

Finance Audit Committee Minutes

Monday, June 10, 2024

via zoom/telephone/in person

MEMBERS PRESENT: Robert T. Tackman (Chair), Patricia Usherwood Fitzpatrick,
MEMBERS EXCUSED: Eric J.T. Caballero
MEMBERS ABSENT: None
STAFF PRESENT: Kathleen O'Brien, Nancy Turo, Carolyn Brown
GUESTS PRESENT: None

CALL TO ORDER

The June 10, 2024 Finance Committee meeting was called to order at 12:17 PM by Robert Tackman. It was noted for the record that a quorum was present.

APPROVAL OF PREVIOUS MINUTES

Patricia Usherwood Fitzpatrick made a motion to approve the May 2024 Finance Committee Meeting minutes; the motion was seconded by Robert Tackman, and unanimously approved.

The CHAR500 and Form 990 Tax Return for PEACE, Inc. FY ending 01/31/2024

VP of Finance Nancy Turo presented the Form 990 and CHAR 500 report for FY ending January 31, 2024 for review and approval by the Finance Committee.

VP of Finance discussed various aspects of the form, and mentioned that the presentation is different from prior years as the form is now filed electronically.

Robert Tackman made a motion for the Finance Audit Committee to approve the Form 990 Tax Return for the fiscal year ending 01/31/2024; the motion was seconded by Patricia Usherwood Fitzpatrick, and unanimously approved.

Patricia Usherwood Fitzpatrick made a motion for the Finance Audit Committee to approve CHAR500 for the fiscal year ending 01/31/2024; the motion was seconded by Robert Tackman, and unanimously approved.

Upon approval of the CHAR500 and Form 990 Tax Return, the forms will be signed by the Executive Director and the CFO, and will be filed with the appropriate agencies prior to the June 15, 2024 due date.

FINANCE REPORT

Kathleen O'Brien, CFO, discussed the monthly financial statements for May 31, 2024. Ms. O'Brien stated that net income before depreciation year to date presented on page 3 is (\$273,725) vs a budget of \$86,066. The net income after depreciation is (\$470,339).

The net income from normal operations presented on page 7 is \$129,971. This number is the net of "timing differences" of fixed asset purchases, revenue recognition grants and donation cost centers.

The line of credit balance at May 31, 2024 is \$0.

The indirect rate as of May 31, 2024 is 22.71%. We are approved for 26%.

The current ratio as of May 31, 2024 is 173%, which equates to current assets \$1,495,240 over current liabilities.

The Supplemental Financial Information will be forwarded to the Finance Committee members.

CAPTIVE HEALTH RESERVE

The CFO discussed the balance in the Captive Reserve account. The target balance is \$415,756, and the current balance at May 31, 2024 is \$467,576.

401K Adjustment Update

The CFO reported that the HR Director Mandy King estimates of the adjustment to the 401K Plan is \$207,000. We have a forfeiture amount of approximately \$40,000 that could be applied to this liability.

The estimated number of employees affected is 290, with an estimate of 76 being current employees.

Her anticipated completion date of this review is the end of June 2024.

The Board Chairman suggested that the Finance Committee make a recommendation to the Board of Directors of which fund to use to cover the approximate \$167,000 loss. The three options discussed were:

- Use the funds in the Key operating account that contains the net proceeds from the sale of 811 E. Washington St. and purchase of 717 Erie Blvd West. The balance is approximately \$970,000.
- Use the funds set aside in the Key account for Capital Improvement and expenses that currently has a value of \$431,000.
- Obtain a mortgage on one of our properties as we have no mortgages.

MEETING WITH BONADIO

The CFO mentioned that the CFO, VP of Finance, a Senior Accountant and the 2 Bonadio staff members will have a meeting in August 2024 to discuss changes in this fiscal year. The CFO will discuss how PEACE, Inc. is handling any major changes.

OLD BUSINESS:

Executive Director Carolyn Brown reported that the June Annual Board Meeting will be held on June 24, 2024 at 4:45 PM at the Department of Energy & Housing office, 717 Erie Blvd. West.

NEW BUSINESS

Executive Director thanked the Board Members for voting on the CSBG Discretionary list of Authorized Signors in a timely manner. These funds will be utilized for school supplies and camperships.

OTHER BUSINESS: None.

ADJOURNMENT

The meeting adjourned at 12:50 PM.

Fwd: CHAR500 Annual Filing: Submitted For Review

1 message

Nancy Turo <nturo@peace-caa.org>

Tue, Jun 11, 2024 at 7:48 AM

To: Shelby Reeves <sreeves@bonadio.com>, Kathleen O'Brien <kobrien@peace-caa.org>, Michelle Mundy <mmundy@bonadio.com>, Carolyn Brown <carolyn.brown@peace-caa.org>, Connie Magunga <cmagunga@peace-caa.org>

Hi All,

PEACE, Inc.'s CHAR500 was submitted this morning - \$275 fee was paid via their online portal with a credit card.

Below is the confirmation.

Attached is the copy version that they emailed to me.

Thanks

Nancy

----- Forwarded message -----

From: **Charities Bureau** <Charities.AnnualFiling@ag.ny.gov>

Date: Tue, Jun 11, 2024 at 7:46 AM

Subject: CHAR500 Annual Filing: Submitted For Review

To: <NTURO@peace-caa.org>



**STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL**

Letitia James
Attorney General

Division of Social Justice
Charities Bureau

Nancy Turo

06/11/2024

ANNUAL FILING SUBMITTED FOR REVIEW

Re: **PEOPLES EQUAL ACTION AND COMMUNITY EFFORT INC**
NY Registration Number: **05-27-37**
Filing Year: **2023**

Dear Sir or Madam:

Your annual filing has been submitted for review by the Charities Bureau. You will be notified by email when the review has been completed or if additional information is required.

If you have any questions concerning your annual filing please contact the Charities Bureau by phone at (212) 416-8401 or email to Charities.Bureau@ag.ny.gov.

Sincerely,

Registration Section
Charities Bureau

28 Liberty Street, New York, NY 10005 | (212) 416-8401 | Fax (212) 416-8393

IMPORTANT NOTICE: This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

—
Nancy Turo
Vice President of Finance
Fiscal Department
PEACE, Inc.
217 South Salina St., 2nd Floor
Syracuse, NY 13202
nturo@peace-caa.org
315.634.3728



 CHAR500_01-31-2024_F202406060000093.pdf
1099K

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

☒ New Filing☐ AmendmentFiling Year: 2023**General Information**

Current Organization Name:	<u>PEOPLES EQUAL ACTION AND COMMUNITY EFFORT INC</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>05-27-37</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>166095039</u>
Current Fiscal Year End:	<u>01/31</u>	Updated Fiscal Year End:	<u>N/A</u>
Organization Email:	<u>carolyn.brown@peace-caa.org</u>	Organization's Phone:	<u>315-470-3300</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>WWW.PEACE-CAA.ORG</u>

Organization Address

Mailing Address	Principal Address	NY State Address
217 S SALINA ST ROOM 200 SYRACUSE NY 13202-1370 UNITED STATES	217 S SALINA ST ROOM 200 SYRACUSE NY 13202-1370 UNITED STATES	NA

Primary Contact Information

First Name: <u>Nancy</u>	Last Name: <u>Turo</u>	Title: <u>VP of Finance</u>
Phone: <u>315-634-3728</u>	Email: <u>nturo@peace-caa.org</u>	

Organization Type

Type of IRS document filed with IRS: <u>IRS990</u>	Organization Type: <u>Public</u>
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Third Party Preparer Information

First Name: <u>N/A</u>	Last Name: <u>N/A</u>	Title: <u>N/A</u>
Firm Name: <u>N/A</u>	Phone: <u>N/A</u>	Email: <u>N/A</u>

Third Party Address

Street: <u>N/A</u>	
City: <u>N/A</u>	State: <u>N/A</u>
Zip: <u>N/A</u>	Country: <u>N/A</u>

Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited** to, maintaining an office, having employees or staff, or running a program.
☒ Yes ☐ No
2. Does the organization have assets in New York State?
☒ Yes ☐ No
3. Is the organization incorporated or formed in New York State?
☒ Yes ☐ No
4. Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?
☒ Yes ☐ No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?
☒ Yes ☐ No
6. Does the organization use a professional fundraiser or fundraising counsel?
☐ Yes ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
☒ Yes ☐ No
3. Choose the total contributions in New York State this fiscal year: \$100,000-\$249,000

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
☐ Yes ☐ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
☐ Yes ☐ No N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
☐ Yes ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 25,896,465

Organization's total contributions: 25,392,180 Organization's total assets: N/A

Organization's net assets: 6,066,377 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/ worth: N/A

Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ☐ Yes ☐ No ☐ N/A

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☐ Yes ☒ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

☒ Yes ☐ No

Government Grant Agency	Grant Amount
HEAD START	\$16,858,184.00
NYS DEPARTMENT OF STATE	\$1,567,223.00
US DEPT OF ENERGY & LOW INCOME HOME ENERGY - NYS H	\$2,421,579.00
OSWEGO COUNTY DEPT OF AGING & YOUTH	\$4,079.00
To be continued in Appendix page 2	

Documents

Attached organization's required documents:

- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	Carolyn	Brown	carolyn.brown@peace-caa.org
Chief Financial Officer	Kathleen	O'Brien	kobrien@peace-caa.org

Signature of
Executive Director

DocuSigned by:

Carolyn Brown

728F60E70A243F...

Date: 6/10/2024

Signature of
Chief Financial Officer

DocuSigned by:

Kathleen O'Brien

63AB2BEA019E436...

