

## Finance Audit Committee Minutes

Tuesday, June 10, 2025

via zoom/telephone/in person

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MEMBERS PRESENT: Robert T. Tackman (Chair), Eric J.T. Caballero

MEMBERS EXCUSED: Patricia Usherwood Fitzpatrick

MEMBERS ABSENT: None

STAFF PRESENT: Kathleen O'Brien, Nancy Turo, Brenda Curinga, Carolyn Brown

GUESTS PRESENT: None

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### CALL TO ORDER

The June 10, 2025 Finance Committee meeting was called to order at 12:18 PM by Robert Tackman. It was noted for the record that a quorum was present.

### APPROVAL OF PREVIOUS MINUTES

***Eric Caballero made a motion to approve the May 2025 Finance Audit 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 01/31/2025

Nancy Turo presented both the Form 990 and CHAR500 for the fiscal year ending January 31, 2025. Nancy answered questions presented by the Finance Committee members.

***Robert Tackman made a motion for the Finance Audit Committee to approve the CHAR500 and Form 990 Tax Return for the fiscal year ending 01/31/2025; the motion was seconded by Eric Caballero, and unanimously approved.***

Upon approval of the CHAR500 and Form 990 Tax Return, the forms will be signed by the Executive Director, and will be filed with the appropriate agencies prior to the June 15, 2025 due date.

### FINANCE REPORT

Kathleen O'Brien, CFO, discussed the monthly financial statements for May 31, 2025.

Ms. O'Brien stated that net income before depreciation year to date presented on page 3 is (\$355,231) vs a budget of \$115,839. The net income after depreciation is (\$552,087).

The net income from normal operations presented on page 7 is \$56,554. 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, 2025 is \$0.

The indirect rate as of May 31, 2025 is 22.1

The current ratio as of May 31, 2025 is 176%, which presents current assets \$1,300,661 over current liabilities.

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

### **CAPTIVE HEALTH INSURANCE**

The reserve balance at May 31, 2025 is \$168,559 vs a target amount of \$447,000.

The CFO explained that we currently have 5 high cost claimant employees, with another one anticipated. The highest we have had in a prior year is 3. This is causing major claim and non-claim costs.

During June the CFO will be reviewing the reserve status. Key dates to consider are the end of the current plan year, September 30, 2025, and the next plan year covering October 2025 through September 2026. Any recommended premium adjustments will be relayed to the Board via the Executive Committee.

### **OLD BUSINESS:**

The Executive Director discussed the Champions of Diversity Dinner. The total new donors and total donations exceeded the prior year.

The Executive Director also mentioned the press release from Congressman Mannion. The second half of the Head Start funding of \$7,340,714 will be released.

### **NEW BUSINESS**

#### **FISCAL STAFF CHANGES**

The CFO discussed fiscal staff changes effective June 2, 2025.

Nancy Turo will assume the position of CFO upon approval by Head Start.

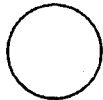
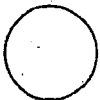
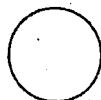
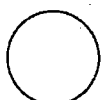
Brenda Curinga was promoted to the position of Controller effective June 2, 2025.

Kathleen O'Brien will remain at PEACE, Inc. part time effective June 2, 2025. Her new title is being determined. A member of the Finance Committee suggested CFO, Emeritus.

The Finance Committee will recommend Board approval at the June 23, 2025 meeting.

### **ADJOURNMENT**

*The meeting adjourned at 12:45 PM.*

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## Contact Information

**Current Organization Name**

PEOPLES EQUAL ACTION AND COMMUNITY EFFORT INC

**New York Registration Number**

05-27-37

**Registration Category**

DUAL

**Has the organization's name changed since its last filing? \***☐ Yes ☒ No**Employer Identification Number (EIN) \***

166095039

*Please update organization's EIN if it is incorrect***Organization Type \***

Corporation

**What is the organization's IRS tax exempt status? \***

501(c)(3)

*If the organization is not exempt, select None***Fiscal Year End**

01/31

**Has your fiscal year end changed? \***☐ Yes ☒ No**Organization Email \***

carolyn.brown@peace-caa.org

**Organization Phone \***

315-470-3300

**Organization Website**

WWW.PEACE-CAA.ORG

## Organization's Addresses

### Mailing Address

217 S SALINA ST ROOM 200, SYRACUSE, NY 13202-1370, UNITED STATES

Has the organization's address changed since the last filing? \*

☐ Yes ☒ No

Is the Primary or Principal address the same as the Mailing address? \*

☒ Yes ☐ No

*Primary or Principal address is where the organization is headquartered and performs its work. Do not enter an organization's post office box address here.*

