTRY

Employer identification number 41-1442049

CONSISTENT GROWTH AND REVENUE YEAR OVER YEAR IN THE SHOP. THE

DEVELOPMENT OF THE SHOP IS A KEY AREA OF FINANCIAL STABILITY FOR PRISM.

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

LINE 11B EXPLANATION - FINANCE COMMITTEE REVIEW, BOARD OF DIRECTORS

APPROVE, VOTE IN FEBRUARY 2019

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

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FOR EACH

YEAR. ALSO, THEY ARE REQUIRED TO DECLARE CONFLICTS OF INTEREST DURING BOARD

VOTES IN WHICH THERE IS A CONFLICT.

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

APPROPRIATE SALARIES FOR POSITIONS ARE DETERMINED BY HISTORICAL AGENCY

INFORMATION, ANNUAL MN COUNCIL ON NONPROFITS PUBLICATION, RELEVENT INTERNET

Page 2