Date: 6/11/2024

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Government Grant Agency	Grant Amount
ONONADAGA COUNTY SPECIAL PROGRAMS FOR THE AGING	\$1,149,015.00
FOSTER GRANDPARENT PROGRAM	\$445,070.00
CNY COMMUNITY FOUNDATIOIN	\$52,989.00
SYRACUSE CITY SCHOOL DISTRICT	\$138,224.00
UNITED WAY OF CENTRAL NEW YORK	\$118,142.00
ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES	\$137,207.00
NYS OPWDD	\$80,235.00
NYS HPNAP	\$46,196.00
ALLYN FOUNDATION	\$22,902.00
-	To be continued in Appendix page2

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Government Grant Agency	Grant Amount
ARBYS FOUNDATION	\$12,400.00
BNY MELLON, BERKSHIRE, KEY, CHASE, SUMMIT	\$58,722.00
BOEHEIM FOUNDATION	\$5,000.00
JOHN BEN SNOW FOUNDATION	\$10,000.00
NYS HOUSING TRUST FUND CORPORATION	\$443,009.00
KRESGE FOUNDATION	\$78,037.00
MOTHER CABRINI FOUNDATION	\$77,142.00
ONONDAGA COUNTY DEPT OF AGING & YOUTH	\$54,372.00
REISSMAN FOUNDATION	\$25,000.00
N/A	N/A

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Government Grant Agency	Grant Amount
US DEPT OF HOUSING & URBAN RENEWAL CDBG	\$29,740.00
US DEPT OF JUSTICE	\$20,905.00
HEART ASS , DOT FOODS, CNY DIC, NYSCAA, NAT GRID	\$33,639.00
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
-	To be continued in Appendix page4

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Bonadio & Co., LLP

Certified Public Accountants

June 5, 2024

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.
217 S. SALINA STREET 200
SYRACUSE, NY 13202-1370

PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT INC.:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

January 31, 2024

Prepared For:

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.
217 S. SALINA STREET 200
SYRACUSE, NY 13202-1370

Prepared By:

Bonadio & Co., LLP
432 North Franklin Street
Syracuse, NY 13204

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by June 17, 2024

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning FEB 1, 2023, and ending JAN 31, 2024**2023**Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.Name of filer **PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**EIN or SSN
16-6095039Name and title of officer or person subject to tax **CAROLYN BROWN
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 25,896,465.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BONADIO & CO., LLP** to enter my PIN **05270**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

16605213204

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MICHELLE MUNDY**Date **06/05/24****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

08590605 784124 PEA012001

2023.03050 PEOPLE'S EQUAL ACTION AND PEA01201

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

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

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.**A** For the **2023** calendar year, or tax year beginning **FEB 1, 2023** and ending **JAN 31, 2024**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT INC.		D Employer identification number 16-6095039
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	217 S. SALINA STREET	200	315-470-3300
	City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202-1370		G Gross receipts \$ 25,900,963.
F Name and address of principal officer: CAROLYN BROWN 217 S. SALINA STREET, SYRACUSE, NY 13202-13			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.PEACE-CAA.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1968 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELPING PEOPLE IN THE COMMUNITY REALIZE THEIR POTENTIAL FOR BECOMING SELF-SUFFICIENT		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	434
	6 Total number of volunteers (estimate if necessary)	6	1230
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	23,791,098.	25,392,180.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	772,477.	478,470.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,200,292.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,866.	25,815.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,848,733.	25,896,465.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,019,191.	16,378,251.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,128.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,790,949.	9,193,548.
	19 Revenue less expenses. Subtract line 18 from line 12	24,810,140.	25,571,799.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,038,593.	324,666.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	9,897,327.	10,263,764.
		4,155,615.	4,197,387.
		5,741,712.	6,066,377.

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		
	CAROLYN BROWN, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	MICHELLE MUNDY	MICHELLE MUNDY	06/05/24		P01982856
Preparer Use Only	Firm's name	Firm's EIN			
	BONADIO & CO., LLP	16-1131146			
	Firm's address	Phone no. (315) 422-7109			
	432 NORTH FRANKLIN STREET				
	SYRACUSE, NY 13204				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

HELPING PEOPLE IN THE COMMUNITY REALIZE THEIR POTENTIAL FOR BECOMING
SELF-SUFFICIENT.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

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

4a (Code:) (Expenses \$ 13,970,886. including grants of \$) (Revenue \$)
HEAD START/EARLY HEAD START PREPARES CHILDREN FOR SUCCESS IN
KINDERGARTEN AND LIFE THROUGH A COMPREHENSIVE, FAMILY FOCUSED, EARLY
CHILDHOOD EDUCATION PROGRAM THAT SERVES LOW INCOME PREGNANT WOMEN AND
CHILDREN BIRTH TO FIVE YEARS OLD. IN ADDITION TO HIGH QUALITY CLASSROOM
LEARNING ACTIVITIES, ALL CHILDREN RECEIVE HEALTH AND DEVELOPMENT
SCREENINGS, NUTRITIOUS MEALS, DENTAL CARE AND MENTAL HEALTH SUPPORT.
TRAINED STAFF SUPPORT FAMILIES OF THE STUDENTS TO ACHIEVE THEIR OWN
GOALS SUCH AS STABLE HOUSING AND EMPLOYMENT, CONTINUED EDUCATION AND
FINANCIAL SECURITY. THE PROGRAM SERVES 1025 INDIVIDUALS.

4b (Code:) (Expenses \$ 2,907,482. including grants of \$) (Revenue \$ 241,639.)
DEPARTMENT OF ENERGY AND HOUSING REDUCES THE ENERGY BURDEN ON CLIENTS
IN ONONDAGA AND OSWEGO COUNTIES BY PROVIDING COST-EFFECTIVE,
ENERGY-EFFICIENT SOLUTIONS TO HOUSEHOLDS WITH LOW AND MODERATE INCOMES.
BY IMPROVING ENERGY EFFICIENCY, HOME OWNERS SAVE MONEY ON THEIR UTILITY
BILLS, PROPERTY VALUES INCREASE AND COMMUNITIES REDUCE OVERALL ENERGY
USE. THIS PROGRAM ANNUALLY SERVES 464 HOMES AND CLIENTS.

4c (Code:) (Expenses \$ 3,933,574. including grants of \$) (Revenue \$)
CHILDREN AND FAMILY SERVICES - BBBS, 6 FAMILY RESOURCE CENTERS
(INCLUDING PROJECT CONNECTION), EASTWOOD COMMUNITY CENTER, FREE TAX
PREP. CHILDREN AND FAMILY SERVICES PROVIDES COMMUNITY BASED SITES
LOCATED THROUGHOUT ONONDAGA COUNTY AND OSWEGO COUNTY. PROGRAMS INCLUDE
EMERGENCY ASSISTANCE, CRISIS INTERVENTION, ADVOCACY, SUPPORT SERVICES,
EMPLOYMENT SUPPORT, YOUTH ACTIVITIES, EDUCATION AND FAMILY DEVELOPMENT
PARTNERSHIPS, DAY CAMP, MENTORING OF YOUTH THROUGH THE BIG BROTHERS BIG
SISTERS PROGRAM, RE-ENTRY PROGRAM, AND INTER-GENERATIONAL PROGRAMMING.
THESE PROGRAMS SERVICE 7,212 INDIVIDUALS AND FAMILIES ANNUALLY.

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

(Expenses \$ 1,543,456. including grants of \$) (Revenue \$ 250,710.)4e Total program service expenses 22,355,398.

Form 990 (2023)

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Form 990 (2023)

16-6095039

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

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Form 990 (2023)

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Form 990 (2023)

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Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		31
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Form 990 (2023)

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Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	434
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

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**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	14			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KATHLEEN O'BRIEN - 315-634-3722
217 S. SALINA STREET, SYRACUSE, NY 13202-1370

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Form 990 (2023)

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN D BROWN EXECUTIVE DIRECTOR	37.50					X		180,040.	0.	5,401.
(2) KATHLEEN O'BRIEN CFO	37.50			X				143,406.	0.	15,103.
(3) ARMANDA KING DIRECTOR OF HR	37.50					X		115,176.	0.	27,671.
(4) NANCY SPECHT TURO VP OF FINANCE	37.50					X		109,578.	0.	28,848.
(5) REBECCA HEBERLE DIRECTOR HEAD START/EARLY HEAD START	37.50					X		110,766.	0.	14,878.
(6) JUDGE JAMES H. CECILE PRESIDENT	1.83			X				0.	0.	0.
(7) DARRYL DJ WILLIAMS BOARD MEMBER	0.40	X						0.	0.	0.
(8) SHIRLEY COPEs 2ND VICE PRESIDENT	0.29			X				0.	0.	0.
(9) ROBERT T. TACKMAN TREASURER	1.25			X				0.	0.	0.
(10) PAULA FREEDMAN 1ST VICE PRESIDENT	0.56			X				0.	0.	0.
(11) ERICH W SHAFER SECRETARY	0.56			X				0.	0.	0.
(12) PASTOR PHYLLIS LEE-WILLIAMS BOARD MEMBER	0.38	X						0.	0.	0.
(13) TONIA L. THORNTON BOARD MEMBER	0.02	X						0.	0.	0.
(14) JASON J. WALLACE BOARD MEMBER	0.52	X						0.	0.	0.
(15) STEVE HODGENS BOARD MEMBER	0.54	X						0.	0.	0.
(16) PATRICIA USHERWOOD FITZPATRICK BOARD MEMBER	0.29	X						0.	0.	0.
(17) ERIC J.T. CABALLERO BOARD MEMBER	0.54	X						0.	0.	0.