### Primary Contact Information

First Name \*

Nancy

Last Name \*

Turo

Professional Title \*

VP of Finance

Email \*

nturo@peace-caa.org

Re-enter Email \*

nturo@peace-caa.org

Phone \*

315-634-3728

### Organization Type

Which IRS form does your organization use? \*

IRS990

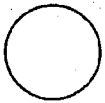
Is your organization a public charity or other IRS 990 series filer other than a private foundation \*

☒ Yes ☐ No

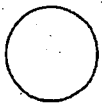
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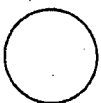
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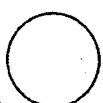
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Information



Third-party  
Preparer



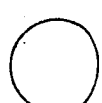
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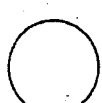
Contribution  
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Annual  
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## Third-party Preparer

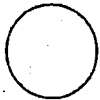
Are you a third-party preparer? \*

☐ Yes ☒ No

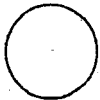
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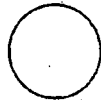
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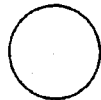
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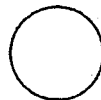
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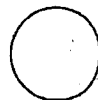
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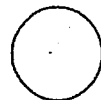
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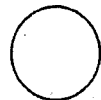
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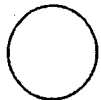
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## Registration Category

Please answer the questions below to update the Charities Bureau on the organization's activities and reporting requirements.

**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

**Does the organization have assets in New York State? \***

☒ Yes ☐ No

**Is the organization incorporated or formed in New York State? \***

☒ Yes ☐ No

**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

**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

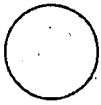
**Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State? \***

☐ Yes ☒ No

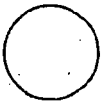
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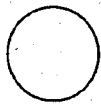
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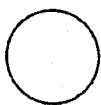
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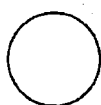
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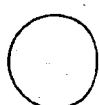
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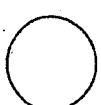
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## Contribution Information

Please answer the questions below about your New York State contributions.

Did the organization solicit or receive contributions during the fiscal year from New York State residents, foundations, corporations, or government agencies, etc.?

☒ Yes ☐ No

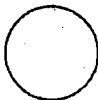
Choose the range that represents the organization's total New York State contributions in this filing's fiscal year. \*

☐ \$0-\$24,999 ☐ \$25,000-\$99,999 ☒ \$100,000-\$249,000 ☐ \$250,000-\$749,000 ☐ \$750,000-\$999,999 ☐ \$1,000,000-\$4,000,000

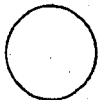
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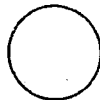
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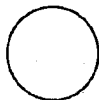
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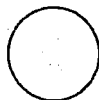
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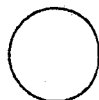
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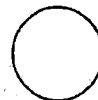
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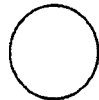
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## Annual Exemption

Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? \*

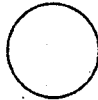
☐ Yes ☒ No

Based on your responses to the annual exemption questions, this organization is required to file under both "Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4 (DUAL)" during this fiscal year.

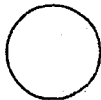
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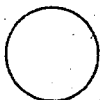
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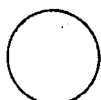
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Third-party  
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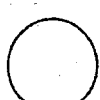
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## Financial Information

Which IRS form does your organization use? \*

IRS990

Enter organization's total contributions \*

24,616,001

NOTE: Number represents the U.S. dollar value.

Part 1, Line 8 (Current Year Column)

Enter organization's total revenue \*

25,147,339

NOTE: Number represents the U.S. dollar value.

Part 1, Line 12 (Current Year Column)

Enter organization's net assets \*

5,781,934

NOTE: Number represents the U.S. dollar value.

Part 1, Line 22 (End of Year Column)

Based on this organization's total contributions and total revenue, you are required to upload an independent Certified Public Accountant's audit report at the end of this form.

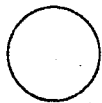
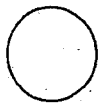
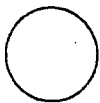
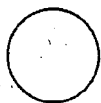
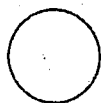
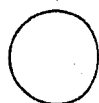
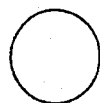
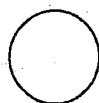
For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau? \*

- ☐ Close registration
- ☐ Withdraw registration
- ☐ Dissolve organization
- ☒ None of the above

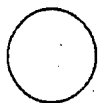
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## Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State? \*

☐ Yes ☒ No

Did the organization receive government grants during this fiscal year? \*

☒ Yes ☐ No

Please list EACH government grant awarded by a domestic (federal, state or local) agency; interstate or intergovernmental agency; and state or local authorities. Please include any funding from municipalities that include the organization in their standard budgeting (for example, a volunteer ambulance corps).

If you have more than one government grant click on "+Add Government Grants Information" to add more entries.



