			CHANGE OF ACCOUNTING PER			OMB No. 1545-0047
Far	_ Q	QN	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			0040
Forr (Rev	n 🥑 /. Jan					
Depa	rtment	of the Treasury enue Service	 Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and the 	-	-	Open to Public Inspection
-					JN 30, 2020	mopoorden
_	heck if		f organization		D Employer identific	ation number
a	pplicab	ole:	- organization		B Employer Identifie	
	Addr	ge PERS	ON-TO-PERSON, INC.			
	Name	e ge Doing b	usiness as		06-142224	18
	Initia returr	Number	r and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final	1/ 1004	POST ROAD		(203) 655	5-0048
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,626,861.
	Amer returr		EN, CT 06820		H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: NANCY COUGHLIN		for subordinates?	
	-	SAME	AS C ABOVE		H(b) Are all subordinates ind	
		empt status:			•	list. (see instructions)
			P2PHELPS.ORG		H(c) Group exemption	
	orm o art l		X Corporation Trust Association Other ►	L Year o	f formation: 1994 N	I State of legal domicile: CT
	I	,	be the organization's mission or most significant activities: PERSON	J_TO_T	FRON PROVI	חדק
e	1		UALS AND FAMILIES WITH ASSISTANCE FO	OR BA	STC NEEDS TO	OVERCOME
Jan	2		$x \models \square$ if the organization discontinued its operations or disposed			
Governance	3				3	21
ဗိ	4		lependent voting members of the governing body (Part VI, line 1b)			21
ა ა	5		5	0		
/itie	6		of volunteers (estimate if necessary)			1300
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
_ <			business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		13,598,086.	6,686,465.
Revenue	9	•	ice revenue (Part VIII, line 2g)		10,698.	2,263.
Šev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		154,730.	75,124.
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<88,633.>	6,315.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	13,674,881.	6,770,167.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		<u>11,295,618.</u> 0.	4,111,448.
	14		to or for members (Part IX, column (A), line 4)		1,967,712.	1,100,384.
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
en en	l lua		ing expenses (Part IX, column (D), line 25) \blacktriangleright 376,020			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		994,992.	596,710.
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,258,322.	5,808,542.
	19		expenses. Subtract line 18 from line 12		<583,441.>	961,625.
or					inning of Current Year	End of Year
sets	20	Total assets (I	Part X, line 16)		6,000,334.	7,233,409.
t Assets or d Balances	21		s (Part X, line 26)		104,181.	586,555.
Fund	22		fund balances. Subtract line 21 from line 20		5,896,153.	6,646,854.
	art II	•				
			I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	n preparer h	as any knowledge.	

Sign	Signature of officer	Date									
Here	NANCY COUGHLIN, CHIEF I	EXECUTIVE OFFICER									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid SCOTT M. BRENNER											
Preparer Firm's name MARKS PANETH LLP Firm's EIN 11-3518											
Use Only Firm's address 4 MANHATTANVILLE ROAD											
PURCHASE, NY 10577 Phone no. (914) 524-9000											
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-20	D-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2019)							
~											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) PERSON-TO-PERSON, INC.	06-1422248	Page 2
Pa	rt 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:		
	PERSON-TO-PERSON PROVIDES INDIVIDUALS AND FAMILIES WITH	ASSISTANCE F	OR
	BASIC NEEDS TO OVERCOME DAILY CHALLENGES AND ACCESS TO R		
	IMPROVE THEIR LIVES. OUR VISION: EDUCATED, FINANCIALLY		
	HUNGER-FREE HOMES FOR ALL.	<u></u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	X No
	1		
•	If "Yes," describe these new services on Schedule O.		v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a)
	EMERGENCY ASSISTANCE- PROGRAMS WHICH HELP ALLEVIATE SITU	ATIONAL CRIS	ES
	FACED BY LOW-INCOME FAMILIES THROUGH THE PROVISION OF FO	OD, CLOTHING	,
	AND EMERGENCY FINANCIAL ASSISTANCE.		
	***6 MONTH RETURN, CHANGE IN FINANCIAL YEAR.		
			262
4b			263.)
	CAMPERSHIPS PROVIDE THE OPPORTUNITY FOR CHILDREN FROM LO	W-INCOME	
	HOUSEHOLDS TO ATTEND LOCAL DAY CAMPS FREE OF CHARGE.		
4c	(Code:) (Expenses \$ 41,701. including grants of \$ 10,000.) (Rever)
	THROUGH THE SCHOLARSHIP FUND, GRANTS ARE AWARDED TO LOW-		/
	STUDENTS, MANY OF WHOM ARE THE FIRST IN THEIR FAMILIES T		
	COLLEGE.		
	CONDEGE:		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 5,299,222.		
4e	יטנמו איטעומון אוויטר באאבוואבא איז איז איז איז איז איז איז איז איז אי	Q	

 Form 990 (2019)
 PERSON-TO-PERSON, INC.

 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		<u> </u>
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	4		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	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 11	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rat IX, column (A), ling 12, if IV/column (A) approximation of the construction of the constr	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- <u></u>

Form 990 (2019)

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 Form 990 (2019)
 PERSON-TO-PERSON, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete						
	Schedule J	23		x			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
27u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
		04-		x			
Ŀ	Schedule K. If "No," go to line 25a	24a		- 23			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
20	instructions, for applicable filing thresholds, conditions, and exceptions):						
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
a	"Yes," complete Schedule L, Part IV						
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X X			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 23			
C		00-		x			
00	"Yes," complete Schedule L, Part IV	28c 29	X				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v			
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34							
	Part V, line 1	34	Х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
b	J If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2						
36	6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2						
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
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						
Pa		38	Х	•			
	Check if Schedule O contains a response or note to any line in this Part V			\square			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No			
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0			110			
u	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?