**PEOPLE'S EQUAL ACTION AND
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HON NICHOLAS J DEMARTINO BOARD MEMBER	0.48	X						0.	0.	0.
(19) EDWARD PERRY BOARD MEMBER	0.21	X						0.	0.	0.
(20) CHRISTOPHER MONTGOMERY BOARD MEMBER	0.44	X						0.	0.	0.
1b Subtotal								658,966.	0.	91,901.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								658,966.	0.	91,901.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

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**PEOPLE'S EQUAL ACTION AND
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Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	8,387.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	23,889,014.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,494,779.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,284,326.				
	h Total. Add lines 1a-1f			25,392,180.			
Program Service Revenue	2 a FEES FOR SERVICE	Business Code 900099		478,470.	478,470.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			478,470.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real (ii) Personal				
	6 a Gross rents	6a	11,936.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	11,936.				
	d Net rental income or (loss)			11,936.			11,936.
	7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 8,387. of contributions reported on line 1c). See Part IV, line 18	8a	4,498.				
	b Less: direct expenses	8b	4,498.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code 900003		13,879.	13,879.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,879.			
	12 Total revenue. See instructions			25,896,465.	492,349.	0.	11,936.

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

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Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	343,950.		343,950.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,589,049.	11,223,214.	1,365,835.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	222,135.	183,039.	39,096.	
9 Other employee benefits	2,072,513.	1,857,294.	215,219.	
10 Payroll taxes	1,150,604.	1,016,068.	134,536.	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,839.	10,468.	5,371.	
c Accounting	76,320.	10,016.	66,304.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	128,690.	96,241.	32,449.	
13 Office expenses	225,651.	210,942.	14,709.	
14 Information technology				
15 Royalties				
16 Occupancy	1,615,892.	1,485,868.	130,024.	
17 Travel	187,140.	164,154.	22,986.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	130,713.	122,509.	8,204.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	609,119.	48,398.	560,721.	
23 Insurance	428,833.	396,529.	32,304.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	3,834,069.	3,809,622.	24,447.	
b PROFESSIONAL FEES AND C	1,090,900.	1,077,188.	13,712.	
c EQUIPMENT EXPENSE	377,573.	318,912.	55,661.	3,000.
d VEHICLE MAINTENANCE AND	305,030.	300,862.	4,168.	
e All other expenses	167,779.	24,074.	143,577.	128.
25 Total functional expenses. Add lines 1 through 24e	25,571,799.	22,355,398.	3,213,273.	3,128.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**PEOPLE'S EQUAL ACTION AND
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Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	56,416.	1	162,169.
	2 Savings and temporary cash investments	2,301,634.	2	1,413,047.
	3 Pledges and grants receivable, net	2,157,107.	3	2,821,845.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	141,942.	8	133,032.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	14,553,916.		
	b Less: accumulated depreciation	10,818,096.	10c	3,735,820.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,832,759.	15	1,997,851.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,897,327.	16	10,263,764.	
Liabilities	17 Accounts payable and accrued expenses	1,782,995.	17	1,759,312.
	18 Grants payable		18	
	19 Deferred revenue	717,366.	19	670,836.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,655,254.	25	1,767,239.
	26 Total liabilities. Add lines 17 through 25	4,155,615.	26	4,197,387.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		5,366,063.	27	5,872,543.
28 Net assets with donor restrictions		375,649.	28	193,834.
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		5,741,712.	32	6,066,377.
33 Total liabilities and net assets/fund balances		9,897,327.	33	10,263,764.

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Reconciliation of Net AssetsCheck 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	25,896,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,571,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	324,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,741,712.
5	Net unrealized gains (losses) on investments	5	
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	6,066,378.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Name of the organization **PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Employer identification number
16-6095039

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

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

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

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

**PEOPLE'S EQUAL ACTION AND
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Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22352361.	21410672.	24629141.	23791098.	25392180.	117575452
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	22352361.	21410672.	24629141.	23791098.	25392180.	117575452
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)						
6 Public support. Subtract line 5 from line 4.						117575452

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	22352361.	21410672.	24629141.	23791098.	25392180.	117575452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,637.	15,425.	12,653.	12,543.	11,936.	120,194.
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.)						
11 Total support. Add lines 7 through 10						117695646
12 Gross receipts from related activities, etc. (see instructions)					12	3,816,056.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.90	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.84	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
	☒		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
	☐		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
	☐		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
	☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
	☐		

Schedule A (Form 990) 2023

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**Supporting Organizations**

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

Section A. All Supporting Organizations

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

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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 the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ 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.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1
2	Enter 0.85 of line 1.	2
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3
4	Enter greater of line 2 or line 3.	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6
7	☐ 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) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Schedule A (Form 990) 2023

16-6095039 Page 8

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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

Organization type (check one):

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WASHINGTON STREET PARTNERS 120 E WASHINGTON STREET SYRACUSE, NY 13202	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	BBBSA 2502 N ROCKEY POINT TAMPA, FL 33067	\$ 5,134.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 15,108,198.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	DIVISION OF HOUSING & COMMUNITY RENEWAL HAMPTON PLAZA, 38-40 STATE STREET ALBANY, NY 12207	\$ 2,156,462.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	NYS DEPARTMENT OF STATE ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE, SUITE 1020 ALBANY, NY 12231	\$ 1,548,685.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	NYS HOUSING TRUST FUND CORPORATION 38-40 STATE STREET ALBANY, NY 12207	\$ 704,742.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ONONDAGA COUNTY DEPARTMENT OF AGING JOHN H MULROY CIVIC CENTER, 421 MONTGOMERY STREET SYRACUSE, NY 13202	\$ 1,180,890.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	SYRACUSE CITY SCHOOL DISTRICT 725 HARRISON STREET SYRACUSE, NY 13210	\$ 1,267,472.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

16-6095039

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.****16-6095039**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Name of the organization **PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Employer identification number
16-6095039

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

Schedule D (Form 990) 2023

332051 09-28-23

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Schedule D (Form 990) 2023

16-6095039 Page 2

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,871.	347,282.		352,153.
b Buildings	40,035.	3,098,024.	2,243,145.	894,914.
c Leasehold improvements	15,055.	6,236,747.	4,858,360.	1,393,442.
d Equipment		4,811,902.	3,716,591.	1,095,311.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,735,820.

Schedule D (Form 990) 2023

**PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Schedule D (Form 990) 2023

16-6095039 Page **3**

Part VI Investments - Other Securities

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

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

Part VII Investments - Program Related.

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

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

Part VIII Other Assets

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

(a) Description	(b) Book value
(1) PROGRAM SERVICE FEES RECEIVABLE	32,012.
(2) OTHER CURRENT ASSETS	150,727.
(3) LONG TERM DEPOSITS	97,413.
(4) LONG TERM RIGHT OF USE	1,717,699.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,997,851.

Part IX Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DEPOSITS	400.
(3) OTHER LIABILITIES	1,289.
(4) INSURANCE PROCEEDS	35,978.
(5) SHORT TERM LEASE LIABILITY	476,053.
(6) LONG TERM LEASE LIABILITY	1,253,519.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,767,239.

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

Schedule D (Form 990) 2023

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Schedule D (Form 990) 2023

16-6095039 Page 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	26,443,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	542,952.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,498.
e	Add lines 2a through 2d	2e	547,450.
3	Subtract line 2e from line 1	3	25,896,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,896,465.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	26,119,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	542,952.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,498.
e	Add lines 2a through 2d	2e	547,450.
3	Subtract line 2e from line 1	3	25,571,800.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,571,800.

Part 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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Name of the organization

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

2

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4b

c Participate in or receive payment from an equity-based compensation arrangement?

4c

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

b Any related organization?

5b

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

b Any related organization?

6b

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2023

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

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

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

[illegible]

Part III
Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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.

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

Name of the organization **PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.**

Employer identification number
16-6095039

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	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,284,326.	FMV OF DONATED PROPE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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				
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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2023

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Name of the organization

PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number
16-6095039

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS - COVERS THE FOSTER GRANDPARENT PROGRAM, SENIOR
NUTRITION, CENTRO, EISEP, NEIGHBORHOOD ADVISOR, AND VARIOUS OTHER
COMMUNITY SERVICE PROGRAMS. THESE PROGRAMS ANNUALLY SERVICE 1,683
INDIVIDUALS AND FAMILIES.

EXPENSES \$ 1,543,456. INCLUDING GRANTS OF \$ 0. REVENUE \$ 250,710.

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

UPON COMPLETION OF THE FINAL DRAFT OF PEACE, INC'S 990 RETURN, THE AGENCY'S
MANAGEMENT STAFF REVIEWS THE RETURN FOR ACCURACY AND COMPLETENESS. THE
DRAFT IS THEN DELIVERED TO THE FINANCE COMMITTEE WITH A SUMMARY OF THE
MAJOR POINTS AND ANY NECESSARY WORKSHEETS THAT WOULD RECONCILE THE 990
RETURN BACK TO THE FINANCIAL STATEMENTS. THIS SUMMARY OF MAJOR POINTS AND
WORKSHEETS IS PREPARED BY THE AGENCY'S MANAGEMENT STAFF. THE FINANCE
COMMITTEE THEN REVIEWS AND APPROVES THE FINAL DRAFT OF THE 990 AT THEIR
MONTHLY MEETING. ONCE APPROVED BY THE FINANCE COMMITTEE THE RETURN IS THE
FILED WITH THE IRS.

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

PEACE, INC HAS A STRICT POLICY OF DISCLOSURE TO THE EXECUTIVE DIRECTOR BY
ANY EMPLOYEE, OFFICER, BOARD MEMBER OR AGENT WHEN A CONFLICT OF INTEREST,
AS DEFINED IN THE ORGANIZATION'S POLICY MANUAL, ARISES. THERE ARE POLICIES
IN PLACE FORBIDDING THE SOLICITATION OR ACCEPTANCE OF GRATUITIES OF VALUE
OVER \$25, FAVORS, OR ANYTHING OF MONETARY VALUE FROM CONTRACTORS OR PARTIES
TO SUB-AGREEMENTS. THE HUMAN RESOURCES DIRECTOR ENSURES THAT STAFF DISCLOSE
ANY CONFLICTS OF INTEREST AND SIGN STATEMENT ANNUALLY. THE BOARD OF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization PEOPLE'S EQUAL ACTION AND
COMMUNITY EFFORT INC.

