

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

PEOPLE PLACES INC

54-0959274

Name and title of officer or person subject to tax

**MICHAEL BLINN
COO/FORMER TREASURER**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	6,380,779
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DIDAWICK & COMPANY, P.C.** to enter my PIN **54095** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } **04/26/21**

Part III Certification and Authentication

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

54474923033
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **DUSTIN W DIDAWICK CPA**

Date } **04/26/21**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">PEOPLE PLACES INC</p> Doing business as PEOPLE PLACES, INCORPORATED Number and street (or P.O. box if mail is not delivered to street address) 1215 NORTH AUGUSTA STREET City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">STAUNTON VA 24401</p>	D Employer identification number <p style="text-align: center;">54-0959274</p> E Telephone number <p style="text-align: center;">540-885-8841</p> G Gross receipts \$ 6,695,718
F Name and address of principal officer: <p style="text-align: center;">MICHAEL BLINN 1215 NORTH AUGUSTA ST STAUNTON VA 24401</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.PEOPLEPLACES.ORG		L Year of formation: 1973 M State of legal domicile: VA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">OUR MISSION IS TO FOSTER RESILIENCE IN CHILDREN & FAMILIES SO THEY CAN THRIVE.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	98
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 16,908	Current Year 19,636
	9 Program service revenue (Part VIII, line 2g)	7,287,690	6,304,711
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,882	56,191
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,087	241
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,393,567	6,380,779
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,815,117	3,794,975
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,811,892	2,396,829	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,627,009	6,191,804	
19 Revenue less expenses. Subtract line 18 from line 12	766,558	188,975	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,130,273	End of Year 8,469,390
	21 Total liabilities (Part X, line 26)	501,534	485,481
	22 Net assets or fund balances. Subtract line 21 from line 20	7,628,739	7,983,909

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">MICHAEL BLINN</p> Type or print name and title	Date <p style="text-align: center;">COO/FORMER TREASURER</p>
	Print/Type preparer's name DUSTIN W DIDAWICK CPA	Preparer's signature DUSTIN W DIDAWICK CPA
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN P01338204
	Firm's name } DIDAWICK & COMPANY, P.C.	Firm's EIN } 54-1384711
	Firm's address } STAUNTON, VA 24402	Phone no. 540-885-0855

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO FOSTER RESILIENCE IN CHILDREN & FAMILIES SO THEY CAN THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **3,997,220** including grants of \$) (Revenue \$ **5,595,391**)

FOSTER CARE AND CASE MANAGEMENT - PROVIDES A COMMUNITY BASED HOME-LIKE ATMOSPHERE FOR WARDS OF THE STATE, AS OPPOSED TO INSTITUTIONALIZING THOSE ENTRUSTED BY SOCIAL SERVICE AGENCIES AND COURT SYSTEMS FOR CARE AND TREATMENT.

4b (Code:) (Expenses \$ **483,546** including grants of \$) (Revenue \$ **313,641**)

SPECIAL EDUCATION DAY SCHOOL AUTHORIZED BY THE VIRGINIA BOARD OF EDUCATION TO SERVE STUDENTS FROM GRADE ONE THROUGH EIGHT WHO HAVE BEEN IDENTIFIED AS EMOTIONAL DISTURBED AND WHO MAY HAVE A SECONDARY DISABILITY OF LEARNING DISABLED OR MENTALLY HANDICAPPED/IMPAIRED.

4c (Code:) (Expenses \$ **136,737** including grants of \$) (Revenue \$ **114,489**)

THERAPEUTIC MENTORING - PROVISION OF ONE-ON-ONE SUPERVISION TO CHILDREN OR YOUTH REQUIRING MORE INTENSIVE INDIVIDUAL GUIDANCE TO SUCCESSFULLY ADJUST IN THE FOSTER HOME SETTING, SCHOOL, OR COMMUNITY, WHILE SUPPORTING AND REINFORCING IDENTIFIED TREATMENT GOALS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **204,007** including grants of \$) (Revenue \$ **281,190**)

4e Total program service expenses **u 4,821,510**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	98		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

PEOPLE PLACES, INC.
STAUNTON

1215 N. AUGUSTA ST.

VA 24401

540-885-8841

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN GARCIA	1.50									
CHAIR	0.00	X		X			0	0	0	
(2) CHARLIE ROGERS	1.50									
VICE-CHAIR	0.00	X		X			0	0	0	
(3) LAURA DESPORTES	1.50									
SECRETARY	0.00	X		X			0	0	0	
(4) BRANDON TANKESLEY	1.50									
TREASURER	0.00	X		X			0	0	0	
(5) REBECCA SIMMONS	1.50									
DIRECTOR	0.00	X					0	0	0	
(6) NANCY STRANG	40.00									
EXECUTIVE DIRECTOR	0.00			X			135,588	0	19,546	
(7) MICHAEL BLINN	40.00									
COO/FORMER TREASURER	0.00					X	120,551	0	14,397	
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,636				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	19,636				
	Program Service Revenue	2a GOVERNMENT FEE	Business Code	6,304,711	6,304,711		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	6,304,711				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	46,618			46,618
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	324,512			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	314,939				
	c Gain or (loss)	7c	9,573				
d Net gain or (loss)	u	9,573			9,573		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	241	241			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	241				
	12 Total revenue. See instructions	u	6,380,779	6,304,952	0	56,191	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,134	116,350	38,784	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	134,948	101,211	33,737	
7 Other salaries and wages	2,665,626	2,002,932	662,694	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,951	73,174	25,777	
9 Other employee benefits	613,224	479,673	133,551	
10 Payroll taxes	127,092	116,620	10,472	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,587		22,587	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	81,519	80,558	961	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	206,960	37,815	169,145	
17 Travel	67,511	52,956	14,555	
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				
22 Depreciation, depletion, and amortization	65,205		65,205	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTUAL FEES	1,628,010	1,613,796	14,214	
b EQUIPMENT EXPENSES	95,440	26,070	69,370	
c SPECIFIC CLIENT ASSIST.	64,380	64,380		
d STAFF/TEACHING PARENT DEV	58,057	26,391	31,666	
e All other expenses	107,160	29,584	77,576	
25 Total functional expenses. Add lines 1 through 24e	6,191,804	4,821,510	1,370,294	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,962,902	1	2,261,961
	2	Savings and temporary cash investments	264,680	2	266,410
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	780,710	4	909,767
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,746	8	4,434
	9	Prepaid expenses and deferred charges	20,642	9	49,138
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,983,932		
	b	Less: accumulated depreciation	10b 814,306	10c	2,169,626
	11	Investments—publicly traded securities	2,581,214	11	2,741,577
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	230,290	15	66,477
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,130,273	16	8,469,390	
Liabilities	17	Accounts payable and accrued expenses	501,534	17	485,481
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	501,534	26	485,481
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	7,616,100	27	7,973,024
	28	Net assets with donor restrictions	12,639	28	10,885
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,628,739	32	7,983,909
33	Total liabilities and net assets/fund balances	8,130,273	33	8,469,390	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,380,779
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,191,804
3	Revenue less expenses. Subtract line 2 from line 1	3	188,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,628,739
5	Net unrealized gains (losses) on investments	5	166,195
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,983,909