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on from W4, Transmittal of Wage and Tax Statements, Implicit of the contained on the set of the regarding of the organization file all required federal employment to returns? Dot 3a Diff the contained on time 2a, diff the organization file all required federal employment to returns? 2b A 3a Diff the organization have undeted basiness gross income of \$1,000 or more during the yar? 2b A 3a Diff the organization have an interest in, or a Signature or other authority over, a financial account? 4a X 3b If ''esc', 'instal fed a firm BM90 to finit 3b, provide an explanation or Schedule O 4a X 3b If 'esc', 'instal as a bab, discuss it, securities account, or other financial account? 4a X 3b If 'esc', 'instal as or bab, dist the arganization finit if was or is a party to a prohibited ta schedule ta schedule ta schedule ta schedule ta schedule ta dist dist the arganization nucle was provided to an finitation and party for goods and services provided? 5c 3c If 'esc, 'indication schedule ta schedule	Form	990 (2019) PERSON-TO-PERSON, INC. 06-1422	248	Р	_{age} 5		
2a Enter the number of employees reported on Erm W4, Transmitud of Wage and Tax Statements, Ia 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b If at least one is reported on line 2a, did the organization file all required to <i>a</i> , <i>Bg</i> (see instructions) 3a X b If "res, 'has if field a Form 900-Tiro this year? if 'Wo' to line 3b, provide an expleration or Schedule O 3b X b If "res, 'has if field a Form 900-Tiro this year? if 'Wo' to line 3b, provide an expleration or Schedule O 3b X b If 'res, 'has if field a Form 900-Tiro this year? if 'Wo' to line 3b, provide an expleration or Schedule O 3b X b If 'res, 'has if field a Form 900-Tiro this year? if 'Wo' to line 3b, provide an expleration or Schedule O 3b X b If 'res, 'has if field a Foring Country 'Event 'Interaction and trans' trans	Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			-		
Interface Image: Imag				Yes	No		
b If a last one in reported on line 2s, did the organization file all required focal employment to return? 25 3a Did the organization have nonlated Dusiness gross income of \$1,000 or more during the year? 3a X 3b Thes, 'hast if field a form 900-1'for this year? if 'ho'' to line 3b, provide an explanation on Schedule O 3a X 3b If 'Yes, 'hast if field a form 900-1'for this year? if 'ho'' to line 3b, provide an explanation or other staturity over, a financial accountly examination a part of the organization have annual prosen to the stature or other stature of the stature or other stature of the stature of the stature or other stature or other stature of the stature or other stature o	2a						
Note: If the sum of lines 1a and 2a is greater fman 250, you may be required to <i>e-sis</i> (see instructions) Image: Image: <th></th> <td>filed for the calendar year ending with or within the year covered by this return 2a 0</td> <td></td> <td></td> <td></td>		filed for the calendar year ending with or within the year covered by this return 2a 0					
a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, "has if field a Form 980-T for this year? // "No' to <i>line 3b, provide</i> an explanation on Schedule O 3b X b If Yes, "has if field a Form 980-T for this year? // "No' to <i>line 3b, provide</i> an explanation on Schedule O 3b X b If Yes, "has if field a Form 980-T for this year? // "No' to <i>line 3b, provide</i> an explanation on Schedule O 4a X b If Yes, "has if field a Form 980-T for this year? // "No' to <i>line 3b, provide</i> an explanation on Schedule O 5a X b If Yes, "has if field a Form 280-T finCEN Form 114, Report of Foreign Bank and Financial accountly Form 5a 5a X b Od any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5a X b If Yes, "due to ganization nuclew with every solication an express statement that such contributions or gifts were not tax deductible as charitate contributions. 7a X b If Yes, "due to degunization field with every solication an express statement that such contributions or gifts were not tax deductible? 7a X b If Yes, "due to degunization due the value of the pack or sovices provided? 7a X c D due to ganization nuclew the very solication an express allower that such contributions or gifts were not tax deductible? 7a X <tr< th=""><th>b</th><td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td><td>2b</td><td></td><td></td></tr<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
b If Yes, 'has it field a form 90-T for this yes?' // 1%0 'to line 3b, provide an explanation on Schedule 0 95 4a At any time during the calendar year, did the organization have an interest in, on a signature or other authonity over, a financial account? 4a X b I'Yes,' enter the name of the foreign county but as a bark account, securities account, or other financial account? 4a X b I'Yes,' enter the name of the foreign county but as bark account, securities account, or other financial account? 5a X b Did any taxable party notify the organization that are sorie as party to a prohibed tax sheller transaction? 5a X c Did any taxable party notify the organization that was or is a party to a prohibed tax sheller transaction? 5a X d Desc the organization have multiply cass that are normally greater that \$100,000, and did the organization solicit any contributions that away researce that accountibutions? 6a X d Did the organization neit week possibilition an express statement that such contributions or gifts were not tax deductible contributions and strates provided? 7a X d Did the organization neit week and tax account become that account property for which it was required to the form 0822? 7b X d Did the organization neit week and tany time during the year 2d <td< th=""><th></th><td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</td><td></td><td></td><td></td></td<>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
4a At any time during the calendar year, idd the organization have an interest in, or a signature or other subhority over, a financial accountly courtly \$\science\$ be a bank account, or other financial accountly. 4a X bit 1*4s, "enter the name of the forsign countly \$\science\$ be a bank account, or other financial accountly. 5a X bit 1*4s, "enter the name of the forsign countly \$\science\$ be a bank account, or other financial Accounts (FBAR). 5a X bit any table party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X cit 1*4s" to ite 5a or 5b, dit the organization file form 88861? 5a X cit 1*4s" to ite 5a or 5b, dit the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible accorributions and early for goods and services provided? 5a X bit 1*4s, "indicate the number of Forms 8282? Filed during the year Zd Z X bit 1*4s, "indicate the number of Forms 8282? Filed during the year? Zd X X bit the organization receive a any funds, directly or indirectly, on a personal benefit contract? Zd X cit 1*4s, "indicate the number of Forms 8282? Filed during the year? Zd X X cit 1*4s, "indicate the number of Forms 8282? Filed during the year? Zd X X <					X		
fmancial account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR). 5a Vast the organization aparty to a prohibited tax shelter transaction? See instructions for the organization file Form B898-67? 6a Does the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible contributions under section 170(c). See instruction foreiding aparts in a preceive deductible contributions and partly for goods and services provided to the part? 7a X b Did the organization noticity the donor of the value of the goods or services provided? To 7a X c Did the organization receive any funds, directly or indirectly, no a personal benefit contract? Te 7a X d The organization receive accontribution of cars, boats, airplanes, or other vehicles, did the organization file Form B808 and equired? Te 7a X d How cancel acontri			3b				
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Form **990** (2019)