Employer identification number
16-6095039

DIRECTORS SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE ALSO. ANY
VIOLATION OF THE POLICY IS HANDLED BY THE EXECUTIVE DIRECTOR, AND MAY
CONSTITUTE TERMINATION. THE ORGANIZATION'S POLICY MANUAL CONTAINS THE
WRITTEN POLICY IN ITS ENTIRETY AND IS DISTRIBUTED TO EACH EMPLOYEE AND
BOARD MEMBER.

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

IN ORDER TO DETERMINE PEACE, INC'S EXECUTIVE DIRECTOR, CFO, AND OTHER KEY
EMPLOYEE'S SALARIES A WAGE COMPARABILITY STUDY WAS DONE AND THE
EEO/PERSONNEL COMMITTEE REVIEWS AND APPROVES IT. THE LAST WAGE
COMPARABILITY STUDY WAS DONE IN JANUARY 2022.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS WOULD BE MADE AVAILABLE TO THE PUBLIC AT PEACE, INC'S MAIN
OFFICE LOCATION UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON
LINE AT PEACE, INC'S WEBSITE.

FORM 990, PART XI, LINE 2C

THE BOARD OF DIRECTOR'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT.

PEACE, INC.
ANALYSIS OF SELF INSURANCE RESERVE
#01-2009-00000
ESTIMATE FOR: 10/23-9/24

NTE: REVISED AS TOM FLYNN SENT
REVISED TARGET 8/28/23

PEACE CFO
12 MTH AVG PREMIUM
USE CURRENT RATES

NOTE FOR NEXT PLAN YEAR - IDENTIFY COMPONENTS FROM HAYLOR
ALERA ACTUARIAL AMOUNT 197,000.00
ADMIN FEE
STOP LOSS

BASED ON NO INCREASE FOR TOTAL PREMIUM, EMPLOYEE PORTION
OR EMPLOYER PORTION

RESERVE CALCULATION:

X 3 MONTHS PER HF&C
ADM FEE MVP 3 MO @ 9,000

USING:	98 -EE	946.76	92,782.48
	21 -EE + SPOUSE	1,707.98	35,867.58
	8 FAMILY	2,507.08	20,056.64
			148,706.70

397,201.10
19,554.70
415,755.80

TARGET

PROJECTED

PROJECTED				ACTUAL			
	PREMIUM	CLAIMS & NON-CLAIMS	STOP LOSS	MVP TPA FEES	PCORI	HAYLOR FEE	#01-2009-00000

ESTIMATED BEGINNING BALANCE

10/23	NEW PLAN YEAR	(148,707)	102,407	30,641	9,257	550	7,500	(440,789)
11/23		(148,707)	102,407	30,641	9,257			(439,141)
12/23		(148,707)	102,407	30,641	9,257			(445,542)
1/24		(148,707)	102,407	30,641	9,257			(451,944)
2/24		(148,707)	102,407	30,641	9,257			(458,346)
3/24		(148,707)	102,407	30,641	9,257			(464,748)
4/24		(148,707)	102,407	30,641	9,257			(471,149)
5/24		(148,707)	102,407	30,641	9,257			(477,551)
6/24		(148,707)	102,407	30,641	9,257			(483,953)
7/24		(148,707)	102,407	30,641	9,257			(490,354)
8/24		(148,707)	102,407	30,641	9,257			(496,756)
9/24		(148,707)	102,407	30,641	9,257			(503,158)
		(148,707)	102,407	30,641	9,257			(509,559)
		(1,784,480)	1,228,884	367,692	111,084	550	7,500	

ESTIMATED RESERVE OVER TARGET

93,803.60

(439,299)
(467,576)

P.E.A.C.E., INC.
MONTHLY FINANCIAL STATEMENTS
MAY 2024

PAGE #

1	Statement of Financial Position
3	Statement of Activities
6	Current Ratio
7	Comments
11	Comparative Information By Program

People's Equal Action and Community Effort, Inc.
Statement of Financial Position
As of May 31, 2024

As of
May 31, 2024

ASSETS	
CURRENT ASSETS	
Cash	\$ 1,383,077
Receivables	1,816,154
Prepaid Expenses	10,366
Inventory	253,277
Other Assets	87,383
Total CURRENT ASSETS	3,550,257
LONG TERM ASSETS	
Long Term Deposits	\$ 97,413
Long Term Right of Use Leases	1,717,699
Total LONG TERM ASSETS	1,815,112
PROPERTY	
Land	352,153
Buildings	3,138,059
Leasehold Improvements	6,251,802
Vehicles	3,204,478
Equipment	1,599,274
Construction in Progress	
Accumulated Depreciation	(11,006,560)
Total LONG TERM ASSETS	3,539,207
Total ASSETS	\$ 8,904,576

People's Equal Action and Community Effort, Inc.
Statement of Financial Position
As of May 31, 2024

As of
May 31, 2024

LIABILITIES & NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable Trade	\$	124,501
Short Term Borrowings		-
Accrued Payroll & Related Liabilities		525,957
Accrued Compensated Absences		242,104
Accrued Expenses		121,268
Deferred Revenue		564,734
Short Term Lease Liability		476,053
Deposits		400
TOTAL CURRENT LIABILITIES		2,055,017
LONG TERM LIABILITIES		
Lease Liability		1,253,518
		<u>1,253,518</u>
NET ASSETS		
Without Donor Restrictions		5,397,936
With Donor Restrictions		198,104
Total LONG TERM ASSETS		5,596,040
Total LIABILITIES AND NET ASSETS		8,904,576
	\$	<u><u>8,904,576</u></u>

2

People's Equal Action and Community Effort, Inc.
Statement of Activities
For four Months Ending May 31, 2024

	Annual Budget	Year To Date Budget	Current Year Year To Date	Prior Year Actual Year To Date
REVENUE:				
Direct Contributions & Fundraising	\$ 87,110	\$ 29,037	\$ 134,628	\$ 47,859
Government Agencies	25,556,391	8,518,797	6,820,345	7,041,889
Rental Income	11,328	3,776	3,776	4,384
Service Fees	245,200	81,734	36,129	142,692
Service Fees - Energy & Housing Fee for Service	237,883	79,294	10,484	-
In-Kind Revenue	3,542,899	1,180,966	1,519,984	1,537,201
Dividend, Interest & Other Income			992	8,755
Total	29,680,811	9,893,604	8,526,338	8,782,780
EXPENSES				
Salaries	13,260,191	4,420,064	4,195,614	3,982,115
Payroll Taxes & Fringe Benefits	3,640,044	1,213,348	1,179,669	1,101,600
Professional Fees & Contract Services	1,807,493	602,498	225,859	235,192
Conferences & Travel	286,712	95,571	77,890	94,250
Occupancy Costs	1,736,660	578,887	505,941	539,699
Consumable Supplies	3,548,422	1,182,807	670,442	635,103
Equipment Expense	299,194	99,731	81,628	160,391
Insurance	583,836	194,612	133,386	137,264
Telephone	175,178	58,393	56,796	88,401
Printing, Postage & Dues	99,365	33,122	25,094	54,686
Vehicle Maintenance	405,525	135,175	80,612	99,401
Interest Expense	1,000	333		
Other Costs & Loss on Disposals	36,094	12,031	47,149	25,805
In-Kind	3,542,899	1,180,966	1,519,984	1,537,201
Total	29,422,612	9,807,537	8,800,063	8,691,107
NET SURPLUS (DEFICIT)	258,199	86,066	(273,725)	91,673
DEPRECIATION				
Buildings & Leasehold Improvements	(227,171)	(75,724)	(97,141)	(78,672)
Equipment, Vehicles, \	(326,714)	(108,905)	(99,473)	(97,748)
Total	(553,885)	(184,628)	(196,614)	(176,420)
CHANGE IN NET ASSETS	\$ (295,687)	\$ (98,562)	\$ (470,339)	\$ (84,747)

People's Equal Action and Community Effort, Inc.
Statement of Activities
For Four Months Ending May 31, 2024

	Fundraising	Non-Allocable	Indirect Pool	Trans & Maint
REVENUE:				
Direct Contributions & Fundraising	68,827			
Government Agencies				
Rental Income				
Service Fees				
Service Fees - Energy & Housing Fee for Service			10,459	14,858
In-Kind Revenue				
Dividend, Interest & Other Income				
Total	68,827	-	10,459	14,858
EXPENSES				
Salaries			540,588	
Payroll Taxes & Fringe Benefits			130,623	
Professional Fees & Contract Services			14,049	968
Conferences & Travel		212	12,323	67
Occupancy Costs			43,115	4,558
Consumable Supplies	2,697	280	5,419	2,783
Equipment Expense			17,096	1,498
Insurance			7,821	5,203
Telephone			4,998	2,143
Printing, Postage & Dues		348	7,396	
Vehicle Maintenance		18	1,610	(20,356)
Interest Expense				
Other Costs & Loss on Disposals	158	609	(785,038)	
In-Kind				
Total	2,854	1,467	10,459	14,858
NET SURPLUS (DEFICIT)	65,973	(1,467)	-	3,136
DEPRECIATION				
Buildings & Leasehold Improvements		(78,245)		(2,600)
Equipment, Vehicles, and Software		(96,533)		(536)
Total	-	(174,778)	-	(3,136)
CHANGE IN NET ASSETS	65,973	(176,245)	-	-

People's Equal Action and Community Effort, Inc.
Statement of Activities
For Four Months Ending May 31, 2024