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2007	CHRYSLER SPORT VAN	4/18/13	100.00	\$ 7,600	\$ 7,600	5.0	S/L-	\$	\$
2003	FORD VAN	6/21/07	100.00	10,032	10,032	5.0	200DBHY		
2007	TOYOTA SIENNA CE VAN	5/15/07	100.00	23,198	23,198	5.0	200DBHY		
2015	HYUNDAI SONATA	11/08/18	100.00	15,500	15,500	5.0	200DBMQ	3,534	
TOTAL				\$ 56,330	\$ 56,330			\$ 3,534	\$ 0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

PEOPLE PLACES INC

Employer identification number

54-0959274

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,042	12,657	19,611	16,908	19,636	88,854
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,032,112	6,647,749	7,269,300	7,288,777	6,304,952	34,542,890
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,052,154	6,660,406	7,288,911	7,305,685	6,324,588	34,631,744
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						34,631,744

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	7,052,154	6,660,406	7,288,911	7,305,685	6,324,588	34,631,744
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,760	38,510	41,147	60,247	46,618	237,282
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	50,760	38,510	41,147	60,247	46,618	237,282
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,102,914	6,698,916	7,330,058	7,365,932	6,371,206	34,869,026
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.32 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.34 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

PEOPLE PLACES INC**54-0959274**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

PEOPLE PLACES INC

Employer identification number

54-0959274

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOUFF TRANSFER P O BOX 220 WEYERS CAVE VA 24486	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEIGHTON & KATHRYN EVANS 84 OLD MILL RD STAUNTON VA 24401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PEOPLE PLACES INC

Employer identification number

54-0959274

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,031,799		1,031,799
b Buildings		1,727,210	617,507	1,109,703
c Leasehold improvements				
d Equipment		224,923	196,799	28,124
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,169,626**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schools

u Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

PEOPLE PLACES INC

Employer identification number

54-0959274

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
ALL EMPLOYMENT NOTICES, PUBLICATIONS OR OTHER NEWSPAPER ADS FOR TRAINING DO COMPLY.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

PEOPLE PLACES INC

Employer identification number
54-0959274

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>										
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>										
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>										
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>										
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY STRANG EXECUTIVE DIRECTOR	(i)	135,588	0	0	19,546	0	155,134	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL BLINN COO/FORMER TREASURER	(i)	120,551	0	0	14,397	0	134,948	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

PEOPLE PLACES INC

Employer identification number

54-0959274

FORM 990, PART I, LINE 6

**VOLUNTEERS OF THE ORGANIZATION CONSIST SOLELY OF VOLUNTEER MEMBERS OF THE
BOARD OF DIRECTORS.**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**OTHER PROGRAMS PROVIDED INCLUDE COMMUNITY BASED FAMILY MENTORING SERVICES,
COUNSELING SERVICES FOR YOUTH AND FAMILIES, AND YOUTH THERAPEUTIC GROUPS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
REVIEWED BY CHIEF FINANCIAL OFFICER PRIOR TO FILING**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
ALL SALARIES ARE SUBJECT TO BOARD REVIEW AND APPROVAL.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE FOR INSPECTION AT BUSINESS ADDRESS.**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

PEOPLE PLACES INC

Identifying number

54-0959274

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,225

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	2,686
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		9,028	7.0	HY	200DB	1,290
d 10-year property						
e 15-year property		333,385	15.0	HY	150DB	16,669
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	09/30/20	608,329	39 yrs.	MM	S/L	4,549

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,534
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	62,953
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25				
26 Property used more than 50% in a qualified business use:											
SEE STATEMENT 1											
		%	56,330	56,330			3,534				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	3,534			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Year Ended: December 31, 2020

54-0959274

PEOPLE PLACES INC
1215 NORTH AUGUSTA STREET
STAUNTON, VA 24401

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:									
394	SIGN - HARRISONBURG	9/30/20	9,028			9,028	7 HY 200DB	0	1,290
			<u>9,028</u>			<u>9,028</u>		<u>0</u>	<u>1,290</u>
15-year GDS Property:									
393	Land Improvements - Harrisonburg	9/30/20	333,385			333,385	15 HY 150DB	0	16,669
			<u>333,385</u>			<u>333,385</u>		<u>0</u>	<u>16,669</u>
Non-Residential Real Property:									
395	3201 PEOPLES DR HARRISONBURG	9/30/20	608,329			608,329	39 MMS/L	0	4,549
			<u>608,329</u>			<u>608,329</u>		<u>0</u>	<u>4,549</u>
Prior MACRS:									
347	HVAC - CHARLOTTESVILLE	5/16/12	7,613			7,613	39 MMS/L	1,488	196
379	PYGMALION ROOF	3/31/16	7,500			7,500	39 MMS/L	729	192
380	DELL LAPTOP	4/05/16	3,043		X	1,522	5 MQ200DB	2,805	173
381	PYGMALION FLOOR	7/27/16	3,835		X	1,918	7 MQ200DB	3,211	178
382	BOILER 1205 N AUGUSTA	10/18/16	15,383		X	7,691	15 MQ150DB	9,846	554
383	FOUNDERS ROOM	10/22/16	6,093			6,093	39 MMS/L	501	157
384	PARTITION WALL	11/04/16	4,354			4,354	39 MMS/L	349	111
385	SIDING 1002 E JEFFERSON	11/11/16	28,558			28,558	39 MMS/L	2,288	733
386	GUTTER GAURDS	11/07/16	1,850			1,850	39 MMS/L	148	48
387	LAPTOP	12/16/16	2,313		X	1,157	5 MQ200DB	2,076	126
389	ADA BATHROOM UPGRADE	11/09/17	8,500			8,500	39 MMS/L	463	218
390	ADA RAMP AND MARKINGS	12/27/17	9,636		X	0	15 MQ150DB	9,636	0
			<u>98,678</u>			<u>76,756</u>		<u>33,540</u>	<u>2,686</u>
Other Depreciation:									
1	LAND	1/09/87	48,310			48,310	0 -- Land	0	0
2	LAND	9/01/89	49,325			49,325	0 -- Land	0	0
3	LAND 1205 N. AUGUSTA	8/30/96	34,224			34,224	0 -- Land	0	0
4	BUILDING	1/09/87	82,966			82,966	30 MO S/L	82,966	0
5	IMPROVEMENTS	5/01/87	18,748			18,748	30 MO S/L	18,748	0
6	BUILDING IMPROVEMENTS	9/01/89	43,034			43,034	30 MO S/L	43,034	0
7	BUILDING	9/01/89	64,248			64,248	30 MO S/L	64,248	0
8	BASKETBALL GOAD	4/02/90	437			437	15 MO S/L	437	0
	Sold/Scrapped: 1/01/20								
9	INSTALL SEWER LINE	2/28/92	2,500			2,500	30 MO S/L	2,319	84
10	OFFICE IMPROVEMENTS	9/01/93	5,327			5,327	30 MO S/L	4,676	178
11	STORM WINDOWS	12/07/94	6,341			6,341	39 MO S/L	4,072	162
12	NEW STORM WINDOWS AND DOORS	8/21/95	3,983			3,983	40 MO S/L	2,423	100
13	BUILDING 1205 N AUGUSTA	8/30/96	136,898			136,898	40 MO S/L	79,857	3,423
14	IMPROVEMENTS TO 1205 N AUGUSTA	10/31/96	12,426			12,426	40 MO S/L	7,197	310
15	ROOF REPAIRS	11/18/96	1,935			1,935	20 MO S/L	1,935	0
16	PARKING LOT LIGHT	11/18/96	217			217	10 MO S/L	217	0
19	REWIRING DAHL HOUSE	3/15/01	3,610			3,610	15 MO S/L	3,610	0
20	WIRING AC UNITS	5/18/01	1,507			1,507	15 MO S/L	1,507	0
21	INSTALL AC IN DAHL HOUSE	7/23/01	10,100			10,100	15 MO S/L	10,100	0
22	INSTALL NEW CARPET	9/17/01	10,106			10,106	10 MO S/L	10,106	0
65	ITL SECURITY SYSTEM	5/05/87	1,500			1,500	5 MO S/L	1,500	0
67	CEILING FANS	6/02/87	352			352	5 MO S/L	352	0
73	DRAPERIES	12/31/87	1,866			1,866	10 MO S/L	1,866	0
74	OAK DESK	3/07/88	425			425	7 MO S/L	425	0
138	FURNITURE 1205 N AUGUSTA	10/31/96	6,566			6,566	7 MO S/L	6,566	0
147	BOOKCASE	8/27/97	356			356	7 MO S/L	356	0
149	CONFERENCE TABLE	3/03/99	675			675	7 MO S/L	675	0
150	13 STORAGE FILES	3/03/99	1,820			1,820	7 MO S/L	1,820	0
151	FILING CABINET AND FOLDING CHAI	7/08/99	970			970	7 MO S/L	970	0
207	COMPUTER CAVLEING	1/04/01	1,662			1,662	5 MO S/L	1,662	0
213	DATA OUTLET	5/21/01	424			424	5 MO S/L	424	0
230	LAND - CHRLOTTESVILLE	4/28/95	89,123			89,123	0 -- Land	0	0
231	BUILDING - CHARLOTTESVILLE	4/28/95	152,129			152,129	40 MO S/L	93,813	3,803