Name of Government Agency \*

HEAD START

Grant Amount \*

\$16,139,647.00



Name of Government Agency \*

NYS DEPARTMENT OF STATE

Grant Amount \*

\$1,742,799.00



Name of Government Agency \*

US DEPT OF ENERGY & LOW INCOME HOME ENERGY - NYS H

Grant Amount \*

\$2,677,692.00



**Name of Government Agency \***

FOSTER GRANDPARENT PROGRAM

**Grant Amount \***

\$482,612.00



**Name of Government Agency \***

OSWEGO COUNTY DEPT OF AGING & YOUTH

**Grant Amount \***

\$5,052.00



**Name of Government Agency \***

ONONDAGA COUNTY SPECIAL PROGRAMS FOR THE AGING

**Grant Amount \***

\$1,277,008.00



**Name of Government Agency \***

CNY COMMUNITY FOUNDATION

**Grant Amount \***

\$23,612.00



**Name of Government Agency \***

ALLYN FOUNDATION

**Grant Amount \***

\$25,000.00



**Name of Government Agency \***

SYRACUSE CITY SCHOOL DISTRICT

Grant Amount

\$102,026.00



Name of Government Agency \*

ST. JOSEPHS TRINITY HEALTH

Grant Amount \*

\$60,000.00



Name of Government Agency \*

UNITED WAY OF CNY

Grant Amount \*

\$114,185.00



Name of Government Agency \*

US DEPT OF HOUSING & URBAN RENEWAL

Grant Amount \*

\$31,595.00



Name of Government Agency \*

NYS OPWDD & PARKS & REC

Grant Amount \*

\$46,057.00



Name of Government Agency \*

FOCUS GREATER SYRACUSE

Grant Amount \*

\$13,625.00



Name of Government Agency \*

AMERICAN HEART ASSOCIATION

Grant Amount \*

\$10,669.00



Name of Government Agency \*

HOUSING TRSUT FUND

Grant Amount \*

\$206,726.00



Name of Government Agency \*

MOTHER CABRINI FOUNDATION

Grant Amount \*

\$86,646.00



Name of Government Agency \*

MICRON TECHNOLOGIES

Grant Amount \*

\$56,832.00



Name of Government Agency \*

NYS OPWDD & DEPT OF JUSTICE

Grant Amount \*

\$81,967.00



Name of Government Agency \*

NYS MUNICIPAL FACILITIES CAPITAL& MAGNARELLI

**Grant Amount**

\$81,133.00



**Name of Government Agency \***

ONONDAGA COUNTY DEPT OF SOCIAL ECONOMIC SECURITY

**Grant Amount \***

\$170,563.00



**Name of Government Agency \***

ONONDAGA COUNTY DEPT OF AGING & YOUTH

**Grant Amount \***

\$42,941.00



**Name of Government Agency \***

CORNELL, SOFSA, TNT, NATIONAL GRID, SAVE THE RAI

**Grant Amount \***

\$6,238.00



**Name of Government Agency \***

SUMMIT FCU & KEY BANK & BERKSHIRE

**Grant Amount \***

\$20,480.00



**Name of Government Agency \***

KRESGE, SNOW, REISMAN, BOEHEIM, ARBYS, GIFFORD

**Grant Amount \***

\$51,674.00

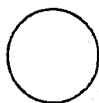
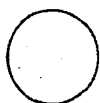
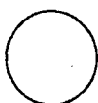
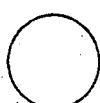
+ Add Government Grants Information

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Review

## Documents

You must upload **ALL PAGES** of the required documents below.

Please note that our online system has a size limit of 24 MB for the total pdfs submitted. If the submitted pdfs exceed the limit, filers will not be able to upload all of the documents.

Click [here](#) for instructions on how to convert your documents to PDF and Click [here](#) to compress documents of higher sizes. **DO NOT** separate your document into multiple files. Only complete documents are accepted.

Only **1 document** is allowed per section. If you have more documents you may upload them under the 'Other Documents' section below.

**If your organization files Schedule B to IRS Form 990 with the Internal Revenue Service, please remove it from your filings before uploading your documents, and do not include Schedule B in any of your filings with the Charities Bureau.**

### Certified Public Accountant's Audit Report \*

| File Name          | Document Type | Delete                                |
|--------------------|---------------|---------------------------------------|
| 01312025 audit.pdf | AUDIT         | <input type="button" value="Delete"/> |

### IRS Document (990/990EZ/990PF/990N or 1120 or 1041) \*

No file chosen

### Other Documents (if necessary)

No file chosen

Back

Save and Exit

Save and Continue

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CLIENT'S COPY

*Draft- Subject to Change*

**Bonadio & Co., LLP**  
Accounting, Consulting & More

June 5, 2025

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 2024 exempt organization return, as follows...