	Grants	Rental Properties	Other
REVENUE:			
Direct Contributions & Fundraising	42,147		23,653
Government Agencies	6,820,345		36,129
Rental Income		3,776	10,484
Service Fees			
Service Fees - Energy & Housing Fee for Service			
In-Kind Revenue	1,489,332		5,334
Dividend, Interest & Other Income			992
Total	8,351,825	3,776	76,592
EXPENSES			
Salaries	3,476,591	85	178,350
Payroll Taxes & Fringe Benefits	974,637	21	74,389
Professional Fees & Contract Services	209,291		1,551
Conferences & Travel	65,247		41
Occupancy Costs	417,896	1,278	39,093
Consumable Supplies	964,674		(305,411)
Equipment Expense	53,420		9,613
Insurance	113,923	225	6,215
Telephone	45,674	41	3,941
Printing, Postage & Dues	16,974		377
Vehicle Maintenance	83,494		15,845
Interest Expense			
Other Costs & Loss on Disposals	790,546	19	40,858
In-Kind	1,489,332		5,334
	8,701,699	1,669	70,195
NET SURPLUS (DEFICIT)	(349,874)	2,107	6,397
DEPRECIATION			
Buildings & Leasehold Improvements			(16,296)
Equipment, Vehicles, and Software			(2,405)
Total	-	-	(18,701)
CHANGE IN NET ASSETS	(349,874)	2,107	(12,304)

PEACE, INC.
CURRENT RATIO
AS OF MAY 31, 2024

AS OF:	CURRENT ASSETS	CURRENT LIABILITIES	CURRENT RATIO	DIFFERENCE IN DOLLARS
1/31/05	2,029,803	2,184,993	92.90%	(155,190)
1/31/06	1,589,391	1,792,909	88.65%	(203,518)
1/31/07	1,775,617	1,891,171	93.89%	(115,554)
1/31/08	2,321,076	2,355,826	98.52%	(34,750)
1/31/09	1,576,343	1,754,019	89.87%	(177,676)
1/31/10	3,286,876	3,284,011	100.09%	2,865
1/31/11	3,744,177	3,531,750	106.01%	212,427
1/31/12	2,305,292	1,886,324	122.26%	419,968
1/31/13 - FIRST CLOSE	1,949,478	1,278,319	152.50%	671,159
1/31/14 - FIRST	1,493,007	895,712	166.68%	597,295
1/31/15 FINAL	2,679,027	2,135,917	125.43%	543,110
1/31/16 FIRST CLOSE	2,312,267	1,667,694	138.65%	644,573
1/31/17 PRELIM	2,036,080	1,398,479	145.59%	637,601
1/31/18 - FIRST CLOSE	2,008,901	1,523,164	131.89%	485,737
1/31/19 FINAL	2,353,073	1,919,548	122.58%	433,525
1/31/20 FIRST CLOSE	2,283,412	1,826,420	125.02%	456,992
1/31/21 - FIRST CLOSE	2,694,357	1,556,977	173.05%	1,137,380
1/31/22 - FIRST CLOSE	3,062,677	2,138,931	143.19%	923,746
1/31/23 FIRST	4,155,698	1,678,201	247.63%	2,477,497
2/28/23	NA - 1/31/23 HAS NOT BEEN CLOSED AS YET			
3/31/23	4,123,445	2,330,262	176.95%	1,793,183
4/30/23	3,728,697	1,978,907	188.42%	1,749,790
5/31/23	3,103,082	1,664,022	186.48%	1,439,060
6/30/23	3,095,409	1,939,360	159.61%	1,156,049
7/31/23	3,409,298	2,119,244	160.87%	1,290,054
8/31/23	3,227,459	2,061,452	156.56%	1,166,007
9/30/23	3,554,187	2,237,937	158.82%	1,316,250
10/31/23	3,685,226	2,441,726	150.93%	1,243,500
11/30/23	3,932,060	2,690,164	146.16%	1,241,896
12/31/23	3,616,042	2,410,720	150.00%	1,205,322
1/31/24 FIRST	3,560,291	2,379,027	149.65%	1,181,264
2/29/24	NA - 1/31/24 HAS NOT BEEN CLOSED AS YET		#VALUE!	#VALUE!
3/31/24	3,823,029	2,078,389	183.94%	1,744,640
4/30/24	3,924,147	2,073,098	189.29%	1,851,049
5/31/24	3,550,257	2,055,017	172.76%	1,495,240

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PEACE, INC.
FINANCIAL STATEMENT NOTES AND COMMENTS
AS OF MAY 31, 2024

CURRENT RATIO STATUS

The current ratio is an analysis of current assets divided by current liabilities.
The goal is to have at least 100%, to ensure we have enough current assets to cover our current liabilities.

The current ratio for May 31, 2024 is 173%, which equates to current assets \$1,495,240 higher than current liabilities.

NET SURPLUS (DEFICIT) BEFORE DEPRECIATION

The budgeted net income before depreciation year to date is \$86,066 and actual is (\$273,725). The change in net assets after depreciation is \$(470,339).

An overview of the components making up this \$82,084 is:

From Normal Operations:

Senior Nutrition	91,952
Fundraising	66,973
Transportation & Maintenance	3,136
Rental Properties	2,107
Energy & Housing Fee for Service	3,063
Non-Allocable	(1,467)
Other	(75)
Indirect Cost not allowed on grant	(34,718)
	<u>129,971</u>
From "Timing Differences" (over period of more than one year the net effect is \$0)	
Fixed Asset Purchases	(408,337)
Revenue Recognition	4,641
Special Donation Accounts	
	<u>(403,696)</u>
	<u>(273,725)</u>

TOTAL FUNDRAISING REVENUE:

COST CENTER #100 FUNDRAISING (WITH TRANSFERS)
SPECIAL DONATION ACCOUNTS
MEAL CONTRIBUTIONS

68,827
23,653
42,147
134,628

LINE OF CREDIT

BALANCE BEGINNING OF MONTH

\$

-

BALANCE AT END OF MONTH

\$

-

Current month interest expense

NA

Date interest paid

NA

CAPITAL IMPROVEMENT/REPAIR CASH ACCOUNT

Balance at Beginning of Month

\$

431,727.64

Balance at End of Month

\$

431,727.64

INDIRECT RATE

The final rate for year ending 1/31/23 is 21.7%

The provisional rate for 2/1/23 - 1/31/24 is 24.00%

The provisional rate for 2/1/24 - 1/31/26 is 26.00%

5/31/2024
5/31/2023

22.71%
20.14%

As of March 31, 2023 the salaries included incentive pays, which temporarily distorted the indirect rate.

ANALYSIS OF IN-KIND AND HEAD START ADMINISTRATIVE RATES:
 Unless otherwise stated, the booked In-Kind includes entries are through the previous month, due to the quick close of financial statements each month. Therefore, the In-Kind below includes an estimate for the current month based on actual for the prior month.

IN-KIND (MAJOR GRANTS)

	IN-KIND	EXPENDITURES	%	REQUIRED
2411 Head Start (first month in grant year - In-Kind not posted as yet)	1,708,748	3,928,317	0.43	0.2234

NOTE: CAN ALSO USE UPK FUNDING AS IN-KIND, NOT INCLUDED ABOVE.

6192 CSBG (Does not include In-Kind to date - to be posted in subsequent month)	487,632	1,064,377	0.46	N/A
--	---------	-----------	------	-----

In-Kind is posted in the subsequent month. The In-Kind reported above includes an estimated amount based on the current month.

ADMINISTRATIVE RATE

	HEAD START ADMIN. RATE	(NOT TO EXCEED) REQUIRED
2411 Head Start	0.10	0.15

WEATHERIZATION FEE FOR SERVICE PROGRAMS

Net income for Fee for Service programs is:

	Current Month	Year To Date
9125 Empower New York	-	-
9310 DEHS Fee for Service	-	3,063
	-	3,063

401K UPDATE

The most current HR calculation of the 401K adjustment is approximately \$207,000. We would be able to apply approximately \$40,000 of forfeiture funds to offset some of this cost.

ACCRUAL ACCOUNTING

We are accruing invoices for not only the indirect pool, but also any projects that are not cash basis. This includes projects such as the rental locations and temporarily restricted accounts. waiting for year end.

DEPRECIATION

Purchases with grant funds - we recognize the revenue when we purchase the fixed asset. Then in subsequent years, we must reflect the depreciation as an expense that hits our "Change in Net Assets".

PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE			NET		
	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
BBBS						
3570 BBBS OSWEGO						
3571 BBBS OSWEGO						
3572 BBBS OSWEGO	5,000	1,667	4,186	(1,116)	(372)	(854)
3573 BBBS OSWEGO			427			(35)
3623 BBBS DEPT CRIM JUST						
3630 ***BBBS BNY MELLON						
3631 *** BBBS BNY MELLON						
3659 BBBS ONONDAGA CO.						
3660 BBBS ONONDAGA CO.						
3661 BBBS SUMMIT FCU	3,000	1,000	1,437			
3662 BBBS ONONDAGA CO.	15,000	5,000	5,671	(3,303)	(1,101)	(937)
3663 BBBS ONONDAGA CO.						
3665 ***BBBS ARBY'S						
3666 ***BBBS ARBY'S						
3667 *** BBBS JOHN BEN SNOW						
3669 BBBS ARBY'S						
3682 ***BBBS JOHN BEN SNOW						
6192-554 CSBG	335,425	111,808	99,225			
9144 BBBS UNITED WAY						
9145 BBBS UNITED WAY	11,000	3,666				
9146 BBBS UNITED WAY			9,092			
	369,425	123,141	120,038	(4,419)	(1,473)	(1,825)
CAPITAL IMPROVEMENT						
152 CAPITAL IMPROVE/REPAIR						
				(7,000)	(2,333)	
				(7,000)	(2,333)	
CENTRO						
9082 CENTRO - DISCONTINUED						(1,306)
						(1,306)
COMMUNITY SERVICE & OTHER						
3003 EARLY CHILDHOOD PATH						