Form 990 (2019)

PERSON-TO-PERSON,	INC
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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2		2		x
~		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
•	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	•	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•		150	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
D	Other officers or key employees of the organization	150		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	l finano	cial	
	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			
	NANCY COUGHLIN - CHIEF EXECUTIVE OFFICER - 203-655-0048			
	1864 POST ROAD, DARIEN, CT 06820			

Form 990 (2	2019) PERSON-TO-PERSON, INC.	06-1422248	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization'	s tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), reg	ardless of amount of compens	sation.

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.

Name and title Average hours per biolist any biolist any bioli	(A)	(B)	(C)		(D)	(E)	(F)				
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Form 990 (2019) PERSON-T	O-PERSON	I,	IN	c.					06-14	222	48	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)			(F)
Name and title	Average	(do		Pos heck i) than c	one	Reportable	Reportable			mated
	hours per					s both r/trus		compensation	compensation			ount of
	week (list any					174400		- from	from related			ther
	hours for	lirecto						the organization	organizations (W-2/1099-MISC	"	•	ensation m the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130	"		nization
	organizations	ruste	al trus		/ee	m pen		(** 2/1000 10100)			•	related
	below	ndividual trustee or director	Institutional trustee	-	ƙey employee	est co oyee	er					izations
	line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former				•	
(18) ALLISON GAGLIARDI	1.00											
DIRECTOR		Х						0.		D.		0.
(19) AMY GOLD	1.00											
DIRECTOR		Х						0.).		0.
(20) BETSY WILSON	1.00											
DIRECTOR		Х						0.).		0.
(21) CAROLINE GILLESPIE GREER	1.00											
DIRECTOR		Х						0.		0.		0.
(22) NANCY COUGHLIN	40.00											
CHIEF EXECUTIVE OFFICER				Х				0.).		0.
(23) TRACY CRAMER	40.00											
CHIEF PHILANTHROPY OFFICER				Х				0.		<u>).</u>		0.
(24) ELIZABETH FINN	40.00											•
CHIEF OPERATING OFFICER	40.00			Х				0.		0.		0.
(25) LAUREN FRANCIAMORE CHIEF PROGRAMS OFFICER	40.00							0.		b .		0
CHIEF PROGRAMS OFFICER	-					-		0.		J.		0.
1b Subtotal								0.		. .		0.
1b Subtotal c Total from continuation sheets to Part V								0.		b .		0.
d Total (add lines 1b and 1c)								0.		<u>.</u>		0.
2 Total number of individuals (including but i							o re					
compensation from the organization		000	noco	u uo		,	010					0
· · · · · · · · · · · · · · · · · · ·											١	res No
3 Did the organization list any former officer	, director, trust	ee, k	ev e	empl	ove	e, or	hiq	hest compensated empl	ovee on	Г		
line 1a? If "Yes," complete Schedule J for	such individual										3	X
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	L	4	X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," cor	nplete Schedule	e J fo	or sı	ich r	bers	on .					5	X
Section B. Independent Contractors	-											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsatio	on fron	n
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A) Name and business	addrosa	370	` ` ` `	-				(B) Description of s	onviooo	Co	(C)	
		NC	ONE	5			-	Description of s	ervices		mpens	Sation
2 Total number of independent contractors (ncluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	•				C			- 				

ar	t VII					e in this Dest VIII			Г
		Check if Schedule O	conta	uns a respons	e or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue exclud from tax unde sections 512 - {
ıts	1 a	Federated campaigns							
and Other Similar Amounts		Membership dues			2,070.				
Am		Fundraising events			138,278.				
ilar		Related organizations			24,750. 160,923.				
Sim		Government grants (contr All other contributions, gifts,			100,923.				
her		similar amounts not included	-		,360,444.				
Ö	a	Noncash contributions included in			,528,925.				
anc	h	Total. Add lines 1a-1f				6,686,465.			
					Business Code				
	2 a	CAMP REGISTRA	TIC	ON	611710	2,263.	2,263.		
e	b				_				
enu	С				_				
Revenue	d								
	e	All other program convice	****						
		All other program service Total. Add lines 2a-2f				2,263.			
	3	Investment income (inclue				2,2031			
	-	other similar amounts)	-			27,329.			27,32
	4	Income from investment of							
	5	Royalties			>				
				(i) Real	(ii) Personal				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss Gross amount from sales of	»	(i) Securitie:	s (ii) Other				
	<i>1</i> a	assets other than inventory	7a	898,192	.,				
	b	Less: cost or other basis							
Dnip		and sales expenses		850,397					
	с	Gain or (loss)	7c	47,795	•				
	d	Net gain or (loss)			►	47,795.			47,79
	8 a	Gross income from fundraisi							
5		including \$ 138							
		contributions reported on		'	Ba 12,612.				
	h	Part IV, line 18			Ba 12,612. Bb 6,297.				
		Net income or (loss) from		····· Ľ		6,315.			6,31
		Gross income from gamir							
		Part IV, line 19	-		9a				
	b	Less: direct expenses			Эb				
		Net income or (loss) from	-		>				
	10 a	Gross sales of inventory,							
		and allowances			0a 0b				
		Less: cost of goods sold			0b				
+	C	Net income or (loss) from	Sales	or inventory	Business Code				
	11 a								
nue	b								
Revenue	с								
æ	d	All other revenue							
	-	Total. Add lines 11a-11d							

