

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2023 calendar year, or tax year beginning 05-01-2023, and ending 04-30-2024

- B**
- Check if applicable:
-
- ☐
- Address change
-
- ☐
- Name change
-
- ☐
- Initial return
-
- ☐
- Final return/terminated
-
- ☒
- Amended return
-
- ☐
- Application pending

C Name of organization
PCS FOR PEOPLE**D** Employer identification number

26-2066045

Doing business as

E Telephone numberNumber and street (or P.O. box if mail is not delivered to street address) Room/suite
2492 DOSWELL AVENUECity or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 55108**G** Gross receipts \$ 31,398,067**F** Name and address of principal officer:CASEY SORENSEN
2492 DOSWELL AVENUE
ST PAUL, MN 55108**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.PCSFORPEOPLE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2008**M** State of legal domicile:
MN**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1998, PCS FOR PEOPLE WAS CREATED TO PROVIDE THE OPPORTUNITY FOR LOW-INCOME INDIVIDUALS AND NONPROFITS TO BENEFIT FROM THE LIFE CHANGING IMPACT OF COMPUTERS, MOBILE INTERNET, AND DIGITAL LITERACY.		
Revenue	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	347
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		19,204,250	18,929,579
	9 Program service revenue (Part VIII, line 2g)	1,473,110	1,928,464
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,632	74,650
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,202,152	5,656,705
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,032,144	26,589,398
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,853,875	11,373,490
	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)	10,190,208	10,994,912
	16a Professional fundraising fees (Part IX, column (A), line 11e)	139,600	0
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) 80,068		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,503,787	6,768,779
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	25,687,470	29,137,181
	19 Revenue less expenses. Subtract line 18 from line 12	-655,326	-2,547,783
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		20,587,247	11,408,857
	21 Total liabilities (Part X, line 26)	12,589,914	5,919,405
22 Net assets or fund balances. Subtract line 21 from line 20	7,997,333	5,489,452	

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.