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
235	LAND - 922 E JEFFERSON ST CHARLO	4/01/02	210,684			210,684	0 -- Land	0	0
236	BUILDING 922 E JEFFERSON	4/01/02	56,681			56,681	39 MO S/L	25,797	1,454
237	BUILDING IMPROVEMENTS 922 E JEFI	4/01/02	48,306			48,306	39 MO S/L	21,986	1,238
238	ADDITIONAL COST OF REMODELING	4/01/02	76,203			76,203	39 MO S/L	34,682	1,954
239	PARKING LOT IMPROVEMENTS	9/07/04	3,699			3,699	15 MO S/L	3,699	0
244	OFFICE FURNITURE	3/20/95	1,646			1,646	7 MO S/L	1,646	0
245	OAK DESK	4/11/95	540			540	7 MO S/L	540	0
251	FILING CABINET, DESK & CHAIR	6/15/95	221			221	7 MO S/L	221	0
252	FILING CABINET, DESK & CHAIR	6/15/95	285			285	7 MO S/L	285	0
256	LOVESEAT	10/16/96	402			402	7 MO S/L	402	0
257	OFFICE FURNITURE	10/24/96	350			350	7 MO S/L	350	0
263	WINE HI-BACK RECLINER	10/21/01	344			344	5 MO S/L	344	0
264	FURNITURE	6/14/02	1,065			1,065	7 MO S/L	1,065	0
274	NETWORK INSTALLATION	6/21/99	1,589			1,589	5 MO S/L	1,589	0
319	AIR CONDITIONER	9/21/07	449			449	5 MO S/L	449	0
322	DESK - TINA	1/18/07	353			353	7 MO S/L	353	0
323	DESK - TINA	1/22/07	437			437	7 MO S/L	437	0
324	REFRIGERATOR	2/28/07	533			533	5 MO S/L	533	0
325	Office Furniture-Desk & Chair	1/23/08	1,827			1,827	7 MO S/L	1,827	0
326	Sofa	9/05/08	700			700	7 MO S/L	700	0
327	2 Wood Desks	9/08/08	1,390			1,390	7 MO S/L	1,390	0
328	Gas logs	10/23/08	421			421	7 MO S/L	421	0
329	Range	11/24/08	510			510	10 MO S/L	510	0
333	Network equipment	3/17/08	1,289			1,289	3 MO S/L	1,289	0
335	Vehicle	4/08/08	9,431			9,431	5 MO S/L	9,431	0
336	Land-Harrisonburg (Raw)	3/17/08	227,524			227,524	0 -- Land	0	0
341	GUTTERING - 1205 BUILDING - STAUN	10/14/10	3,680			3,680	15 MO S/L	2,269	246
342	SNOW GUARDS - BUILDING - STAUNT	10/14/10	1,532			1,532	15 MO S/L	945	102
343	STUDY CARRELS - PYGMALION	8/10/10	2,077			2,077	5 MO S/L	2,077	0
345	LCD PROJECTOR	12/07/11	1,993			1,993	7 MO S/L	1,993	0
348	CARPET	11/14/12	2,058			2,058	15 MO S/L	983	138
350	CP C35 KONICA MINOLTA BIZHUB	1/24/12	1,919			1,919	5 MO S/L	1,919	0
351	C35 KONICA MINOLTA COPIER	4/13/12	1,919			1,919	5 MO S/L	1,919	0
353	VINYL FLOORING 1215 N AUGUSTA	5/10/13	1,335			1,335	15 MO S/L	593	89
354	DUCTWORK - PYGMALION	4/02/13	2,882			2,882	39 MO S/L	499	74
355	HVAC - C'VILLE-1002 E JEFFERSON	5/15/13	8,803			8,803	39 MO S/L	1,505	226
356	COMPUTERS-PYGMALION	5/28/13	1,951			1,951	5 MO S/L	1,951	0
357	COMPUTERS-C'VILLE	5/28/13	2,754			2,754	5 MO S/L	2,754	0
358	COMPUTERS-STANTON	5/28/13	4,590			4,590	5 MO S/L	4,590	0
359	BUILDING-1109 N AUGUSTA ST	1/01/15	147,432			147,432	39 MO S/L	18,902	3,780
360	LAND-1107 N AUGUSTA STREET	6/26/13	30,197			30,197	0 -- Land	0	0
362	BUILDING IMPROVEMENTS-1107 N AU	1/01/15	77,650			77,650	39 MO S/L	9,955	1,991
366	SERVERS	3/11/14	16,172			16,172	5 MO S/L	16,172	0
367	PHONE SYSTEM	6/09/14	36,033			36,033	7 MO S/L	28,740	5,148
368	HVAC - CVILLE	6/13/14	8,673			8,673	39 MO S/L	1,242	222
369	HEAT PUMP - PYGMALION	6/19/14	9,894			9,894	39 MO S/L	1,395	254
370	XEROX - CVILLE	6/23/14	1,051			1,051	5 MO S/L	1,051	0
371	CAMERA SYSTEM	11/28/14	3,098			3,098	7 MO S/L	2,250	443
372	PRINTER/SCAN/FAX	7/29/14	2,976			2,976	7 MO S/L	2,303	425
373	COMPUTERS (5)	9/05/14	3,188			3,188	5 MO S/L	3,188	0
374	Snow Blower	10/13/15	1,199			1,199	5 MO S/L	1,019	180
375	Riding Mower	10/13/15	1,498			1,498	5 MO S/L	1,273	225
376	Alienware Laptops (2)	2/02/15	3,090			3,090	5 MO S/L	3,039	51
377	Air Conditioner Dahl House	4/22/15	7,970			7,970	39 MO S/L	954	204
378	Replacement Windows	12/15/15	11,754			11,754	39 MO S/L	1,231	301
388	2014 HYUNDAI SONATA	3/21/17	14,000			14,000	3 MO S/L	11,433	2,567
392	2017 TOYOTA SIENNA	12/31/19	24,264			24,264	5 MO S/L	0	4,853
Total Other Depreciation			1,878,621			1,878,621		685,971	34,225
Total ACRS and Other Depreciation			1,878,621			1,878,621		685,971	34,225