Form 990 (2019)	PERSON-TO-PE			00				
Part IX Statement	t of Functional Expense	S						
Section 501(c)(3) and 501	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if S	Schedule O contains a respons	e or note to any line	in this Part IX					
		(Δ)	(B)	(C)				

Do not include amounts reported on lines 60, 28, 80, 90, and 100 of Hart VI. Total acpenses Management and separate incention and sometic government. See Part VI, Inc 21 (D) Fundaling overnment Fundaling overnment 1 Grants and other assistance to domesite individuals. See Part VI, Inc 22 4, 111, 448. 4, 111, 448. 4, 111, 448. 2 Grants and other assistance to domesite individuals. See Part VI, Inc 22 4, 111, 448. 4, 111, 448. 4, 111, 448. 4 Hendts past to or for members. 5 5 5 5 2 Grants and other assistance to forsign organizations, freeing governments, and forsign individuals. See Part VI, Inc 22 300, 050. 131, 728. 61, 493. 106, 829 3 Compensation for funct diffees, directors, trustees, and key employaes 300, 101. 67, 984. <315 124, 042 9 Person plane could and combibitions (nothed section 010/bit and wespe. 62, 735. 42, 532. 5, 068. 15, 135 10 Fuel Social function of parter diffees, directors, trustees, and key employaes 62, 217. 6, 217. 6, 217. 3 Cher employae banefits 62, 100. 16, 100 120, 303.2 5, 682.	0000	<u>on 501(c)(3) and 501(c)(4) organizations must comp</u> Check if Schedule O contains a respon				
1 Grants and other assistance to domestic and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 13 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 Grants and to remembers. 4,111,448. 4,111,448. 4 Benefits paid to or formenbers. Individuals. See Part IV, line 15 and 16 Grants and to included dations to flaggalfind persons (as defined under section 4958(I/11) and persons description 4958(I/111) and persons description 4958(I/111) and		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. So Pert V, Ines 22 organizations, foreign governments, and foreign individuals. See Part V, Ines 15 and 16 Compensation of current offices, directors, trustees, and key employees 4,111,448. 4,111,448. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, Ines 15 and 16 5 4 Benefits paid to or formethers 5 5 Compensation of current offices, directors, trustees, and key employees 300,050. 131,728. 61,493. 106,829 6 Compensation of noticule above to disqualified presons (discrifted mather section 4586(f)(1) and presons discrifted mather section 4586(f) (1) and presons discrifted mather and presens 0540(f) presons discrifted mather and presons 0540(f) presons		Grants and other assistance to domestic organizations				
individuals. See Part V, line 22 4,111,448. 4,111,448. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line St and 16 4,111,448. 4,111,448. 4 Breffs particular, foreign comments, and foreign organizations, foreign governments, and foreign individuals. See Part V, line St and 16 300,050. 131,728. 61,493. 106,829 6 Comparisation not induced above to disputition persons (as defined under section 4085(1)/10 and persons described in section 4085(1)/10 and described in the 4085(1)/10 an	2					
3 Grants and other assistance to foreign individuals. See Part V, lines 15 and 16			4,111,448.	4,111,448.		
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 5 300,050. 131,728. 61,493. 106,829 6 Compensation of current officers, directors, furstess, and telep employees 300,050. 131,728. 61,493. 106,829 7 Other statistic and wages 300,050. 131,728. 61,493. 106,829 8 Other statistic and wages 80,101. 67,984. <315.> 12,432 9 Other statistic nontimulations (indue section 401(k) and 430(b) employee continuous 80,101. 67,984. <315.> 12,432 9 Other employee bonefits 62,735. 42,532. 5,068. 15,135 10 Payrol taxes 62,715. 42,532. 5,068. 15,135 14 Ferstor services (nonemployees): 16,100. 16,100. a Avertising and promotion 120,303. 28,824. 1,160. 90,319 14 Other expresses 120,303. 28,824. 1,160. 90,319 14 Interacureaces converetions, and meetings 120,303.	3					
4 Bendits paid to of romembers 300,050. 131,728. 61,493. 106,829 6 Compensation of current officers, directors, trustees, and key employees 300,050. 131,728. 61,493. 106,829 6 Compensation not included above to disquallied persons (aschine dissection 4950(t)(3) and person described in section 4950(t)(3) and approximations (include section 40(t)) and 4950(t)(3) (1) and 4950(t		0				
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Check here Tit tollowing SOP 98-2 (ASC 958-720)		Check here Time if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

PFPSON_TO_PFPSON

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	703,985.	1			
	2	Savings and temporary cash investments			552,276.	2	3,211,402.
	3	Pledges and grants receivable, net			169,713.	3	99,424.
	4	Accounts receivable, net		4,270.	4	438.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			153,970.	8	68,768.
As	9	_			46,266.	9	70,101.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,776,196.			
	b	Less: accumulated depreciation	10b	1,013,904.	808,246.	10c	762,292.
	11	Investments - publicly traded securities			3,551,021.	11	3,010,397.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	10,587.	15	10,587.		
	16	Total assets. Add lines 1 through 15 (must equ	6,000,334.	16	7,233,409.		
	17	Accounts payable and accrued expenses	75,497.	17	194,071.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
abil		controlled entity or family member of any of the	se persoi	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thirc	l parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	365,200.
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			28,684.	25	27,284.
	26				104,181.	26	586,555.
		Organizations that follow FASB ASC 958, che	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,644,297.	27	2,333,154.
Bal	28	Net assets with donor restrictions	4,251,856.	28	4,313,700.		
pu		Organizations that do not follow FASB ASC 9	58, chec	ck here 🕨 🗌			
пщ		and complete lines 29 through 33.					
ر م	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea				30	
As	31	Retained earnings, endowment, accumulated in	come, or	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,896,153.	32	6,646,854.
_	33	Total liabilities and net assets/fund balances			6,000,334.	33	7,233,409.