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PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE			NET		
	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
3004 AEI CHILDHOOD PATH			79,886			
3005 AEI CHILDHOOD PATH			11,600			
3006 AEI			107,118			
6192-502 CSBG	307,663	102,554	22,233			
6192-513 CSBG			190			
6192-530 CSBG	25,555	8,518	46,452			
6192-532 CSBG	219,433	73,144	50,139			
6192-533 CSBG	193,911	64,637	48,357			
6192-534 CSBG	167,900	55,967	30,961			
6192-535 CSBG	88,809	29,603	62,799			
6192-536 CSBG	154,615	51,538	130,551			
6192-537 CSBG	190,794	63,598				
6192-544 CSBG	16,908	5,636				
4189 CSBG CARES						
4193 ***KEY BANK DYJ ESFR						(611)
4198 HOUSING VISIONS ESFR						
4199 VERA HOUSE CEFR						
4200 ***ST. AUGUSTINES						
4201 FOOD BANK						
4203 SCSD ESFR ALT						
4204 MAGNARELLI						
4205 ***F&CD FATHERHOOD						
4206 ONONDAGA CNTY GUN VIOL				(600)	(200)	(367)
4207 EITC COOP & COM FOUND						
4208 UNITED WAY EITC						
4209 GIF SAVE THE RAIN						
4210 ONONDAGA CNTY WOMENS						
4211 HOUSING VISIONS						
4212 FOOD BANK						
4213 WSFR BOEHEIM						
4214 ALLYN FOUND SSFR						
4215 CSBG DISCRET						
4216 SCSD ESFR ALT						
4217 KEY BANK EITC						
4218 MOTHER CABRINI REENTRY						
	75,000	25,000				

PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE			NET		
	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
4219 VERA HOUSE DOJ	62,499	20,833	972			
4220 BERKSHIRE BANK ETIC						
4221 COMM FOUND WSFRC						
4222 ESFRC NATIONAL GRID						
4223 ***M&T SUMMER FRC						
4224 COMMUNITY FOUND FRC	105,252	35,084				
4225 EITC UNITED WAY						
4226 GLOBAL PARTNERS						
4227 EITC ALLYN FOUND						
4228 ESFRC AMERICAN HEART	14,000	4,667	5,961			
4229 CDBG ESFRC						
4231 EITC REISMAN FOUND						
4232 COMM FOUND FREE TAX	50,000	16,667				
4233 FRC BOEHEIM FOUND						
4234 FRC FOOD BANK	32,325	10,775	16,445	(3,840)	(1,280)	(843)
4230 CNYDIC F&CD						
4236 ESFRC SCSO	100,000	33,333				
4237 MOTHER CABRINI REENTRY			38,931			
4238 FREE TAX PREP KEY BANK			22,523			
4239 FREE TAX PREP BERKSHIRE			13,554			
4240 FREE TAX PREP UNITED WAY			3,000			
4242 FREE TAX PREP ALLYN FOUN			87,469			
4244 COMM FOUND CE			25,000			
4245 KEY BANK FREE TAX PRPE			666			
4248 ST. JOE MOTHER CABRINI			2,363			
4250 TNT F&CD			2,135			
5105 ***DSRIP/VBP			1,429	(61,600)	(20,533)	(40,331)
5106 KRESGE FOUND						
5107 ***VBP FOOD PROD						
5109 ***CNYCC FFPD COVID				(49,091)	(16,364)	(336)
5110 ***ARISE FOOD INSEC				(22,538)	(7,513)	(1,525)
	1,804,664	601,555	810,734	(137,669)	(45,890)	(44,015)

PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE			NET		
	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
DONATIONS						
9015 CEFRC			100			100
9260 FGP RECOGNITION			512			512
9500 MISC - HS			120			120
9503 MISC - CWFRC XMAS & RENT						
9506 FOOD PANTRY						(118)
10801 HS ADMINISTRATION						
10802 HS B'VILLE						
10803 HS JAMES ST.						
10804 HS JORDAN			937			587
10805 HS LIVERPOOL			616			616
10807 HS GENESEE						
10809 HS MARCELLUS						
10810 HS LAFAYETTE						
10813 ATONEMENT						
10815 POLICY COUNCIL						
10816 HS SUMNER						
10822 CEFRC						(1,037)
10823 CSFRC			25			25
10824 CWFRC						
10826 PREGNANT MOMS						3,495
10829 BOWL BBBS			3,706			(5)
10830 EASTWOOD SENIOR CENTER						3,482
10831 FGP			3,500			(33)
10832 COMMUNITY DEVELOP						
10834 CS CROP WALK						
10835 CW EMERGENCY						
10838 SENIOR SERVICES						
10839 SSFRC COORD SPECIAL			2,000			2,000
10841 WS COORDINATOR'S SPECIAL			25			25
10842 COUNTY WEST KIDZ RULE						(310)
10844 ESFRC COORD SPECIAL			250			
10849 HS MERRICK						
10850 EASTWOOD SENIOR CENTER			25			(703)

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PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

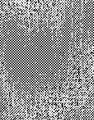
CC	REVENUE		YTD ACTUAL	NET		YTD ACTUAL
	ANNUAL BUDGET	YTD BUDGET		ANNUAL BUDGET	YTD BUDGET	
10852 EHS HOME BASE						
10854 BBBS OTHER			1,415			(5,351)
10855 BERSKSHIRE BANK TRAIN						(3,930)
10856 CSFRC						
10857 IT TECH PROGRAM						
10860 GIVE A HOLIDAY						
10861 CAMP FUND/SUMMER ACT						
10864 DONATION PROG/KIDS						
10866 TRANSPORTATION						
10867 FSD LUNCH & LEARN			1,500			165
10868 EMPLOYEE EMERG						
10869 EITC PROGRAM						
10871 SSFRC YOUTH ADVISORY						(4)
10875 SSFRC SENIORS						
10876 HOLIDAY APPEAL						
10877 BBBS COUNTRY RUN						(688)
10878 BBBS SCHOLARSHIP			900			(600)
10879 CSFRC DOMESTIC VIOL						
10880 CWFRC COORD SPECIAL			100			(1,243)
10881 A CAUSE TO CELEBRATE						(820)
10882 VOLL FOUND						
10883 BBBS GOLF TOURN			7,922			7,530
10884 GEAR FOR GOOD F&CD						(54)
10885 BBBS BACK TO SCHOOL						
	-	-	23,653	-	-	3,759
	97,611	32,537		(1,856)	(619)	
	140,272	46,757	10,484	24,129	8,043	3,063
	237,883	79,294	10,484	22,273	7,424	3,063

E&H FEE FOR SERVICE

9125 EMPOWER
9310 DEHS FEE FOR SERVICE

EASTWOOD

3902 ECC OFA



	YTD	ACTUAL
--	-----	--------

NET

	YTD	ACTUAL
Revenue	\$100	\$100
Cost of Sales	(60)	(60)
Gross Profit	\$40	\$40
Selling Expenses	(10)	(10)
Administrative Expenses	(10)	(10)
Depreciation Expense	(5)	(5)
Interest Expense	(2)	(2)
Income Tax Expense	(8)	(8)
Net Income	\$5	\$5

24,955	50,833	75,788
--------	--------	--------

168,682
1,138

5,334
113,054
36,129
<u>154,518</u>

68,827
68,827

1,093

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PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE		YTD ACTUAL	NET	
	ANNUAL BUDGET	YTD BUDGET		ANNUAL BUDGET	YTD ACTUAL
3103 ONON CNTY AGING IN PLACE					
3104 HTFC	99,564	33,188	6,684 7,820		(751)
3131 DHCR - LANDLORD CONTR					
3189 HCR 3/1/22					
3192 HCR 3/31/23					
3193 HCR	1,553,058	517,686	102,162	45,000	1,268
3194 HCR	2,652,610	884,203	621,572	180,000	(28,738)
	5,184,506	1,728,169	739,330	294,366	(31,129)
HEAD START					
2011 HS STABILIZATION					
2012 HS STABILIZATION					
2098 CACFP					
2099 CACFP	522,188	174,063			
2205 ***GRO MORE GARDEN					
2208 HS/EHS COVID 19					
2209 HS/EHS ARP					
2301 CACFP			259,199		
2408 HEAD START					
2411 HEAD START	17,714,495	5,904,832	5,280,384		
2458 HS T&TA					
2461 HS T&TA	106,150	35,383	14,204		
2558 EHS T&TA					
2561 EHS T&TA	70,651	23,550	11,147		
2608 ***SYRACUSE UPK					
2609 ***SYRACUSE UPK	1,209,390	403,130	426,235		(344,167)
2610 ***SYRACUSE UPK					
2709 ***HS B'VILLE UPK					
2909 ***LIVERPOOL EPK	42,500	14,167			
2910 ***LIVERPOOL UPK			21,250		(21,000)
	19,665,374	6,555,125	6,012,419	-	(365,167)
INDIRECT POOL					
1010 MAIN OFFICE			8,828	(211,229)	(68,343)
				(70,410)	

PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

CC	REVENUE		YTD ACTUAL	NET		
	ANNUAL BUDGET	YTD BUDGET		ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
1014 SUPPLEMENTAL COSTS				(92,250)	(30,750)	(98,846)
1020 EXECUTIVE OFFICE				(332,865)	(110,955)	(187,295)
1030 HR				(532,516)	(177,505)	(273,300)
1040 FISCAL				(911,035)	(303,678)	(97,121)
1070 MIS			1,631	(313,211)	(104,404)	(108,986)
1080 PROGRAM OVERSIGHT				(332,737)	(110,912)	(127)
1090 BOARD OF DIRECTORS				(15,670)	(5,223)	
1095 INDIRECT POOL ALLOCATION			10,459	2,741,514	913,838	834,019
				-	(0)	-
NON-ALLOCABLE						
150 NON-ALLOCABLE				(9,450)	(3,150)	(1,467)
153 NON-ALLOCABLE DEPREC				(553,885)	(184,628)	(174,778)
				(563,335)	(187,778)	(176,245)
PROJECT CONNECTION						
3758 OPWDD	78,110	26,037				
3759 OPWDD			30,428			
3760 OPWDD	24,218	8,073	7,550			
6192-552 CSBG	102,328	34,109	37,977			
				-	-	-
SENIOR SERVICES						
3487 OFA N'HOOD ADV						
3497 OFA N'HOOD ADV						
3501 OFA N'HOOD ADV	46,000	15,333	6,794			
3502 OFA EISEP			9,443			
3503 OFA N'HOOD ADV			5,324			
3504 OFA EISEP			7,465			
3488 OFA EISEP						
3498 OFA EISEP						
3502 OFA EISEP	59,000	19,667				
3504 OFA EISEP						
6192-311 CSBG	5,623	1,874	2,020			