Listed Property:

361	2007 CHRYSLER SPORT VAN	4/18/13	7,600			7,600	5 MO S/L	7,600	0
363	2003 FORD VAN	6/21/07	10,032			10,032	5 HY 200DB	10,032	0
365	2007 TOYOTA SIENNA CE VAN	5/15/07	23,198			23,198	5 HY 200DB	23,198	0
391	2015 HYUNDAI SONATA	11/08/18	15,500			15,500	5 MQ200DB	6,665	3,534

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>56,330</u>			<u>56,330</u>		<u>47,495</u>	<u>3,534</u>
	Grand Totals		2,984,371			2,962,449		767,006	62,953
	Less: Dispositions and Transfers		437			437		437	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,983,934</u>			<u>2,962,012</u>		<u>766,569</u>	<u>62,953</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
7-year GDS Property:								
394	SIGN - HARRISONBURG	9/30/20	9,028	9,028	0	1,290	1,290	0
			<u>9,028</u>	<u>9,028</u>	<u>0</u>	<u>1,290</u>	<u>1,290</u>	<u>0</u>
15-year GDS Property:								
393	Land Improvements - Harrisonburg	9/30/20	333,385	333,385	0	16,669	16,669	0
			<u>333,385</u>	<u>333,385</u>	<u>0</u>	<u>16,669</u>	<u>16,669</u>	<u>0</u>
Non-Residential Real Property:								
395	3201 PEOPLES DR HARRISONBURG	9/30/20	608,329	608,329	0	4,549	4,549	0
			<u>608,329</u>	<u>608,329</u>	<u>0</u>	<u>4,549</u>	<u>4,549</u>	<u>0</u>
Prior MACRS:								
347	HVAC - CHARLOTTESVILLE	5/16/12	7,613	7,613	1,488	196	196	0
379	PYGMALION ROOF	3/31/16	7,500	7,500	729	192	192	0
380	DELL LAPTOP	4/05/16	3,043	3,043	2,567	346	173	-173
381	PYGMALION FLOOR	7/27/16	3,835	3,835	2,587	356	178	-178
382	BOILER 1205 N AUGUSTA	10/18/16	15,383	15,383	4,309	1,107	554	-553
383	FOUNDERS ROOM	10/22/16	6,093	6,093	501	157	157	0
384	PARTITION WALL	11/04/16	4,354	4,354	349	111	111	0
385	SIDING 1002 E JEFFERSON	11/11/16	28,558	28,558	2,288	733	733	0
386	GUTTER GAURDS	11/07/16	1,850	1,850	148	48	48	0
387	LAPTOP	12/16/16	2,313	2,313	1,838	253	126	-127
389	ADA BATHROOM UPGRADE	11/09/17	8,500	8,500	463	218	218	0
390	ADA RAMP AND MARKINGS	12/27/17	9,636	9,636	1,929	770	0	-770
			<u>98,678</u>	<u>98,678</u>	<u>19,196</u>	<u>4,487</u>	<u>2,686</u>	<u>-1,801</u>
Other Depreciation:								
1	LAND	1/09/87	48,310	48,310	0	0	0	0
2	LAND	9/01/89	49,325	49,325	0	0	0	0
3	LAND 1205 N. AUGUSTA	8/30/96	34,224	34,224	0	0	0	0
4	BUILDING	1/09/87	82,966	82,966	82,966	0	0	0
5	IMPROVEMENTS	5/01/87	18,748	18,748	18,748	0	0	0
6	BUILDING IMPROVEMENTS	9/01/89	43,034	43,034	43,034	0	0	0
7	BUILDING	9/01/89	64,248	64,248	64,248	0	0	0
8	BASKETBALL GOAD	4/02/90	437	437	437	0	0	0
	Sold/Scrapped: 1/01/20							
9	INSTALL SEWER LINE	2/28/92	2,500	2,500	2,319	84	84	0
10	OFFICE IMPROVEMENTS	9/01/93	5,327	5,327	4,676	178	178	0
11	STORM WINDOWS	12/07/94	6,341	6,341	4,078	163	162	-1
12	NEW STORM WINDOWS AND DOORS	8/21/95	3,983	3,983	2,423	100	100	0
13	BUILDING 1205 N AUGUSTA	8/30/96	136,898	136,898	79,857	3,423	3,423	0
14	IMPROVEMENTS TO 1205 N AUGUSTA	10/31/96	12,426	12,426	7,197	310	310	0
15	ROOF REPAIRS	11/18/96	1,935	1,935	1,935	0	0	0
16	PARKING LOT LIGHT	11/18/96	217	217	217	0	0	0
19	REWIRING DAHL HOUSE	3/15/01	3,610	3,610	3,610	0	0	0
20	WIRING AC UNITS	5/18/01	1,507	1,507	1,507	0	0	0
21	INSTALL AC IN DAHL HOUSE	7/23/01	10,100	10,100	10,100	0	0	0
22	INSTALL NEW CARPET	9/17/01	10,106	10,106	10,106	0	0	0
65	ITL SECURITY SYSTEM	5/05/87	1,500	1,500	1,500	0	0	0
67	CEILING FANS	6/02/87	352	352	352	0	0	0
73	DRAPERIES	12/31/87	1,866	1,866	1,866	0	0	0
74	OAK DESK	3/07/88	425	425	425	0	0	0
138	FURNITURE 1205 N AUGUSTA	10/31/96	6,566	6,566	6,566	0	0	0
147	BOOKCASE	8/27/97	356	356	356	0	0	0
149	CONFERENCE TABLE	3/03/99	675	675	675	0	0	0
150	13 STORAGE FILES	3/03/99	1,820	1,820	1,820	0	0	0
151	FILING CABINET AND FOLDING CHAI	7/08/99	970	970	970	0	0	0
207	COMPUTER CAVLEING	1/04/01	1,662	1,662	1,662	0	0	0
213	DATA OUTLET	5/21/01	424	424	424	0	0	0
230	LAND - CHRLOTTESVILLE	4/28/95	89,123	89,123	0	0	0	0
231	BUILDING - CHARLOTTESVILLE	4/28/95	152,129	152,129	93,813	3,803	3,803	0