7,233,409. Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

	Ρ	EF	ιs	O.	N -	-'1	

Form	990 (2019) PERSON-TO-PERSON, INC.	06-14	422248	Pad	_{ge} 12
	t 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	6,770),1	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,808	3,5	42.
3	Revenue less expenses. Subtract line 2 from line 1	3	961	.,6	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,896	5,1	53.
5	Net unrealized gains (losses) on investments	5	<210,	92	4.>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,646	5,8	54.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Name of the organization

Nam	Name of the organization Employer identification number										
		PERS	ON-TO-PERS	ON, INC.					6-1422248		
Par	tl	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	S.			
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
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	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [Х	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersł	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
ſ		See section 509(a)(2). (Cor									
11		An organization organized a	•	, .	•				_		
12		An organization organized a	•	•	•		-	•	• •		
		more publicly supported or	-						Sheck the box in		
-		lines 12a through 12d that						-	aivin a		
а		Type I. A supporting orga	-	-	• • • •	-					
		the supported organization			majonty d	or the alrea		es or the st	ipporting		
b		organization. You must c Type II. A supporting org			ion with it	e cupporto	d organizatio	n(c) by boy	ina		
D		control or management o	-				•		-		
		organization(s). You mus									
с		Type III functionally inte	-		in connect	tion with. a	and functional	lv integrate	d with.		
-		its supported organization						.,	,		
d] Type III non-functionally		-				ted organiz	zation(s)		
		that is not functionally int						-			
		requirement (see instructi			•		-				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) to the error	anization listed					
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	support (see ii	istructions			
Tota							1		1		

 Schedule A (Form 990 or 990-EZ) 2019
 PERSON-TO-PERSON, INC.
 06-1422

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

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

Sec	tion A. Public Support	-		_	_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	<u>12599897.</u>	13807569.	13452663.	13598086.	6686465.	60144680.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots							
4	Total. Add lines 1 through 3	12599897.	13807569.	13452663.	13598086.	6686465.	60144680.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						60144680.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	12599897.	13807569.	13452663.	13598086.	6686465.	60144680.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	96,310.	108,923.	126,022.	146,657.	27,329.	505,241.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		214,150.	142,180.	69,610.		438,552.	
11	Total support. Add lines 7 through 10						61088473.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	518,221.	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	1 501(c)(3)		
0	organization, check this box and stop	here						
	ction C. Computation of Publi							
	Public support percentage for 2019 (I		•			14	98.46 %	
	Public support percentage from 2018					15	98.17 %	
16a	33 1/3% support test - 2019. If the c							
	stop here. The organization qualifies	, , ,	0					
b	33 1/3% support test - 2018. If the o							
4-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances test							
	and if the organization meets the "fac			•		e e		
	meets the "facts-and-circumstances"	-		• • • •		Ze evelling dE is		
b	10% -facts-and-circumstances test	-						
	more, and if the organization meets the						*	
40	organization meets the "facts-and-circ				,			
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							

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PERSON-TO-PERSON, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

06-1422248 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
	Amounts from line 6	(=) =0.0	(1) = 0 + 0	(0) _0			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization?	first second their	d fourth or fifth t		L 501(a)(2) and	
14	-	•					
Sec	check this box and stop here						
	Public support percentage for 2019 (li					15	0/
						16	<u> </u>
	Public support percentage from 2018 ction D. Computation of Inves					10	%
	•					47	0/
	Investment income percentage for 20					17	<u> </u>
	1 5					18	%
19a	33 1/3% support tests - 2019. If the						ine 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶∟_ 3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2019

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	~		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		II	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

	A (Form 990 or 990-EZ) 2019 PERSON-TO-PERSON, INC.	
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizations

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.

Sect	ction 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	· · ·	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PERSON-TO-PERSON, INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	npt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	ninistrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
_1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
c	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING
2016 AMOUNT: \$ 214,150.
2017 AMOUNT: \$ 142,180.
2018 AMOUNT: \$ 69,610.
2019 AMOUNT: \$ 12,612.
PART II SECTIONS A & B
INFORMATION REPORTED IN COLUMNS (A) THROUGH (D) CORRESPOND TO 12 MONTH
TAX YEARS ENDING 12/31/16,12/31/17,12/31/18 AND 12/31/19, RESPECTIVELY.
COLUMN (E) REPORTS INFORMATION FOR THE SHORT YEAR ENDING 06/30/2020.
PART II SECTION C LINE 14
THE PERCENTAGE COMPUTED IS FOR THE SHORT YEAR ENDING 06/30/2020.

		Cumplement.	- Financial Chatamanta	1	OMB No. 1545-0047
SCHEDULE D (Form 990) Supplemental Financial Statem Complete if the organization answered "Yes" on For				-	2010
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUIJ Open to Public
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest information.		Inspection
Nam	e of the organizati	on PERSON-TO-PERSON,	TNC		identification number $5-1422248$
Pa	tl Organiza		d Funds or Other Similar Funds or Ac		
		n answered "Yes" on Form 990, Part IV, lin			
	5	, , ,		b) Funds and	other accounts
1	Total number at e	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
6	•		advisors in writing that grant funds can be used on		
			or donor advisor, or for any other purpose conferring	0	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,		Yes No
1		servation easements held by the organizati			
•		of land for public use (for example, recrea		rically import	ant land area
		of natural habitat	Preservation of a certif		
		n of open space			
2		• •	fied conservation contribution in the form of a con	servation ea	sement on the last
	day of the tax yea	• •]		t the End of the Tax Year
а				2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	leased, extinguished, or terminated by the organiz	ation during	the tax
	year 🕨				
4		where property subject to conservation eas			
5	0	tion have a written policy regarding the per			
•		forcement of the conservation easements in			
6	Starr and voluntee	er nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	during the year
7			dling of violations, and enforcing conservation eas	omonto durin	a the year
'	► \$	ses incurred in monitoring, inspecting, nanc	and enforcing conservation eas		ig the year
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i	i)	
-					Yes No
9			on easements in its revenue and expense stateme		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	t describes th	ne
	organization's acc	ounting for conservation easements.			
Pa		_	f Art, Historical Treasures, or Other Si	milar Asso	ets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	0		58, not to report in its revenue statement and bala		orks
		· · ·	blic exhibition, education, or research in furtherand	ce of public	
-			ncial statements that describes these items.		- 1
b	-	· · ·	58, to report in its revenue statement and balance		
		· · ·	e exhibition, education, or research in furtherance	or public ser	vice,
		ing amounts relating to these items:		¢	
				► \$	
2			asures, or other similar assets for financial gain, p		
-	-	unts required to be reported under FASB A			
а	•			▶ \$	
				► \$	