2024 Form 990

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

Very truly yours,

Bonadio & Co., LLP

Draft- Subject to Change

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

January 31, 2025

---

**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 16, 2025

Draft-

Subject to Change

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2024, or fiscal year beginning FEB 1, 2024, and ending JAN 31, 2025

**2024**

Department of the Treasury  
Internal Revenue Service

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

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

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

EIN or SSN  
**16-6095039**

Name and title of officer or person subject to tax **CAROLYN BROWN  
EXECUTIVE DIRECTOR**

**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 combine more than one line in Part I.

|                                                            |                                                                                        |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) <u>165,147,339.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) <u>2b</u>                                |
| 3a Form 1120-POL check here <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) <u>3b</u>                                         |
| 4a Form 990-PF check here <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part V, line 5) <u>4b</u>               |
| 5a Form 8868 check here <input type="checkbox"/>           | b Balance due (Form 8868, line 3c) <u>5b</u>                                           |
| 6a Form 990-T check here <input type="checkbox"/>          | b Total tax (Form 990-T, Part III, line 4) <u>6b</u>                                   |
| 7a Form 4720 check here <input type="checkbox"/>           | b Total tax (Form 4720, Part III, line 1) <u>7b</u>                                    |
| 8a Form 5227 check here <input type="checkbox"/>           | b FMV of assets at end of tax year (Form 5227, Item b) <u>8b</u>                       |
| 9a Form 5330 check here <input type="checkbox"/>           | b Tax due (Form 5330, Part II, line 19) <u>9b</u>                                      |
| 10a Form 8038-CP check here <input type="checkbox"/>       | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) <u>10b</u>      |

**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 2024 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 on the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **BONADIO & CO., LLP**

ERO firm name

to enter my PIN **05270**

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2024 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 2024 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

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Date

**Certification and Authentication**

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

**16821613204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 **06/05/25**

**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** (2024)

LHA 402521 12-26-24

08130605 784124 PEA012001

2024.03050 PEOPLE'S EQUAL ACTION AND PEA01201

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department 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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning FEB 1, 2024 and ending JAN 31, 2025

|                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                     |                                                                                                         |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT INC.</b>                           |                                                                     | D Employer identification number<br><b>16-6095039</b>                                                   |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                     | Doing business as                                                                                          |                                                                     | E Telephone number<br><b>315-470-3300</b>                                                               |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                     | Number and street (or P.O. box if mail is not delivered to street address)                                 | Room/suite                                                          | G Gross receipts \$ <b>25,178,196.</b>                                                                  |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                     | <b>217 S. SALINA STREET</b>                                                                                |                                                                     | <b>200</b>                                                                                              | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                     | City or town, state or province, country, and ZIP or foreign postal code<br><b>SYRACUSE, NY 13202-1370</b> |                                                                     | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                   |
| F Name and address of principal officer: <b>CAROLYN BROWN</b><br><b>217 S. SALINA STREET, SYRACUSE, NY 13202-13</b>                                                                                                                                                                                 |                                                                                                            | H(c) Group exemption number                                         |                                                                                                         |                                                                                                                   |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                            |                                                                     |                                                                                                         |                                                                                                                   |
| J Website: <b>WWW.PEACE-CAA.ORG</b>                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                     |                                                                                                         |                                                                                                                   |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                            | L Year of formation: <b>1968</b> State of legal domicile: <b>NY</b> |                                                                                                         |                                                                                                                   |

## Summary

|                                                               |                                                                                                                                                                           |                                          |                             |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|
| Activities & Governance                                       | 1 Briefly describe the organization's mission or most significant activities: <b>HELPING PEOPLE IN THE COMMUNITY REALIZE THEIR POTENTIAL FOR BECOMING SELF-SUFFICIENT</b> |                                          |                             |
|                                                               | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                 |                                          |                             |
|                                                               | 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                       | 3                                        | 15                          |
|                                                               | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                           | 4                                        | 15                          |
| Revenue                                                       | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)                                                                                            | 5                                        | 443                         |
|                                                               | 6 Total number of volunteers (estimate if necessary)                                                                                                                      | 6                                        | 1635                        |
|                                                               | 7 a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                  | 7a                                       | 0.                          |
|                                                               | b Net unrelated business taxable income from Form 990-T, Part I, line 1                                                                                                   | 7b                                       | 0.                          |
| Expenses                                                      | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                           | Prior Year<br>25,392,180.                | Current Year<br>24,616,001. |
|                                                               | 9 Program service revenue (Part VIII, line 2g)                                                                                                                            | 478,470.                                 | 506,124.                    |
|                                                               | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                          | 0.                                       | 0.                          |
|                                                               | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                               | 25,815.                                  | 25,214.                     |
|                                                               | 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)                                                                                      | 25,896,465.                              | 25,147,339.                 |
|                                                               | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                       | 0.                                       | 0.                          |
|                                                               | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                          | 0.                                       | 0.                          |
|                                                               | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                      | 16,378,251.                              | 17,167,788.                 |
|                                                               | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                         | 0.                                       | 0.                          |
|                                                               | b Total fundraising expenses (Part IX, column (D), line 25)                                                                                                               | 3,360.                                   |                             |
| Net Assets or Fund Balances                                   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                           | 9,193,548.                               | 8,263,994.                  |
|                                                               | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                              | 25,571,799.                              | 25,431,782.                 |
|                                                               | 19 Revenue less expenses. Subtract line 18 from line 12                                                                                                                   | 324,666.                                 | -284,443.                   |
|                                                               | 20 Total assets (Part X, line 16)                                                                                                                                         | Beginning of Current Year<br>10,263,764. | End of Year<br>10,495,767.  |
| 21 Total liabilities (Part X, line 26)                        | 4,197,387.                                                                                                                                                                | 4,713,833.                               |                             |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,066,377.                                                                                                                                                                | 5,781,934.                               |                             |