54-0959274

VA Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
235	LAND - 922 E JEFFERSON ST CHARLO	4/01/02	210,684	210,684	0	0	0	0
236	BUILDING 922 E JEFFERSON	4/01/02	56,681	56,681	25,797	1,454	1,454	0
237	BUILDING IMPROVEMENTS 922 E JEFI	4/01/02	48,306	48,306	21,986	1,238	1,238	0
238	ADDITIONAL COST OF REMODELING	4/01/02	76,203	76,203	34,682	1,954	1,954	0
239	PARKING LOT IMPROVEMENTS	9/07/04	3,699	3,699	3,699	0	0	0
244	OFFICE FURNITURE	3/20/95	1,646	1,646	1,646	0	0	0
245	OAK DESK	4/11/95	540	540	540	0	0	0
251	FILING CABINET, DESK & CHAIR	6/15/95	221	221	221	0	0	0
252	FILING CABINET, DESK & CHAIR	6/15/95	285	285	285	0	0	0
256	LOVESEAT	10/16/96	402	402	402	0	0	0
257	OFFICE FURNITURE	10/24/96	350	350	350	0	0	0
263	WINE HI-BACK RECLINER	10/21/01	344	344	344	0	0	0
264	FURNITURE	6/14/02	1,065	1,065	1,065	0	0	0
274	NETWORK INSTALLATION	6/21/99	1,589	1,589	1,589	0	0	0
319	AIR CONDITIONER	9/21/07	449	449	449	0	0	0
322	DESK - TINA	1/18/07	353	353	353	0	0	0
323	DESK - TINA	1/22/07	437	437	437	0	0	0
324	REFRIGERATOR	2/28/07	533	533	533	0	0	0
325	Office Furniture-Desk & Chair	1/23/08	1,827	1,827	1,827	0	0	0
326	Sofa	9/05/08	700	700	700	0	0	0
327	2 Wood Desks	9/08/08	1,390	1,390	1,390	0	0	0
328	Gas logs	10/23/08	421	421	421	0	0	0
329	Range	11/24/08	510	510	510	0	0	0
333	Network equipment	3/17/08	1,289	1,289	1,289	0	0	0
335	Vehicle	4/08/08	9,431	9,431	9,431	0	0	0
336	Land-Harrisonburg (Raw)	3/17/08	227,524	227,524	0	0	0	0
341	GUTTERING - 1205 BUILDING - STAUN	10/14/10	3,680	3,680	2,269	246	246	0
342	SNOW GUARDS - BUILDING - STAUNT	10/14/10	1,532	1,532	945	102	102	0
343	STUDY CARRELS - PYGMALION	8/10/10	2,077	2,077	2,077	0	0	0
345	LCD PROJECTOR	12/07/11	1,993	1,993	1,993	0	0	0
348	CARPET	11/14/12	2,058	2,058	983	138	138	0
350	CP C35 KONICA MINOLTA BIZHUB	1/24/12	1,919	1,919	1,919	0	0	0
351	C35 KONICA MINOLTA COPIER	4/13/12	1,919	1,919	1,919	0	0	0
353	VINYL FLOORING 1215 N AUGUSTA	5/10/13	1,335	1,335	593	89	89	0
354	DUCTWORK - PYGMALION	4/02/13	2,882	2,882	499	74	74	0
355	HVAC - C'VILLE-1002 E JEFFERSON	5/15/13	8,803	8,803	1,505	226	226	0
356	COMPUTERS-PYGMALION	5/28/13	1,951	1,951	1,951	0	0	0
357	COMPUTERS-C'VILLE	5/28/13	2,754	2,754	2,754	0	0	0
358	COMPUTERS-STANTON	5/28/13	4,590	4,590	4,590	0	0	0
359	BUILDING-1109 N AUGUSTA ST	1/01/15	147,432	147,432	18,902	3,780	3,780	0
360	LAND-1107 N AUGUSTA STREET	6/26/13	30,197	30,197	0	0	0	0
362	BUILDING IMPROVEMENTS-1107 N AU	1/01/15	77,650	77,650	9,955	1,991	1,991	0
366	SERVERS	3/11/14	16,172	16,172	16,172	0	0	0
367	PHONE SYSTEM	6/09/14	36,033	36,033	28,740	5,148	5,148	0
368	HVAC - C'VILLE	6/13/14	8,673	8,673	1,242	222	222	0
369	HEAT PUMP - PYGMALION	6/19/14	9,894	9,894	1,395	254	254	0
370	XEROX - C'VILLE	6/23/14	1,051	1,051	1,051	0	0	0
371	CAMERA SYSTEM	11/28/14	3,098	3,098	2,250	443	443	0
372	PRINTER/SCAN/FAX	7/29/14	2,976	2,976	2,303	425	425	0
373	COMPUTERS (5)	9/05/14	3,188	3,188	3,188	0	0	0
374	Snow Blower	10/13/15	1,199	1,199	1,019	180	180	0
375	Riding Mower	10/13/15	1,498	1,498	1,273	225	225	0
376	Alienware Laptops (2)	2/02/15	3,090	3,090	3,039	51	51	0
377	Air Conditioner Dahl House	4/22/15	7,970	7,970	954	204	204	0
378	Replacement Windows	12/15/15	11,754	11,754	1,231	301	301	0
388	2014 HYUNDAI SONATA	3/21/17	14,000	14,000	11,433	2,567	2,567	0
392	2017 TOYOTA SIENNA	12/31/19	24,264	24,264	0	4,853	4,853	0
Total Other Depreciation			<u>1,878,621</u>	<u>1,878,621</u>	<u>685,977</u>	<u>34,226</u>	<u>34,225</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>1,878,621</u>	<u>1,878,621</u>	<u>685,977</u>	<u>34,226</u>	<u>34,225</u>	<u>-1</u>

Listed Property:

361	2007 CHRYSLER SPORT VAN	4/18/13	7,600	7,600	7,600	0	0	0
363	2003 FORD VAN	6/21/07	10,032	10,032	10,032	0	0	0
365	2007 TOYOTA SIENNA CE VAN	5/15/07	23,198	23,198	23,198	0	0	0
391	2015 HYUNDAI SONATA	11/08/18	15,500	15,500	6,665	3,534	3,534	0