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Sche		TO-PERSON,						Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Sim	ilar Asset	s _{(continu}	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significa	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt pu	rpose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simila	r assets	s		
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	include	ed	_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_			
							Amount	
	Beginning balance					lc		
	Additions during the year					ld		
е	Distributions during the year					le		
f	Ending balance					1f		
	Did the organization include an amount on Fe				•	L	Yes	
b Par	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>	
Fai	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back		ree years back		years back
1a	Beginning of year balance	3,542,479.	3,114,001.	3,348,323.		2,985,686.		893,162.
b	Contributions	.104 .027 .	601 562	110,000.		10,000.		10,000.
C.	Net investment earnings, gains, and losses	<124,837.>	601,563.	<170,850.>		516,181.	<u> </u>	216,921.
	Grants or scholarships						+	
е	Other expenditures for facilities	401 028	160 000	160 000		140 000		110 000
	and programs	401,028. 6,217.	160,000. 13,085.	160,000. 13,472.		140,000. 23,544.		110,000. 24,397.
	Administrative expenses	3,010,397.	3,542,479.	,				<u>24,397.</u> 985,686.
g	End of year balance	, ,				3,348,323.	<u> </u>	,000.
2	Provide the estimated percentage of the curr	• 00) held as:				
a L	Board designated or quasi-endowment		_%					
D	Permanent endowment ► 100.00	%						
C	Term endowment \blacktriangleright <u>100.00</u> The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse	•	tion that are hold an	d administored for t	ho orac	nization		
Ja		ssion of the organiza			ne orga	Inzation	Ŀ	Yes No
	by: (i) Unrelated organizations							X
	(ii) Related organizations							
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
_	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		Part IV, line 11a, S	ee Form 990. Part X	line 10).		
	Description of property	(a) Cost or ot			Accumu		(d) Book	value
		basis (investm			epreciat		(4) 2001	Value
1a	Land							
	Buildings							
	Leasehold improvements		1,01	5,310.	487	,980.	527	,330.
	Equipment			0,886.		,924.		,962.
	Other				-			
	Add lines 1a through 1e. (Column (d) must e		K. column (B), line 10	,)c.)		🕨	762	,292.

Schedule D (Form 990) 2019

Part VII	Investments -	Other Securities.	
Schedule D) (Form 990) 2019	PERSON-TO-PERSON,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨

Part IX Other Assets.

(7) (8) (9)

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.)	
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) AGENCY LIABILITIES	27,284.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

27,284.

(9)

Sche	dule D (Form 990) 2019 PERSON-TO-PERSON ,	INC.		06-1	L422248	Page 4
Par	t XI Reconciliation of Revenue per Audited Finan	icial Statements Wit				0
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial state	ments		1	6,595,	,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	<210,924.>			
b	Donated services and use of facilities	2b	40,485.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	<170,4	<u>439.></u>
3	Subtract line 2e from line 1			3	6,766,	<u>,126.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,217.			
b	Other (Describe in Part XIII.)	4b	<2,176.>			
С	Add lines 4a and 4b			4c		,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Par	rt I, line 12.)		5	6,770,	,167.
Pa	t XII Reconciliation of Expenses per Audited Final		th Expenses per H	eturr	1.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.				0.0.5
1				1	5,844,	,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	40 405			
а	Donated services and use of facilities		40,485.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	2d	2,176.		4.0	C C 1
е	Add lines 2a through 2d			2e	42, 5,802,	<u>,661.</u>
3	Subtract line 2e from line 1			3	5,802,	,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	C 01 F			
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,217.			
b	Other (Describe in Part XIII.)	4b			~	01 7
	Add lines 4a and 4b			4c		,217.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18.)		5	5,808,	,542.
Fd	t XIII Supplemental Information.					

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

PART V, LINE 4:

~ ~ ~

IN 20	03,	PER;	SON-TO	-PERSO	N EST.	ABLISHE	D THE	JANE	L' EVA	NS ENI	DOWMENT	FUND	(THE
"FUND	"),	INI	HONOR	OF RET	IRING	EXECUT	IVE DI	RECTO	DR JA	NET EV	/ANS.		
CONTR	IBUI	ION	s то т	HE FUN	D ARE	INVEST	ED AS	DIREC	TED	BY AN	ENDOWM	ENT	
COMMI	TTEE	AP	POINTE	р ву т	HE BO.	ARD OF	DIRECT	ORS.	WIT	HDRAW	ALS FRO	M THE	FUND,
WHICH	MAY	BE	USED	AT THE	DISC	RETION	OF THE	BOAF	ND OF	' DIRE(CTORS,	ARE LI	MITED
ТО 6%	OF	THE	AVERA	GE YEA	R-END	MARKET	VALUE	FOR	THE	THREE	PRECED	ING	
CALEN	DAR	YEA	RS.										

