

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PEOPLE INCORPORATED OF VIRGINIA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1173 WEST MAIN STREET City or town, state or province, country, and ZIP or foreign postal code ABINGDON VA 24210	<b>D</b> Employer identification number 54-0763686 <b>E</b> Telephone number 276-623-9000 <b>G</b> Gross receipts \$ 13,120,548
<b>F</b> Name and address of principal officer: ROBERT GOLDSMITH 24555 WALDEN ROAD ABINGDON VA 24210		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.PEOPLEINC.NET		<b>L</b> Year of formation: 1964 <b>M</b> State of legal domicile: VA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:	TO PROVIDE OPPORTUNITIES FOR ECONOMICALLY DISADVANTAGED PEOPLE TO REACH THEIR GOALS IN ORDER TO ENHANCE THEIR LIVES, THEIR FAMILIES, AND THEIR COMMUNITIES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	44
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	288
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	1531
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
7b Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,873,568	13,032,371
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,775	88,177
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,910,343	13,120,548
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,822,194	7,381,768
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,782	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,495,486	7,679,341
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,317,680	15,061,109	
19 Revenue less expenses. Subtract line 18 from line 12	-407,337	-1,940,561	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	21,358,024	20,467,461
	22 Net assets or fund balances. Subtract line 21 from line 20	8,942,963	9,992,961
		12,415,061	10,474,500

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer ROBERT GOLDSMITH Type or print name and title	Date PRESIDENT, CEO
	Print/Type preparer's name DAVID B. BROWN, CPA	Preparer's signature DAVID B. BROWN, CPA
<b>Paid Preparer Use Only</b>	Check <input type="checkbox"/> if self-employed	PTIN P00745399
	Firm's name ▶ HICOK, BROWN & COMPANY PO BOX 821 Firm's address ▶ ABINGDON, VA 24212	Firm's EIN ▶ 06-1662488 Phone no. 276-628-1123

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

For Paperwork Reduction Act Notice, see the separate instructions.