VA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
			<u>56,330</u>	<u>56,330</u>	<u>47,495</u>	<u>3,534</u>	<u>3,534</u>	<u>0</u>
	Grand Totals		2,984,371	2,984,371	752,668	64,755	62,953	-1,802
	Less: Dispositions		437	437	437	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>2,983,934</u>	<u>2,983,934</u>	<u>752,231</u>	<u>64,755</u>	<u>62,953</u>	<u>-1,802</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
380	DELL LAPTOP	4/05/16	3,043		0	0	1,521	1,522
381	PYGMALION FLOOR	7/27/16	3,835		0	0	1,917	1,918
382	BOILER 1205 N AUGUSTA	10/18/16	15,383		0	0	7,692	7,691
387	LAPTOP	12/16/16	2,313		0	0	1,156	1,157
390	ADA RAMP AND MARKINGS	12/27/17	9,636		0	0	9,636	0
394	SIGN - HARRISONBURG	9/30/20	9,028		0	0	0	9,028
Grand Total			43,238		0	0	21,922	21,316

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
347	HVAC - CHARLOTTESVILLE	5/16/12	7,613	195	0
379	PYGMALION ROOF	3/31/16	7,500	193	0
380	DELL LAPTOP	4/05/16	3,043	65	0
381	PYGMALION FLOOR	7/27/16	3,835	170	0
382	BOILER 1205 N AUGUSTA	10/18/16	15,383	498	0
383	FOUNDERS ROOM	10/22/16	6,093	156	0
384	PARTITION WALL	11/04/16	4,354	112	0
385	SIDING 1002 E JEFFERSON	11/11/16	28,558	732	0
386	GUTTER GAURDS	11/07/16	1,850	47	0
387	LAPTOP	12/16/16	2,313	111	0
389	ADA BATHROOM UPGRADE	11/09/17	8,500	218	0
390	ADA RAMP AND MARKINGS	12/27/17	9,636	0	0
393	Land Improvements - Harrisonburg	9/30/20	333,385	31,672	0
394	SIGN - HARRISONBURG	9/30/20	9,028	2,211	0
395	3201 PEOPLES DR HARRISONBURG	9/30/20	608,329	15,599	0
			<u>1,049,420</u>	<u>51,979</u>	<u>0</u>

Other Depreciation:

1	LAND	1/09/87	48,310	0	0
2	LAND	9/01/89	49,325	0	0
3	LAND 1205 N. AUGUSTA	8/30/96	34,224	0	0
4	BUILDING	1/09/87	82,966	0	0
5	IMPROVEMENTS	5/01/87	18,748	0	0
6	BUILDING IMPROVEMENTS	9/01/89	43,034	0	0
7	BUILDING	9/01/89	64,248	0	0
9	INSTALL SEWER LINE	2/28/92	2,500	83	0
10	OFFICE IMPROVEMENTS	9/01/93	5,327	177	0
11	STORM WINDOWS	12/07/94	6,341	163	0
12	NEW STORM WINDOWS AND DOORS	8/21/95	3,983	99	0
13	BUILDING 1205 N AUGUSTA	8/30/96	136,898	3,422	0
14	IMPROVEMENTS TO 1205 N AUGUSTA	10/31/96	12,426	311	0
15	ROOF REPAIRS	11/18/96	1,935	0	0
16	PARKING LOT LIGHT	11/18/96	217	0	0
19	REWIRING DAHL HOUSE	3/15/01	3,610	0	0
20	WIRING AC UNITS	5/18/01	1,507	0	0
21	INSTALL AC IN DAHL HOUSE	7/23/01	10,100	0	0
22	INSTALL NEW CARPET	9/17/01	10,106	0	0
65	ITL SECURITY SYSTEM	5/05/87	1,500	0	0
67	CEILING FANS	6/02/87	352	0	0
73	DRAPERIES	12/31/87	1,866	0	0
74	OAK DESK	3/07/88	425	0	0
138	FURNITURE 1205 N AUGUSTA	10/31/96	6,566	0	0
147	BOOKCASE	8/27/97	356	0	0
149	CONFERENCE TABLE	3/03/99	675	0	0
150	13 STORAGE FILES	3/03/99	1,820	0	0
151	FILING CABINET AND FOLDING CHAIRS	7/08/99	970	0	0
207	COMPUTER CAVLEING	1/04/01	1,662	0	0
213	DATA OUTLET	5/21/01	424	0	0
230	LAND - CHRLOTTEVILLE	4/28/95	89,123	0	0
231	BUILDING - CHARLOTTESVILLE	4/28/95	152,129	3,803	0
235	LAND - 922 E JEFFERSON ST CHARLOTTE	4/01/02	210,684	0	0
236	BUILDING 922 E JEFFERSON	4/01/02	56,681	1,453	0
237	BUILDING IMPROVEMENTS 922 E JEFFERS	4/01/02	48,306	1,239	0
238	ADDITIONAL COST OF REMODELING NEW	4/01/02	76,203	1,954	0
239	PARKING LOT IMPROVEMENTS	9/07/04	3,699	0	0
244	OFFICE FURNITURE	3/20/95	1,646	0	0
245	OAK DESK	4/11/95	540	0	0
251	FILING CABINET, DESK & CHAIR	6/15/95	221	0	0
252	FILING CABINET, DESK & CHAIR	6/15/95	285	0	0
256	LOVESEAT	10/16/96	402	0	0
257	OFFICE FURNITURE	10/24/96	350	0	0
263	WINE HI-BACK RECLINER	10/21/01	344	0	0
264	FURNITURE	6/14/02	1,065	0	0
274	NETWORK INSTALLATION	6/21/99	1,589	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
319	AIR CONDITIONER	9/21/07	449	0	0
322	DESK - TINA	1/18/07	353	0	0
323	DESK - TINA	1/22/07	437	0	0
324	REFRIGERATOR	2/28/07	533	0	0
325	Office Furniture-Desk & Chair	1/23/08	1,827	0	0
326	Sofa	9/05/08	700	0	0
327	2 Wood Desks	9/08/08	1,390	0	0
328	Gas logs	10/23/08	421	0	0
329	Range	11/24/08	510	0	0
333	Network equipment	3/17/08	1,289	0	0
335	Vehicle	4/08/08	9,431	0	0
336	Land-Harrisonburg (Raw)	3/17/08	227,524	0	0
341	GUTTERING - 1205 BUILDING - STAUNTON	10/14/10	3,680	245	0
342	SNOW GUARDS - BUILDING - STAUNTON	10/14/10	1,532	102	0
343	STUDY CARRELS - PYGMALION	8/10/10	2,077	0	0
345	LCD PROJECTOR	12/07/11	1,993	0	0
348	CARPET	11/14/12	2,058	137	0
350	CP C35 KONICA MINOLTA BIZHUB	1/24/12	1,919	0	0
351	C35 KONICA MINOLTA COPIER	4/13/12	1,919	0	0
353	VINYL FLOORING 1215 N AUGUSTA	5/10/13	1,335	89	0
354	DUCTWORK - PYGMALION	4/02/13	2,882	74	0
355	HVAC - C'VILLE-1002 E JEFFERSON	5/15/13	8,803	225	0
356	COMPUTERS-PYGMALION	5/28/13	1,951	0	0
357	COMPUTERS-C'VILLE	5/28/13	2,754	0	0
358	COMPUTERS-STAUNTON	5/28/13	4,590	0	0
359	BUILDING-1109 N AUGUSTA ST	1/01/15	147,432	3,780	0
360	LAND-1107 N AUGUSTA STREET	6/26/13	30,197	0	0
362	BUILDING IMPROVEMENTS-1107 N AUGUS	1/01/15	77,650	1,991	0
366	SERVERS	3/11/14	16,172	0	0
367	PHONE SYSTEM	6/09/14	36,033	2,145	0
368	HVAC - CVILLE	6/13/14	8,673	222	0
369	HEAT PUMP - PYGMALION	6/19/14	9,894	254	0
370	XEROX - CVILLE	6/23/14	1,051	0	0
371	CAMERA SYSTEM	11/28/14	3,098	405	0
372	PRINTER/SCAN/FAX	7/29/14	2,976	248	0
373	COMPUTERS (5)	9/05/14	3,188	0	0
374	Snow Blower	10/13/15	1,199	0	0
375	Riding Mower	10/13/15	1,498	0	0
376	Alienware Laptops (2)	2/02/15	3,090	0	0
377	Air Conditioner Dahl House	4/22/15	7,970	204	0
378	Replacement Windows	12/15/15	11,754	301	0
388	2014 HYUNDAI SONATA	3/21/17	14,000	0	0
392	2017 TOYOTA SIENNA	12/31/19	24,264	4,853	0
	Total Other Depreciation		<u>1,878,184</u>	<u>27,979</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,878,184</u>	<u>27,979</u>	<u>0</u>