PART X, LINE 2:

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

/ ____

Schedule D (Form 990) 2019 PERSON-TO-PERSON, INC.	06-1422248 Page 5
Part XIII Supplemental Information (continued)	
AS OF JUNE 30, 2020 THE ORGANIZATION DOES NOT BELIEVE THAT I	T HAS TAKEN
ANY POSITIONS THAT WOULD REQUIRE RECORDING OF ANY ADDITIONAL	TAX LIABILITY
NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFI	TS THAT WOULD
EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-2,176.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	2,176.

SCHEDULE G	Suppleme	ntal Information I	Regarding	Fund	raisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answei organization entered r					r 19, o	or if the	2019		
Department of the Treasury											
Internal Revenue Service Name of the organization	Employer ide	Inspection entification number									
Name of the organization		TO-PERSON, I	INC					06 - 1422			
Part I Fundrais		Complete if the organ		red "Y	es" or	Form 990 Part IV I	ine 17				
	complete this part				03 01	11 onn 550, 1 art 10, 1		. 1 0111 000 22			
1 Indicate whether the	e organization rais	ed funds through any o	of the followin	g activ	ities. (Check all that apply.					
a 📃 Mail solicitat	ions	e	Solicitat	tion of	non-g	overnment grants					
	email solicitations	f				nment grants					
c Phone solicit		g	Special	fundra	ising e	events					
d In-person sol 2 a Did the organizatio		r oral agreement with a	any individual	(includ	ing of	ficers directors trus	toos	or			
Ŭ		art VII) or entity in conr	2	•	Ũ		1003,		s 🗌 No		
		viduals or entities (fund	•			•	ne fun				
compensated at le	•	•	<i>,</i> ,		0						
				(iii)	Did		60	Amount paid			
(i) Name and address		(ii) Activit	v	fundr have c	aiser	(iv) Gross receipts	tò (o	r retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	Iraiser)		,	or con contrib	trol of	from activity		undraiser ed in col. (i)	organization		
				Yes	No						
T . 4 . 4											
Total 3 List all states in whi	ch the organizatio	n is registered or licop	sed to solicit c	ontrib		or has been notified	it is o	vempt from ro			
or licensing.	on the organizatio			Shand	10115	or has been nouned	11 13 0		gioration		

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Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990 EZ) 2019 PERSON-TO-PERSON, INC.

06-1422248 Page 2

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

			(a) Event #1 OPUS FUNDRAISER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
	1	Gross receipts	150,890.			150,890
	-		120 270			120 270
	2	Less: Contributions	138,278.			138,278
	3	Gross income (line 1 minus line 2)	. 12,612.			12,612
	4	Cash prizes				
	•					
,	5	Noncash prizes				
	6	Rent/facility costs	3,061.			3,061
	_					760
	7	Food and beverages				760
ľ	8	Entertainment	300.			300 2,176
	9	Other direct expenses	2,176.			2,176
	10	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	-		►	6,297 6,315
T		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		,,,		
				(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
0000	1	Gross revenue			(c) Other gaming	
	1				(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
		Cash prizes			(c) Other gaming	
	1 2 3				(c) Other gaming	
	3	Cash prizes	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming	
	3 4	Cash prizes Noncash prizes Rent/facility costs	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming	
	3	Cash prizes	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	· · · · · · · · · · · · · · · · · · ·	bingo/progressive bingo		
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	☐ Yes%	
	3 4 5 6 7	Cash prizes		bingo/progressive bingo	Yes% No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	Yes% No	
	3 4 5 7 8 Ent	Cash prizes		bingo/progressive bingo	Yes% No	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes

 b If "Yes," explain:
 Yes

932082 09-11-19

Sch	hedule G (Form 990 or 990-EZ) 2019 PERSON-TO-PERSON, INC. 06-2	1422	248	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Vee	No
40	to administer charitable gaming?		162	
	Indicate the percentage of gaming activity conducted in:	10-	I	07
	a The organization's facility	13a		<u>%</u>
	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	No No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the		Yes	🗌 No
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	art III lin	es 9 (h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		c	MB No. 1545	-0047
(Form 990)										9
Department of the Treasury		Comple	ete il the organization	Attach to For		rt iv, ille 2 i or 22.		(pen to P	
Internal Revenue Service			Go to www.ir	s.gov/Form990 fc	or the latest inforn	nation.			Inspecti	on
Name of the organizati	on PERSON-TO	-PERSON,	INC.					Employer iden 0 6	tification $5-1422$	
Part I General Ir	formation on Grants a							•		
	ation maintain records t ward the grants or assis								Yes	No
2 Describe in Part	IV the organization's pro	ocedures for monite	oring the use of grant	funds in the United	d States.					
	d Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for a	ny	
	hat received more than S					(f) Method of	(a) Decemination of	(12) Dum		
	Idress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of gra sistance	nt
	er of section 501(c)(3) a			e line 1 table				····· • –		
	er of other organizations Reduction Act Notice							Schedule I	(Earm 00	0) (2010)
	neuluction Act Notice	, see the moundling						Schedule I	0.0000 98	U) (20 19)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERGENCY ASSISTANCE	2365	443,403.	0.		
CHOLARSHIP GRANTS	4	10,000.	0.		
AMPERSHIPS	155	99,185.	0.		
					FREE CLOTHING AND FOOD MEET THE IMMEDIATE NEED OF THE
				THRIFT SHOP VALUATION,	WORKING POOR OR PEOPLE FACING
ISTRIBUTION OF CLOTHING, FOOD	51248	0.	3,558,860.	COMMERCIAL VALUE	A SITUATION CRISIS.
Part IV Supplemental Information. Provide the information rec	uired in Part I, line	e 2; Part III, column	(b); and any other ad	dditional information.	
ART I, LINE 2:					
MERGENCY ASSISTANCE PROGRAMS: A	PERSON-TO	-PERSON CA	SE WORKER	ASSESSES	
NDIVIDUAL SITUATIONS TO DETERMINE	APPROPRI	ATE ACTION	NECESSARY	TO MEET	
ACH CLIENT'S NEEDS. DISBURSEMENT					

BASED ON SPECIFIC CRITERIA AND FINANCIAL NEED. OTHER PROGRAMS INCLUDE

PROVIDING FOOD ASSISTANCE AND GIFTS DURING THE HOLIDAY SEASON. THESE

PROGRAMS ARE CARRIED OUT NOT ONLY BY THE STAFF OF PERSON-TO-PERSON BUT ALSO

BY MANY VOLUNTEERS THROUGHOUT THE AREA AS WELL.