PEACE, INC.
COMPARATIVE INFORMATION BY PROGRAM
AS OF MAY 31, 2024

	REVENUE			NET		
	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL
CC	110,623	36,874	31,046	-	-	-
RENTALS						
7020 TULLY	4,800	1,600	1,600	756	252	527
7042 TULLY - ARISE	6,528	2,176	2,176	4,418	1,473	1,580
	11,328	3,776	3,776	5,174	1,725	2,107
TRANSPORTATION AND MAINTENANCE						
1500 TRANSPORTATION	-	-	14,858	-	-	-
1600 MAINTENANCE	-	-	14,858	-	-	-
SALE AND PURCHASE PROPERTIES						
3198 SALE OF 811 E. WASHINGTON	-	-	-	-	-	(16,405)
3199 PURCHASE 717 ERIE BLVD W	-	-	-	-	-	(16,405)
INSURANCE PROCEEDS						
9951 INSURANCE PROCEEDS	-	-	992	-	-	(1,414)
	-	-	992	-	-	(1,414)
YEAR END ACCRUALS						
9821 YEAR END ACCRUALS	-	-	(58,381)	-	-	313
	-	-	(58,381)	-	-	313
MINOR DIFF						
	29,680,811	9,893,603	8,526,338	(295,687)	(98,562)	(470,339)

PEACE, INC.
SUPPLEMENTAL FINANCIAL INFORMATION
PREPARED FOR FINANCE COMMITTEE
AS OF MAY 31, 2024

FILE: CONTROLLER/FINANCIALS/SUPPLEMENTAL
FINANCIAL INFORMATION

NOTE: All cost center Statement of Activities are available for all Finance Committee and Board Meetings
A copy of the Fiscal Policy and Procedure manuals is present at all Finance Committee and Board Meetings.
Note - there are no Finance Committee or Board meetings during the months of July and August.
Finance Committee members can attend meetings either via zoom or in person.

UNRELATED BUSINESS INCOME (TO BE UPDATED PERIODICALLY)

OUTSIDE OF COUNTY:

BBBS OSWEGO CO. GRANT
MULTIFAMILY PERFORMANCE PROGRAM

NOT UNRELATED BUSINESS PER AUDITORS

OUTSIDE OF LOW INCOME GUIDE:

ASSISTED HOME PERFORMANCE

TOTAL REVENUE

8,526,338

GUIDE - % OF ALL REVENUE

15% - 30%

1

2

BANK ACCOUNTS

BANK	DESCRIPTION	G/L ACCT #	BALANCE AT MONTH END	MONTH LAST RECONCILED
KEY BANK	Operating	01-1000-00000	755,634	5/24
KEY BANK	DHCR Landlord Contr.	01-1004-00000	149,369	4/24
M&T	Operating for HS	01-1010-00000	23,019	5/24
KEY BANK	Capital Improvement/Repair Account	01-1012-00000	431,728	5/24
KEY BANK	Health Captive Account	01-1015-00000	15,003	5/24
All Petty Cash			8,325	
			<u>1,383,077</u>	

NOTE: The two main operating accounts for Key Bank and M&T are reconciled before statements are released for the month. The remaining account reconciliations are due by the end of the subsequent month. Petty cash are reconciled quarterly.

CREDIT CARD STATEMENTS:

THE FOLLOWING ACCOUNT RECONCILIATIONS ARE REVIEWED BY A FINANCE COMMITTEE MEMBER AS AVAILABLE

KEY BANK - OPERATING
GENERAL PURCHASES
HOME DEPOT
USED BY E&H, MAINTENANCE
WEGMANS
USED BY HEAD START, FOOD SERVICES
WEX
USED BY VARIOUS DIRECTORS - OIL CHANGES

The above credit card statements are signed by a Finance Committee member when available. The credit card statements are for the prior month as we close the books quickly.

AGED ACCOUNTS RECEIVABLE AS OF MAY 2024

	TOTAL	CURRENT	1-30	31-60	61-90
See statement attached.	1,743,863 100%	1,638,405 94%	100,696 6%	4,732 0%	- 0%

Description of items over 90 days old - see attached for information

Note: The amounts shown are for the prior month, as the reconciliations are not due until the end of the month after the month reported.

ACCOUNTS PAYABLE AS OF MAY 31, 2024

<u>KEY BANK</u>	TOTAL	CURRENT	1-30	31-60	61-90
%					

Description of items over 90 days old:

None

of invoices over 90 days old 0

ACCOUNTING AND FINANCIAL POLICIES AND PROCEDURES MANUAL and TRAINING

The CFO discussed that status of the 401K review. The estimated expense is \$207,000. There is approximately \$40,000 of forfeited funds that can be applied to this liability. The estimated number of employees affected is 290, of which approximately 76 are current employees.

There was a discussion as where the funds would be drawn to cover this liability. Two cash options are either from the Key operating account, or the Key capital improvement/expense account. Another option is to obtain a mortgage on a property.

It was proposed by the Finance Committee Chairman to present the options and recommendation to the Board.

LEGAL

RE: DISCRIMINATION

HUMAN RIGHTS CASE - CALL A BUS DRIVER #1 - TAMIKA PERRY

On 12/19/22 we were notified of a human rights case from Centro Call-A-Bus, claiming disability discrimination. Employment was terminated because the employee was unable to return to work after an extended absence.

An request for extension of the response was filed, granted 1/17/23. HF&C notified 12/20/22, and HR Director provided basic information 12/28/22. More detail discussion with HF&C 12/29/22. Response to first complaint submitted on 1/17/23.

In early March 2023 the original complaint was withdrawn, the employee hired an attorney, and a revised complaint was filed. Our response to the revised complaint was submitted March 15, 2023. We received a demand letter for settlement 4/13/23. We are in discussions with Centro and complainant's attorney on possible settlement. A fact finding meeting was held 8/1/23.

Update as of 9/19/23 email from Robert Whitaker:

Parties are waiting for DHR's determination, which can take a few months. Plaintiff increased her demand to \$70,000 in response to joint offer of \$10,000. Keep in mind Plaintiff initially reduced her demand to \$60,000 when PEACE offered \$7,500. CENTRO's attorney and R. Whitaker are playing phone tag but need to talk about next steps. Once connect, R. Whitaker will provide update on their position.

Received a letter from Wyatt & Associates from Keene, NH that they now the counsel for Tamika.

Per HR Director DHR issued a probable cause finding in 11/23. Our attorney filed an appeal which was denied by DHR. We are waiting for a pre-hearing settlement conference to be scheduled which will be mediated by an Administrative Law Judge.

We received notice that there will be a pre-hearing settlement conference on 4/18/24.

A settlement was reached during a pre-hearing settlement conference. Two settlement checks will be issued: \$8,319.97 claimant, and \$4,180.00 to legal firm. DHR will issue closure notice once payment is finalized.

RE: STAFF MEMBER VEHICLE ACCIDENT

On 1/25/22 our PEACE, Inc. vehicle was in an accident where there was vehicle damage. The claim was initially processed 2/16/22. We will readress the claim reimbursement to us, as the actual quote for the damage was higher than anticipated. Also, we subsequently received a letter from the other party's attorney on 2/28/22 requesting information and evidence.

As there has been no activity since 2/22, we will remove this from notes next month.

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TRIAL BALANCE AS OF MAY 31, 2024

Balance of Trial Balance at month end (should be \$0)

Verified by CFO is \$0

FISCAL VOUCHERING FOR ALL GRANTS

The CFO maintains a list of due dates for all grant vouchers.

All grant vouchers have been sent during the month

Yes

VOUCHERING FOR ALL OTHER BILLINGS (RENTS, CENTRO, ETC)

The CFO maintains a list of due dates for all vouchers.

All other vouchers have been sent during the month

Yes

REQUIRED TAX FILINGS

The CFO has reviewed that all required tax filings have been submitted on time (payroll and corporate)

Yes

CASH FORECAST

The CFO will prepare cash forecasts as needed.

MEAL COUNTS - MAY 2024

	MAY 2024
Breakfast	7,024
Lunch	7,471
Snack	6,637
Total Attended	7,616

PEACE, INC.
ACCOUNTS RECEIVABLE
AS OF APRIL 30, 2024

INCLUDE IN		ACCT DESCRIPTION		BALANCE AT 4/30/24	CURRENT	1-30	31-60	61-90	OVER 90
ACCT #	AIR PROJECT								
01-1100-00000		150 NON-ALLOC							
01-1100-00000		1040 FISCAL							
01-1100-00000		1700 PICKARD DRIVE							
01-1100-00000		2098 CACFP							
01-1100-00000		2099 CACFP							
01-1100-00000		2207 HS COVID 19							
01-1100-00000		2208 HS CRRSA							
01-1100-00000		2209 HS ARP							
01-1100-00000		2210 HS COVID19 CARRYOVER							
01-1100-00000		2301 CACFP		238,039.04	238,039.04				
01-1100-00000		2409 HS							
01-1100-00000		2410 HS							
01-1100-00000		2411 HEAD START		286,400.19	286,400.19				
01-1100-00000		2458 HS T&TA							
01-1100-00000		2461 HS T&TA		6,304.12	6,304.12				
01-1100-00000		2558 EHS T&TA							
01-1100-00000		2560 EHS T&TA							
01-1100-00000		2561 EHS T&TA		8,665.75	8,665.75				
01-1100-00000		2610 SYRACUSE UPK		363,526.55	363,526.55				
01-1100-00000		2709 B'VILLE UPK							
01-1100-00000		2910 LIVERPOOL UPK		45,160.27	45,160.27				
01-1100-00000		3003 ALLIANCE FOR ECONOMIC INCLUSION							
01-1100-00000		3004 ALLIANCE FOR ECONOMIC INCLUSION							
01-1100-00000		3005 ALLIANCE FOR ECONOMIC INCLUSION		20,809.43	20,809.43				
01-1100-00000		3101 HTFC - PRESERVATION PLUS		338,957.34	338,957.34				
01-1100-00000		3102 HTFC - WX ARPA							
01-1100-00000		3103 ONONDAGA COUNTY AGING IN PLACE		8,416.91	4,979.26	2,934.03	503.62		
01-1100-00000		3187 HCR							
01-1100-00000		3189 HCR 4/21 - 3/22							
01-1100-00000		3192 HCR							
01-1100-00000		3194 HCR		75,672.41	75,672.41				
01-1100-00000		3239 OFA							

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PEACE, INC.
ACCOUNTS RECEIVABLE
AS OF APRIL 30, 2024

INCLUDE IN		ACCT DESCRIPTION		EST	BALANCE AT 4/30/24	CURRENT				OVER 90	
ACCT #	A/R PROJECT					1-30	31-60	61-90			
01-1100-00000	3242 OFA				185,928.93	96,879.52	89,049.41				
01-1100-00000	3329 FGP				-	-	-	-	-	-	-
01-1100-00000	3328 CNCS				-	-	-	-	-	-	-
01-1100-00000	3329 CNCS FGP				-	-	-	-	-	-	-
01-1100-00000	3347 CNCS FGP				41,364.85	41,364.85					
01-1100-00000	3348 OFFICE FOR THE AGING				1,137.94	1,137.94					
01-1100-00000	3366 ELMCREST CHILDREN'S CENTER				-	-	-	-	-	-	-
01-1100-00000	3485 NEIGHBORHOOD ADVISOR				-	-	-	-	-	-	-
01-1100-00000	3486 EISEP				-	-	-	-	-	-	-
01-1100-00000	3487 NEIGHBORHOOD ADVISOR				-	-	-	-	-	-	-
01-1100-00000	3488 EISEP				-	-	-	-	-	-	-
01-1100-00000	3496 OFFICE FOR AGING				-	-	-	-	-	-	-
01-1100-00000	3497 NEIGHBORHOOD ADVISOR				-	-	-	-	-	-	-
01-1100-00000	3498 EISEP				-	-	-	-	-	-	-
01-1100-00000	3499 OFFICE FOR AGING				-	-	-	-	-	-	-
01-1100-00000	3470 OSWEGO COUNTY				-	-	-	-	-	-	-
01-1100-00000	3497 NEIGHBORHOOD ADV				-	-	-	-	-	-	-
01-1100-00000	3498 PROJ ROSE - EISEP				-	-	-	-	-	-	-
01-1100-00000	3499 OFFICE FOR AGING				-	-	-	-	-	-	-
01-1100-00000	3501 NEIGHBORHOOD ADV				3,966.57	3,972.06	(23.32)		9.83	TO RECEIVE IN FINAL PMT	
01-1100-00000	3502 PROJ ROSE - EISEP				5,973.04	1,665.35	36.22	4,251.82	19.65	TO RECEIVE IN FINAL PMT	
01-1100-00000	3503 NEIGHBORHOOD ADV				1,448.09	1,448.09					
01-1100-00000	3504 EISEP				2,121.08	2,121.08					
01-1100-00000	3570 OSWEGO COUNTY				-	-	-	-	-	-	-
01-1100-00000	3572 OSWEGO COUNTY				-	-	-	-	-	-	-
01-1100-00000	3573 OSWEGO COUNTY				4,013.09	4,013.09					
01-1100-00000	3623 DEFRANCISCO				1,431.58	1,431.58					
01-1100-00000	3631 BBBS BNY MELON				-	-	-	-	-	-	-
01-1100-00000	3660 ONONDAGA COUNTY OFA				-	-	-	-	-	-	-
01-1100-00000	3661 BBBS SUMMIT FCU				-	-	-	-	-	-	-
01-1100-00000	3662 ONONDAGA COUNTY OFA BBBS				-	-	-	-	-	-	-
01-1100-00000	3663 ONONDAGA COUNTY OFA BBBS				1,293.11	1,293.11					

PEACE, INC.
ACCOUNTS RECEIVABLE
AS OF APRIL 30, 2024

INCLUDE IN		ACCT DESCRIPTION	CURRENT	1-30	31-60	61-90	OVER 90
ACCT #	A/R PROJECT						
01-1100-00000	3665 BBBS ARBY'S						
01-1100-00000	3756 OPWDD						
01-1100-00000	3758 OPWDD PROJ CONNECTION						
01-1100-00000	3759 OPWDD		11,005.00				
01-1100-00000	3760 OPWDD						
01-1100-00000	3902 ONONDAGA COUNTY OFA						
01-1100-00000	3903 COUNTY OF ONONDAGA OFA						
01-1100-00000	3904 ECC OFA						
01-1100-00000	3905 COUNTY OF ONONDAGA OFA						
01-1100-00000	4018 CSBG		6,558.81				
01-1100-00000	4019 CSBG						
01-1100-00000	4167 CSBG RE-ENTRY						
01-1100-00000	4169 ESPRIHOPE DUNK YOUR JUNK						
01-1100-00000	4169 ESPRIHOPE DESFRC DUNK JUNK						
01-1100-00000	4185 CDBG DUNK YOUR JUNK						
01-1100-00000	4191 HPNAP						
01-1100-00000	4194 SCSD ESFRC						
01-1100-00000	4196 UNITED WAY EITC						
01-1100-00000	4198 HOUSING VISIONS						
01-1100-00000	4199 VERA HOUSE						
01-1100-00000	4202 ECC DEFRANCISCO						
01-1100-00000	4203 CACFP						
01-1100-00000	4204 MAGNARELLI						
01-1100-00000	4206 ONONDAGA COUNTY GUN VIOLENCE						
01-1100-00000	4208 UNITED WAY EITC						
01-1100-00000	4209 SAVE THE RAIN						
01-1100-00000	4210 ONONDAGA CNTY-HEALTH DEPT						
01-1100-00000	4211 HOUSING VISIONS						
01-1100-00000	4212 HPNAP						
01-1100-00000	4214 ALLYN FOUNDATION SUMMER PROG						
01-1100-00000	4215 CSBG DISCRETIONARY						
01-1100-00000	4216 ESFRC SCSD ALTERN PROGRAM						

PEACE INC.
ACCOUNTS RECEIVABLE
AS OF APRIL 30, 2024

INCLUDE IN		ACCT DESCRIPTION	BALANCE AT 4/30/24	CURRENT	1-30	31-60	61-90	OVER 90
ACCT #	A/R PROJECT							
01-1100-00000	4219	VERA HOUSE DEPT JUSTICE	636.68	636.68	-	-	-	-
01-1100-00000	4221	COM. FOUND WSFRC	-	-	-	-	-	-
01-1100-00000	4223	F&CD BOEHEIM FOUND	-	-	-	-	-	-
01-1100-00000	4225	UNITED WAY EITC	-	-	-	-	-	-
01-1100-00000	4226	COMM FOUND FRC'S LEAD PAINT	-	-	-	-	-	-
01-1100-00000	4229	ESFRC LET ME BE GREAT SUMMER 2023	-	-	-	-	-	-
01-1100-00000	4230	F&CD CNYDIC CONNECT ALL SURVEY	-	-	-	-	-	-
01-1100-00000	4234	HPNAP	-	-	-	-	-	-
01-1100-00000	4235	ONONDAGA COUNTY ECC REPAIRS	-	-	-	-	-	-
01-1100-00000	4236	ESFRC SCSD ALTERN PROGRAM	26,607.46	17,931.13	8,676.33	-	-	-
01-1100-00000	4240	UNITED WAY EITC	35,974.05	35,974.05	-	-	-	-
01-1100-00000	4244	COMMUNITY FOUNDATION	-	-	-	-	-	-
01-1100-00000	4248	ST. JOSEPH MOTHER CABRINI	1,376.19	1,376.19	-	-	-	-
01-1100-00000	4999	COVID-19	-	-	-	-	-	-
01-1100-00000	5108	KRESGE	-	-	-	-	-	-
01-1100-00000	6192	CSBG	-	-	-	-	-	-
01-1100-00000	7020	TULLY	-	-	-	-	-	-
01-1100-00000	7070	ESFRC BABY BACK	-	-	-	-	-	-
01-1100-00000	9082	CENTRO	-	-	-	-	-	-
01-1100-00000	9125	EMPOWER	-	-	-	-	-	-
01-1100-00000	9143	UNITED WAY	-	-	-	-	-	-
01-1100-00000	9145	UNITED WAY	-	-	-	-	-	-
01-1100-00000	9146	UNITED WAY	6,932.02	6,932.02	-	-	-	-
01-1100-00000	9310	DEHS FEE FOR SERVICE	-	-	-	-	-	-
01-1100-00000	9380	FOOD SERVICE DIVISON	9,573.66	9,573.66	-	-	-	-
01-1100-00000	9821	YIE ACCRUALS 1/31/23	4,328.41	4,328.41	-	-	-	-
01-1100-00000	10882	VOLL FOUND	-	-	-	-	-	-
01-1100-00930	2409	A/R - HS	-	-	-	-	-	-
01-1101-00000		RESERVE	-	-	-	-	-	-
01-1215-00000		PAYROLL SUSPENSE	248.38	248.38	-	-	-	-
			1,743,862.95	1,638,405.36	100,696.99	4,732.12	-	29.48
			1,743,863.00					(0.06)

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