Listed Property:

361	2007 CHRYSLER SPORT VAN	4/18/13	7,600	0	0
363	2003 FORD VAN	6/21/07	10,032	0	0
365	2007 TOYOTA SIENNA CE VAN	5/15/07	23,198	0	0
391	2015 HYUNDAI SONATA	11/08/18	15,500	2,120	0
			<u>56,330</u>	<u>2,120</u>	<u>0</u>
	Grand Totals		<u>2,983,934</u>	<u>82,078</u>	<u>0</u>

Asset	Description	Date In Service	Cost	VA
Prior MACRS:				
347	HVAC - CHARLOTTESVILLE	5/16/12	7,613	195
379	PYGMALION ROOF	3/31/16	7,500	193
380	DELL LAPTOP	4/05/16	3,043	130
381	PYGMALION FLOOR	7/27/16	3,835	340
382	BOILER 1205 N AUGUSTA	10/18/16	15,383	997
383	FOUNDERS ROOM	10/22/16	6,093	156
384	PARTITION WALL	11/04/16	4,354	112
385	SIDING 1002 E JEFFERSON	11/11/16	28,558	732
386	GUTTER GAURDS	11/07/16	1,850	47
387	LAPTOP	12/16/16	2,313	222
389	ADA BATHROOM UPGRADE	11/09/17	8,500	218
390	ADA RAMP AND MARKINGS	12/27/17	9,636	694
393	Land Improvements - Harrisonburg	9/30/20	333,385	31,672
394	SIGN - HARRISONBURG	9/30/20	9,028	2,211
395	3201 PEOPLES DR HARRISONBURG	9/30/20	608,329	15,599
			<u>1,049,420</u>	<u>53,518</u>

Other Depreciation:

1	LAND	1/09/87	48,310	0
2	LAND	9/01/89	49,325	0
3	LAND 1205 N. AUGUSTA	8/30/96	34,224	0
4	BUILDING	1/09/87	82,966	0
5	IMPROVEMENTS	5/01/87	18,748	0
6	BUILDING IMPROVEMENTS	9/01/89	43,034	0
7	BUILDING	9/01/89	64,248	0
9	INSTALL SEWER LINE	2/28/92	2,500	83
10	OFFICE IMPROVEMENTS	9/01/93	5,327	177
11	STORM WINDOWS	12/07/94	6,341	162
12	NEW STORM WINDOWS AND DOORS	8/21/95	3,983	99
13	BUILDING 1205 N AUGUSTA	8/30/96	136,898	3,422
14	IMPROVEMENTS TO 1205 N AUGUSTA	10/31/96	12,426	311
15	ROOF REPAIRS	11/18/96	1,935	0
16	PARKING LOT LIGHT	11/18/96	217	0
19	REWIRING DAHL HOUSE	3/15/01	3,610	0
20	WIRING AC UNITS	5/18/01	1,507	0
21	INSTALL AC IN DAHL HOUSE	7/23/01	10,100	0
22	INSTALL NEW CARPET	9/17/01	10,106	0
65	ITL SECURITY SYSTEM	5/05/87	1,500	0
67	CEILING FANS	6/02/87	352	0
73	DRAPERIES	12/31/87	1,866	0
74	OAK DESK	3/07/88	425	0
138	FURNITURE 1205 N AUGUSTA	10/31/96	6,566	0
147	BOOKCASE	8/27/97	356	0
149	CONFERENCE TABLE	3/03/99	675	0
150	13 STORAGE FILES	3/03/99	1,820	0
151	FILING CABINET AND FOLDING CHAIRS	7/08/99	970	0
207	COMPUTER CAVLEING	1/04/01	1,662	0
213	DATA OUTLET	5/21/01	424	0
230	LAND - CHRLOTESVILLE	4/28/95	89,123	0
231	BUILDING - CHARLOTTESVILLE	4/28/95	152,129	3,803
235	LAND - 922 E JEFFERSON ST CHARLOTTE	4/01/02	210,684	0
236	BUILDING 922 E JEFFERSON	4/01/02	56,681	1,453
237	BUILDING IMPROVEMENTS 922 E JEFFERS	4/01/02	48,306	1,239
238	ADDITIONAL COST OF REMODELING NEW	4/01/02	76,203	1,954
239	PARKING LOT IMPROVEMENTS	9/07/04	3,699	0
244	OFFICE FURNITURE	3/20/95	1,646	0
245	OAK DESK	4/11/95	540	0
251	FILING CABINET, DESK & CHAIR	6/15/95	221	0
252	FILING CABINET, DESK & CHAIR	6/15/95	285	0
256	LOVESEAT	10/16/96	402	0
257	OFFICE FURNITURE	10/24/96	350	0
263	WINE HI-BACK RECLINER	10/21/01	344	0
264	FURNITURE	6/14/02	1,065	0
274	NETWORK INSTALLATION	6/21/99	1,589	0

Asset	Description	Date In Service	Cost	VA
319	AIR CONDITIONER	9/21/07	449	0
322	DESK - TINA	1/18/07	353	0
323	DESK - TINA	1/22/07	437	0
324	REFRIGERATOR	2/28/07	533	0
325	Office Furniture-Desk & Chair	1/23/08	1,827	0
326	Sofa	9/05/08	700	0
327	2 Wood Desks	9/08/08	1,390	0
328	Gas logs	10/23/08	421	0
329	Range	11/24/08	510	0
333	Network equipment	3/17/08	1,289	0
335	Vehicle	4/08/08	9,431	0
336	Land-Harrisonburg (Raw)	3/17/08	227,524	0
341	GUTTERING - 1205 BUILDING - STAUNTON	10/14/10	3,680	245
342	SNOW GUARDS - BUILDING - STAUNTON	10/14/10	1,532	102
343	STUDY CARRELS - PYGMALION	8/10/10	2,077	0
345	LCD PROJECTOR	12/07/11	1,993	0
348	CARPET	11/14/12	2,058	137
350	CP C35 KONICA MINOLTA BIZHUB	1/24/12	1,919	0
351	C35 KONICA MINOLTA COPIER	4/13/12	1,919	0
353	VINYL FLOORING 1215 N AUGUSTA	5/10/13	1,335	89
354	DUCTWORK - PYGMALION	4/02/13	2,882	74
355	HVAC - C'VILLE-1002 E JEFFERSON	5/15/13	8,803	225
356	COMPUTERS-PYGMALION	5/28/13	1,951	0
357	COMPUTERS-C'VILLE	5/28/13	2,754	0
358	COMPUTERS-STAUNTON	5/28/13	4,590	0
359	BUILDING-1109 N AUGUSTA ST	1/01/15	147,432	3,780
360	LAND-1107 N AUGUSTA STREET	6/26/13	30,197	0
362	BUILDING IMPROVEMENTS-1107 N AUGUS	1/01/15	77,650	1,991
366	SERVERS	3/11/14	16,172	0
367	PHONE SYSTEM	6/09/14	36,033	2,145
368	HVAC - CVILLE	6/13/14	8,673	222
369	HEAT PUMP - PYGMALION	6/19/14	9,894	254
370	XEROX - CVILLE	6/23/14	1,051	0
371	CAMERA SYSTEM	11/28/14	3,098	405
372	PRINTER/SCAN/FAX	7/29/14	2,976	248
373	COMPUTERS (5)	9/05/14	3,188	0
374	Snow Blower	10/13/15	1,199	0
375	Riding Mower	10/13/15	1,498	0
376	Alienware Laptops (2)	2/02/15	3,090	0
377	Air Conditioner Dahl House	4/22/15	7,970	204
378	Replacement Windows	12/15/15	11,754	301
388	2014 HYUNDAI SONATA	3/21/17	14,000	0
392	2017 TOYOTA SIENNA	12/31/19	24,264	4,853
Total Other Depreciation			1,878,184	27,978
Total ACRS and Other Depreciation			1,878,184	27,978

Listed Property:

361	2007 CHRYSLER SPORT VAN	4/18/13	7,600	0
363	2003 FORD VAN	6/21/07	10,032	0
365	2007 TOYOTA SIENNA CE VAN	5/15/07	23,198	0
391	2015 HYUNDAI SONATA	11/08/18	15,500	2,120
			56,330	2,120
Grand Totals			2,983,934	83,616

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

PEOPLE PLACES INC**54-0959274**

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 16,908	19,636	2,728
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 7,287,690	6,304,711	-982,979
	5. Investment income	5. 60,247	46,618	-13,629
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 27,635	9,573	-18,062
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,087	241	-846
	12. Total revenue. Add lines 1 through 11	12. 7,393,567	6,380,779	-1,012,788
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 154,865	155,134	269
	16. Salaries, other compensation, and employee benefits	16. 3,660,252	3,639,841	-20,411
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 25,829	22,587	-3,242
	19. Occupancy, rent, utilities, and maintenance	19. 217,076	206,960	-10,116
	20. Depreciation and Depletion	20. 47,703	65,205	17,502
	21. Other expenses	21. 2,521,284	2,102,077	-419,207
	22. Total expenses. Add lines 13 through 21	22. 6,627,009	6,191,804	-435,205
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 766,558	188,975	-577,583
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 7,393,567	6,380,779	-1,012,788
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 7,376,659	6,361,143	-1,015,516
	27. Total assets	27. 8,130,273	8,469,390	339,117
	28. Total liabilities	28. 501,534	485,481	-16,053
	29. Retained earnings	29. 7,628,739	7,983,909	355,170
	30. Number of voting members of governing body	30. 5	5	
	31. Number of independent voting members of governing body	31. 5	5	
	32. Number of employees	32. 109	98	
	33. Number of volunteers	33. 5	5	

Form 990	Tax Return History	2020
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Name PEOPLE PLACES INC	Employer Identification Number 54-0959274
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	20,042	12,657	19,611	16,908	19,636	
Membership dues						
Program service revenue	7,030,750	6,635,752	7,269,042	7,287,690	6,304,711	
Capital gain or loss	-85	191,561		27,635	9,573	
Investment income	50,753	38,510	41,147	60,247	46,618	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	860	11,705	258	1,087	241	
Total revenue	7,102,320	6,890,185	7,330,058	7,393,567	6,380,779	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	569,097	234,432	116,456	154,865	155,134	
Other compensation	3,454,620	3,852,054	3,943,476	3,660,252	3,639,841	
Professional fees			29,666	25,829	22,587	
Occupancy costs	150,142	242,845	251,992	217,076	206,960	
Depreciation and depletion	47,989	49,142	48,390	47,703	65,205	
Other expenses	2,531,763	2,303,647	2,378,413	2,521,284	2,102,077	
Total expenses	6,753,611	6,682,120	6,768,393	6,627,009	6,191,804	
Excess or (Deficit)	348,709	208,065	561,665	766,558	188,975	
Total exempt revenue	7,102,320	6,890,185	7,330,058	7,393,567	6,380,779	
Total unrelated revenue						
Total excludable revenue	7,082,278	6,877,528	7,310,447	7,376,659	6,361,143	
Total Assets	6,416,623	6,686,354	7,094,503	8,130,273	8,469,390	
Total Liabilities	452,417	531,776	496,556	501,534	485,481	
Net Fund Balances	5,964,206	6,154,578	6,597,947	7,628,739	7,983,909	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 1,756		14			
TOTAL	\$ 1,756					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 44,862		14			
TOTAL	\$ 44,862					

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER EXPENSES	\$ 57,659	\$ 7,007	\$ 50,652	\$
COMMUNICATION EXP.	48,478	21,554	26,924	
BAD DEBT EXPENSE	1,023	1,023		
TOTAL	\$ <u>107,160</u>	\$ <u>29,584</u>	\$ <u>77,576</u>	\$ <u>0</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
CONTRIBUTIONS	\$ 19,636
TOTAL	\$ <u>19,636</u>

Schedule A, Part III, Line 2(e)

Description	Amount
GOVERNMENT FEE	\$ 6,304,711
MISCELLANEOUS INCOME	241
TOTAL	\$ <u>6,304,952</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST	\$ 1,756
DIVIDENDS	44,862
TOTAL	\$ <u>46,618</u>