SCHOLARSHIPS: THE HARRIET T. MCCORKLE SCHOLARSHIP FUND PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS FROM LOW-INCOME HOUSEHOLDS WHO ARE APPLYING TO OR WHO ARE ALREADY IN COLLEGE AND NEED HELP WITH BOOK AND TUITION PAYMENTS. IF ELIGIBLE, STUDENTS ARE REQUIRED TO APPLY FOR FAFSA, AS WELL AS OTHER FINANCIAL AID AND WORK STUDY, AND ARE INTERVIEWED AS PART OF THE SCREENING PROCESS. GRANTS ARE GIVEN IN BOTH SEMESTERS, AND MENTORING AND BUDGETING SUPPORT ARE PROVIDED.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name	e of the organization					Employ	er ident			nber
	PERSON-TO-PE	RSON,	INC.				06-1	4222	248	
Par	rt I Types of Property	•								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) nod of de contribu		•	3
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		2,018,577.	THR	IFT	SHOP	VAI	LUES	3
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	4	55,267.	FMV					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X		1,455,081.	сом	MERC	IAL	VALU	JE	
20	Drugs and medical supplies			, ,						
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► ()									
26	Other ► ()									
27	Other ► ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions						
20	for which the organization completed Form 828									
		, i aitiv, i							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part L lines 1 throug	h 28 1	that it			103	
004	must hold for at least three years from the date									
	exempt purposes for the entire holding period?							30a		х
h	If "Yes," describe the arrangement in Part II.							30a		
	Does the organization have a gift acceptance p	olicy that re	ouires the review (of any ponstandard contribut	ione?			21	x	
31 32a	Does the organization have a gift acceptance p Does the organization hire or use third parties of	•	-	•	515!			31		
JZd			•	· · ·				32a		х
۲.	contributions? If "Yes," describe in Part II.							52a		
20	If the experimentian didn't report on emount in a	aluma (a) fau	a turna of proport	for which column (a) is about	lind					

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2019 PERSON-TO-PERSON, INC. Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u>SCHEDULE M, PART I, COLUMN (B):</u>

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



06-1422248

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

PERSON-TO-PERSON,

DAILY CHALLENGES, AND ACCESS TO RESOURCES TO IMPROVE THEIR LIVES. OUR

VISION: EDUCATED, FINANCIALLY STABLE, AND HUNGER-FREE HOMES FOR ALL.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION SHALL BE ST. LUKE'S EPISCOPAL CHURCH.

SUCH MEMBER SHALL BE ENTITLED TO VOTE AND SHALL HAVE SUCH RIGHTS AND

OBLIGATIONS AS SHALL BE SET FORTH IN THE BY-LAWS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ST. LUKE'S VESTRY MUST APPROVE ALL BOARD MEMBERS.

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

AN INDEPENDENT ACCOUNTANT PREPARED THE FORM 990 AND A COPY OF THE FORM 990

IS SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS. AT A MEETING OF THE

BOARD THE FORM 990 IS THEN DISCUSSED AND A VOTE IS TAKEN TO ACCEPT THE FORM

990.

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

EACH MEMBER OF THE BOARD MUST ANNUALLY REVIEW THE CONFLICT OF INTEREST

POLICY AND SIGN THE DISCLOSURE STATEMENT. THIS IS DONE IMMEDIATELY

FOLLOWING THE ANNUAL MEETING, OR FOR NEW BOARD MEMBERS, DURING THEIR

ORIENTATION.

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

A COMPREHENSIVE COMPENSATION REVIEW WAS CONDUCTED IN 2018 BY THE BOARD, LED

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization PERSON-TO-PERSON, INC.	Employer identification number 06-1422248
BY THE FINANCE & RISK COMMITTEE, AND THE EXECUTIVE COMMITT	EE. A NUMBER OF
LEADING NOT-FOR-PROFIT COMPENSATION SURVEYS WERE UTILIZED	TO ADJUST STAFF
COMPENSATION TO PREVAILING MARKET RATES IN PERSON-TO-PERSO	N'S GEOGRAPHIC
AREA. THESE CHANGES WENT INTO EFFECT FOR 2019.	

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

INFORMATION FOR CONTACTING PERSON-TO-PERSON ADMINISTRATION IS AVAILABLE ON

THE WEBSITE: WWW.P2PHELPS.ORG. ANYONE WISHING TO SEE THESE GOVERNING

DOCUMENTS SHOULD CONTACT THE ADMINISTRATION.

FORM 990, PART XII LINE 2C

THE PROCESS NOT CHANGED FROM PRIOR YEAR.

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-1422248

Name of the organization

SCHEDULE R (Form 990)

PERSON-TO-PERSON, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
ST. LUKE'S PARISH - 06-0662180							
1864 POST ROAD							
DARIEN, CT 06820	CHURCH	CONNECTICUT	501(C)(3)	LINE 1	ST. LUKE'S PARISH	x	
	7						
	1						
	1						

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predor entity (relate	g Predominant income (related, unrelated, excluded from tax under sections 512-514)	ntrolling Predominant income Share of total end-of-year amount in bo a scheduler from tax under	Predominant income Share of total (related, unrelated, income)			Genera manag partne	or Percentage ^{ng} ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo		
	1												
	1												
	-												
	-												
	1												
	1												
							1	1			1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								1	

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
- I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 PERSON-TO-PERSON, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 PERS
Part VII Supplemental Information

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation