EXTENDED TO NOVEMBER 16

Form <b>990-T</b>	E	Exempt Organ		ine	ss Income T	ax Return	L	OMB No 1545-0047					
	(and proxy tax under section 6033(e))												
	For calendar year 2019 or other tax year beginning, and ending, and ending, and ending, and ending												
Department of the Treasury Internal Revenue Service	<u> </u>	Do not enter SSN number	5	Open to Public Inspection for 01(c)(3) Organizations Only									
A Check box if address changed		Name of organization (		D Employer identification number (Employees' trust, see instructions)									
B Exempt under section	Print	PEOPLE'S SUI		ATION, LIMITED			82-1202926						
X 501(q')(B)	Туре		E Unrelated business activity code (See instructions )										
	408(e) 220(e) 323 E WACKER DRIVE, NO. 256  City or town, state or province, country, and ZIP or foreign postal code												
529(a)		CHICAGO, IL											
C Book value of all assets at end of year													
	156,393,895. G Check organization type ► X 501(c) corporation 501(c) trust 401(a)												
	H Enter the number of the organization's unrelated trades or businesses.												
	trade or business here If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or												
business, then complete			s sentence, complete r a	i io i aii	ia ii, complete a Schedule	WI TO CACIT AUUILION	ai ii auc i	UI .					
		poration a subsidiary in an a	ffiliated group or a parer	nt-subs	idiary controlled group?	▶ [	Yes	x No					
		tifying number of the parent	corporation.										
J The books are in care of					r ·	•	312)						
<del></del>		de or Business Inco	ome		(A) Income	(B) Expenses	;	(C) Net					
1a Gross receipts or sal			a Poloneo	1c									
	b Less returns and allowances c Balance  Cost of goods sold (Schedule A, line 7)						<del></del>						
	Gross profit Subtract line 2 from line 1c												
4a Capital gain net incoi						Bordoo	Î						
<b>b</b> Net gain (loss) (Form						k-USB							
•					- 303			/					
_		ship or an S corporation (att	tach statement)	5 6	101.000		/	<u></u>					
7 Unrelated debt-finance	6 Rent income (Schedule C) 7 Unrelated debt function (Schedule E)					020	<del>/</del>	·					
	7 Unrelated debt-financed income (Schedule E)  8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					T /	$\overline{}$						
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					Ogden, L	'							
Exploited exempt activity income (Schedule I)													
11 Advertising income (	Advertising income (Schedule J)												
12 Other income (See in		•	12	0	/								
Part II Deduction	3 Total. Combine lines 3 through 12 13 0.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)												
		pe directly connected wit											
14 Compensation of of	ficers, di	rectors, and trustees (Sched	dule K)				14						
15 Salaries and wages							15						
·	•						16						
							17						
19 Taxes and licenses	18 Interest (attach schedule) (see instructions) 19 Taxes and licenses						18						
20 Depreciation (attach	Form 4	562)			20			_					
		n Schedule A and elsewhere	on return		21a		21b						
22 Depletion	·						22						
								0.					
								0.					
	perating	loss arısıng ın tax years beg	ınnıng on or after Januaı	y 1, 20	118			-					
(see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29							30	0.					
							31	Form <b>990-T</b> (2019)					
923/01 01-27-20 LMA F	oi rapei	work Reduction Act Notice,	, 566 111511 0110115.			4	1	(2019)					

		PEOPLE'S SUPPORT FOUNDATION, LIMITED	82-1202	926	Page 2
Part		Total Unrelated Business Taxable Income			
32 -	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions) is paid for disallowed fringes ble contributions (see instructions for limitation rules)	32	_	0.
33	Amoun	33			
34	Charital	34		0.	
35	Total ur	35			
36	Deducti	36			
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	00.
		ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter th	e smaller of zero or line 37	39		0.
Part	IV .	Tax Computation			
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:			
	Ta	x rate schedule or Schedule D (Form 1041)	41		
42	Proxy to	ax. See instructions	42		
		ive minimum tax (trusts only)	43		
		Noncompliant Facility Income. See Instructions	44		
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part	<u>v                                     </u>	Tax and Payments			
46a	Foreian	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
		redits (see instructions) 46b			
		business credit Attach Form 3800 46c			
_		or prior year minimum tax (attach Form 8801 or 8827)			
		edits. Add lines 46a through 46d	46e		
	Subtrac	47		0.	
		xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
		x Add lines 47 and 48 (see instructions)	49		0.
		it 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
		ts: A 2018 overpayment credited to 2019			
	•	timated tax payments 51b	]		
	Tax dep	- 1			
d					
e					
	-				
		or small employer health insurance premiums (attach Form 8941)  edits, adjustments, and payments: Form 2439			
• •	_	rm 4136 ☐ Other Total ▶ 51g			
52		lyments. Add lines 51a through 51g	52		
	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53		
	Tax due	54			
		55			
		rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax  Refunded	56		
Part		Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any t	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	•	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ŀ
	here	•			X
		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	_	see instructions for other forms the organization may have to file	ľ		
		e amount of tax-exempt interest received or accrued during the tax year			
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	e and belief, it is true	`,	
Sign	CO	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here			the IRS discuss this preparer shown below		/ith
		70.41.41.41.41	uctions)? X Ye		7 No
		Print/Tipe granging agent Prepared granding	PTIN		
Paid		ANNA KOLAKALURI  ANNA KOLAKALURI  ANNA KOLAKALURI	1		
		ANNA KOLAKALURI   UMMO KOUKUWU 11/11/2020   Sell-elliployed	P01275	237	
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		Firm's address ► MINNEAPOLIS, MN 55402 Phone no. 61		<del></del>	