## 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 and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                                                         |                       |                 |                          |                  |
|---------------------------------------------------------|-----------------------|-----------------|--------------------------|------------------|
| Signature of officer                                    | Date                  |                 |                          |                  |
| <b>CAROLYN BROWN, EXECUTIVE DIRECTOR</b>                |                       |                 |                          |                  |
| Type or print name and title                            |                       |                 |                          |                  |
| Preparer's name                                         | Preparer's signature  | Date            | Check if self-employed   | PTIN             |
| <b>MICHELLE MUNDY</b>                                   | <b>MICHELLE MUNDY</b> | <b>06/05/25</b> | <input type="checkbox"/> | <b>P01982856</b> |
| Firm's name                                             | Firm's EIN            |                 |                          |                  |
| <b>BONADIO &amp; CO., LLP</b>                           | <b>16-1131146</b>     |                 |                          |                  |
| Firm's address                                          | Phone no.             |                 |                          |                  |
| <b>432 NORTH FRANKLIN STREET<br/>SYRACUSE, NY 13204</b> | <b>(315) 422-7109</b> |                 |                          |                  |

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.

432001 12-10-24

Form 990 (2024)

## 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 \$ 14,067,213. 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 DUALITY 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 1026 INDIVIDUALS.**

4b (Code: ) (Expenses \$ 2,975,540. including grants of \$ ) (Revenue \$ 382,353.)  
**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 645 HOMES AND CLIENTS.**

4c (Code: ) (Expenses \$ 3,420,405. 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 7,937 INDIVIDUALS AND FAMILIES ANNUALLY.**

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

(Expenses \$ 1,508,599. including grants of \$ ) (Revenue \$ 123,771.)4e Total program service expenses 21,971,757.

Form 990 (2024)

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

Form 990 (2024)

16-6095039

Page 3

**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)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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 <b>Section 501(c)(3) organizations.</b> 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 16? <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?<br><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 6 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  |

432003 12-10-24

Form 990 (2024)

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

Form 990 (2024)

16-6095039 Page 4

**Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                                        |     | 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? If "Yes," complete Schedule J                                                                                                                            | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                                                                                  |     |    |
| 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II                                                       |     | X  |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | 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? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                              |     | X  |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                                                                   |     | X  |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                      |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                                                                                                                         | X   |    |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                                                                                                                         |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                               |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                                                                                                                             |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                                                             |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                                                                                         |     | 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)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                 |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                         |     | 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? If "Yes," complete Schedule R, Part VI                                                                                                                                                    |     | 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

**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                                                                            |     |    |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                          |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X   |    |

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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  | 443 |
| 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<br>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 and gifts were not tax deductible?                                                                                               | 6b  |     |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                         |     |     |
| 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   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                               | 8   |     |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                             |     |     |
| 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  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                               |     |     |
| a   | Initiation fees and capital contributions included on Part VII, line 12                                                                                                                                                                      | 10a |     |
| b   | Gross receipts, included on Form 990, Part XIII, line 12, for public use of club facilities                                                                                                                                                  | 10b |     |
| 11  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(2) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                       |     |     |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> 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 |     |
|     | 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?<br>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?<br>If "Yes," complete Form 4720, Schedule O.                                                                                 | 16  | X   |
| 17  | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069. | 17  |     |

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**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 ☒

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year                                                                                                                              | 15  |    |
| 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.   |     |    |
| 1b Enter the number of voting members included on line 1a, above, who are independent                                                                                                                               | 15  |    |
| 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?                                                                                                  |     |    |
| 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**

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

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**Part VII 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)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>EXECUTIVE DIRECTOR          | 37.50                                                                               |                                                                                                              |                       |         | X            |                              |        | 184,892.                                                                      | 0.                                                                                 | 5,540.                                                                                        |
| (2) KATHLEEN O'BRIEN<br>CFO                         | 37.50                                                                               |                                                                                                              |                       | X       |              |                              |        | 147,284.                                                                      | 0.                                                                                 | 15,255.                                                                                       |
| (3) ARMANDA KING<br>DIRECTOR OF HR                  | 37.50                                                                               |                                                                                                              |                       |         | X            |                              |        | 117,779.                                                                      | 0.                                                                                 | 29,156.                                                                                       |
| (4) NANCY SPECHT TURO<br>VP OF FINANCE              | 37.50                                                                               |                                                                                                              |                       |         | X            |                              |        | 115,361.                                                                      | 0.                                                                                 | 29,083.                                                                                       |
| (5) REBECCA HEBERLE<br>DIRECTOR HEAD START/EARLY    | 37.50                                                                               |                                                                                                              |                       |         | X            |                              |        | 107,968.                                                                      | 0.                                                                                 | 28,830.                                                                                       |
| (6) TODD GOEHLE<br>VP OF OPERATIONS & STRATEGY      | 37.50                                                                               |                                                                                                              |                       |         | X            |                              |        | 102,123.                                                                      | 0.                                                                                 | 3,065.                                                                                        |
| (7) JUDGE JAMES H. CECILE<br>PRESIDENT              | 1.75                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) DARRYL DJ WILLIAMS<br>BOARD MEMBER              | 0.02                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) SHIRLEY COPES<br>2ND VICE PRESIDENT             | 0.29                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) ROBERT T. TACKMAN<br>TREASURER                 | 1.35                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) PAULA FREEDMAN<br>1ST VICE PRESIDENT           | 0.48                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) ERICH W. SHAFFER<br>SECRETARY                  | 0.46                                                                                |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) PAMOR PHYLLIS LEE-WILLIAMS<br>BOARD MEMBER     | 0.31                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) JASON J. WALLACE<br>BOARD MEMBER               | 0.40                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (15) STEVE HODGENS<br>BOARD MEMBER                  | 0.50                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) PATRICIA USHERWOOD FITZPATRICK<br>BOARD MEMBER | 0.46                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) ERIC J.T. CABALLERO<br>BOARD MEMBER            | 0.54                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>BOARD MEMBER                  | 0.37                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (19) EDWARD PERRY<br>BOARD MEMBER                              | 0.25                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (20) CHRISTOPHER MONTGOMERY<br>BOARD MEMBER                    | 0.33                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (21) TYSHA MARTIN<br>BOARD MEMBER                              | 0.25                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 775,407.                                                                      | 0.                                                                                 | 110,929.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 775,407.                                                                      | 0.                                                                                 | 110,929.                                                                                      |

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

6

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 \$100,000? 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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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Statement of Revenue

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

|                                                                  |                                                                                                                                       |                |               | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts        | 1 a Federated campaigns                                                                                                               | 1a             |               |                      |                                              |                                      |                                                                 |
|                                                                  | b Membership dues                                                                                                                     | 1b             |               |                      |                                              |                                      |                                                                 |
|                                                                  | c Fundraising events                                                                                                                  | 1c             | 59,466.       |                      |                                              |                                      |                                                                 |
|                                                                  | d Related organizations                                                                                                               | 1d             |               |                      |                                              |                                      |                                                                 |
|                                                                  | e Government grants (contributions)                                                                                                   | 1e             | 23,556,779.   |                      |                                              |                                      |                                                                 |
|                                                                  | f All other contributions, gifts, grants, and<br>similar amounts not included above                                                   | 1f             | 999,756.      |                      |                                              |                                      |                                                                 |
|                                                                  | g Noncash contributions included in lines 1a-1f                                                                                       | 1g             | \$ 804,356.   |                      |                                              |                                      |                                                                 |
|                                                                  | h Total. Add lines 1a-1f                                                                                                              |                | 24,616,001.   |                      |                                              |                                      |                                                                 |
| Program Service<br>Revenue                                       | 2 a FEES FOR SERVICE                                                                                                                  |                | Business Code | 900099               | 506,124.                                     | 506,124.                             |                                                                 |
|                                                                  | b                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | c                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | d                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | e                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | f All other program service revenue                                                                                                   |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | g Total. Add lines 2a-2f                                                                                                              |                | 506,124.      |                      |                                              |                                      |                                                                 |
| Other Revenue                                                    | 3 Investment income (including dividends, interest, and<br>other similar amounts)                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 4 Income from investment of tax-exempt bond proceeds                                                                                  |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 5 Royalties                                                                                                                           |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 6 a Gross rents                                                                                                                       | (i) Real       | (ii) Personal |                      |                                              |                                      |                                                                 |
|                                                                  |                                                                                                                                       | 6a             | 11,328.       |                      |                                              |                                      |                                                                 |
|                                                                  |                                                                                                                                       | 6b             | 0.            |                      |                                              |                                      |                                                                 |
|                                                                  | c Rental income or (loss)                                                                                                             | 6c             | 11,328.       |                      |                                              |                                      |                                                                 |
|                                                                  | d Net rental income or (loss)                                                                                                         |                |               | 11,328.              |                                              | 11,328.                              |                                                                 |
|                                                                  | 7 a Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities | (ii) Other    |                      |                                              |                                      |                                                                 |
|                                                                  |                                                                                                                                       | 7a             |               |                      |                                              |                                      |                                                                 |
|                                                                  |                                                                                                                                       | 7b             |               |                      |                                              |                                      |                                                                 |
|                                                                  | c Gain or (loss)                                                                                                                      | 7c             |               |                      |                                              |                                      |                                                                 |
|                                                                  | d Net gain or (loss)                                                                                                                  |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 8 a Gross income from fundraising events not<br>including \$ 59,466. of<br>contributions reported on line 1c. See<br>Part IV, line 18 |                |               |                      |                                              |                                      |                                                                 |
|                                                                  |                                                                                                                                       | 8a             | 19,042.       |                      |                                              |                                      |                                                                 |
| 8b                                                               |                                                                                                                                       | 30,857.        |               |                      |                                              |                                      |                                                                 |
| c Net income or (loss) from fundraising events                   |                                                                                                                                       |                | -11,815.      |                      | -11,815.                                     |                                      |                                                                 |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19 |                                                                                                                                       |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 9a                                                                                                                                    |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 9b                                                                                                                                    |                |               |                      |                                              |                                      |                                                                 |
| c Net income or (loss) from gaming activities                    |                                                                                                                                       |                |               |                      |                                              |                                      |                                                                 |
| 10 a Gross sales of inventory, less returns<br>and allowances    |                                                                                                                                       |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 10a                                                                                                                                   |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | 10b                                                                                                                                   |                |               |                      |                                              |                                      |                                                                 |
| c Net income or (loss) from sales of inventory                   |                                                                                                                                       |                |               |                      |                                              |                                      |                                                                 |
| Miscellaneous<br>Revenue                                         | 11 a OTHER INCOME                                                                                                                     |                | Business Code | 900003               | 25,701.                                      | 25,701.                              |                                                                 |
|                                                                  | b                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | c                                                                                                                                     |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | d All other revenue                                                                                                                   |                |               |                      |                                              |                                      |                                                                 |
|                                                                  | e Total. Add lines 11a-11d                                                                                                            |                | 25,701.       |                      |                                              |                                      |                                                                 |
| 12 Total revenue. See instructions                               |                                                                                                                                       | 25,147,339.    | 531,825.      | 0.                   | -487.                                        |                                      |                                                                 |

432009 12-10-24

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**PEOPLE'S EQUAL ACTION AND  
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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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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                                                                                                                                                                | 352,971.              |                                 | 352,971.                               |                             |
| 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                                                                                                                                                                                                                | 12,896,370.           | 11,466,115.                     | 1,430,172.                             | 83.                         |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      | 280,316.              | 192,170.                        | 88,144.                                | 2.                          |
| 9 Other employee benefits                                                                                                                                                                                                                 | 2,454,353.            | 2,089,523.                      | 364,829.                               | 1.                          |
| 10 Payroll taxes                                                                                                                                                                                                                          | 1,183,778.            | 1,044,302.                      | 139,469.                               | 7.                          |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                   | 23,353.               | 10,944.                         | 3,409.                                 |                             |
| c Accounting                                                                                                                                                                                                                              | 70,550.               | 10,749.                         | 59,801.                                |                             |
| 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.)                                                                                                                                | 118,227.              | 83,053.                         | 35,036.                                | 138.                        |
| 12 Advertising and promotion                                                                                                                                                                                                              | 97,304.               | 81,960.                         | 15,344.                                |                             |
| 13 Office expenses                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 14 Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                              | 1,512,447.            | 1,385,295.                      | 127,152.                               |                             |
| 17 Travel                                                                                                                                                                                                                                 | 184,752.              | 153,846.                        | 30,906.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                 | 122,420.              | 118,540.                        | 3,880.                                 |                             |
| 20 Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                              | 575,153.              | 64,345.                         | 510,808.                               |                             |
| 23 Insurance                                                                                                                                                                                                                              | 453,749.              | 418,039.                        | 35,710.                                |                             |
| 24 Other expenses. List these expenses not covered above. (List miscellaneous expenses on line 24e. If line 24a amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                 |                       |                                 |                                        |                             |
| a SUPPLIES                                                                                                                                                                                                                                | 3,225,583.            | 3,189,627.                      | 35,956.                                |                             |
| b PROFESSIONAL FEES AND C                                                                                                                                                                                                                 | 1,149,524.            | 1,132,648.                      | 16,876.                                |                             |
| c EQUIPMENT EXPENSE                                                                                                                                                                                                                       | 304,544.              | 256,952.                        | 44,592.                                | 3,000.                      |
| d VEHICLE MAINTENANCE AND                                                                                                                                                                                                                 | 247,988.              | 242,989.                        | 4,999.                                 |                             |
| e All other expenses                                                                                                                                                                                                                      | 178,400.              | 21,660.                         | 156,611.                               | 129.                        |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 25,431,782.           | 21,971,757.                     | 3,456,665.                             | 3,360.                      |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

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**Balance Sheet**

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

|                                                                                                                      |                                                                                                                                                                                                                   | (A)<br>Beginning of year                                                                                                      |             | (B)<br>End of year |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| <b>Assets</b>                                                                                                        | 1 Cash - non-interest-bearing                                                                                                                                                                                     | 162,169.                                                                                                                      | 1           | 57,057.            |
|                                                                                                                      | 2 Savings and temporary cash investments                                                                                                                                                                          | 1,413,047.                                                                                                                    | 2           | 1,006,460.         |
|                                                                                                                      | 3 Pledges and grants receivable, net                                                                                                                                                                              | 2,821,845.                                                                                                                    | 3           | 3,003,164.         |
|                                                                                                                      | 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                                                                                                                                                                                     | 133,032.                                                                                                                      | 8           | 139,713.           |
|                                                                                                                      | 9 Prepaid expenses and deferred charges                                                                                                                                                                           |                                                                                                                               |             |                    |
|                                                                                                                      | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                           | 10a 14,416,395.                                                                                                               |             |                    |
|                                                                                                                      | b Less: accumulated depreciation                                                                                                                                                                                  | 10b 10,921,960.                                                                                                               |             |                    |
|                                                                                                                      | 11 Investments - publicly traded securities                                                                                                                                                                       | 3,735,821.                                                                                                                    | 10c         | 3,494,435.         |
|                                                                                                                      | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                           |                                                                                                                               | 11          |                    |
|                                                                                                                      | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                            |                                                                                                                               | 12          |                    |
|                                                                                                                      | 14 Intangible assets                                                                                                                                                                                              |                                                                                                                               | 13          |                    |
|                                                                                                                      | 15 Other assets. See Part IV, line 11                                                                                                                                                                             | 997,851.                                                                                                                      | 14          |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)                                                  | 10,263,764.                                                                                                                                                                                                       | 15                                                                                                                            | 2,794,938.  |                    |
| <b>Liabilities</b>                                                                                                   | 17 Accounts payable and accrued expenses                                                                                                                                                                          | 1,759,312.                                                                                                                    | 16          | 10,495,767.        |
|                                                                                                                      | 18 Grants payable                                                                                                                                                                                                 |                                                                                                                               | 17          | 1,602,990.         |
|                                                                                                                      | 19 Deferred revenue                                                                                                                                                                                               | 670,836.                                                                                                                      | 18          |                    |
|                                                                                                                      | 20 Tax-exempt bond liabilities                                                                                                                                                                                    |                                                                                                                               | 19          | 499,388.           |
|                                                                                                                      | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                          |                                                                                                                               | 20          |                    |
|                                                                                                                      | 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     |                                                                                                                               | 21          |                    |
|                                                                                                                      | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                 |                                                                                                                               | 22          |                    |
|                                                                                                                      | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                   |                                                                                                                               | 23          |                    |
|                                                                                                                      | 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                                           | 1,767,239.                                                                                                                    | 24          |                    |
|                                                                                                                      | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                              | 4,197,387.                                                                                                                    | 25          | 2,611,455.         |
|                                                                                                                      | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |             | 26                 |
| 27 Net assets without donor restrictions                                                                             |                                                                                                                                                                                                                   | 5,872,543.                                                                                                                    | 27          | 5,603,773.         |
| 28 Net assets with donor restrictions                                                                                |                                                                                                                                                                                                                   | 193,834.                                                                                                                      | 28          | 178,161.           |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. |                                                                                                                                                                                                                   |                                                                                                                               |             |                    |
| 29 Capital stock or trust principal, or current funds                                                                |                                                                                                                                                                                                                   |                                                                                                                               | 29          |                    |
| 30 Paid-in capital surplus, or land, building, or equipment fund                                                     |                                                                                                                                                                                                                   |                                                                                                                               | 30          |                    |
| 31 Retained earnings, endowment, accumulated income, or other funds                                                  |                                                                                                                                                                                                                   |                                                                                                                               | 31          |                    |
| 32 <b>Total net assets or fund balances</b>                                                                          |                                                                                                                                                                                                                   | 6,066,377.                                                                                                                    | 32          | 5,781,934.         |
| 33 <b>Total liabilities and net assets/fund balances</b>                                                             | 10,263,764.                                                                                                                                                                                                       | 33                                                                                                                            | 10,495,767. |                    |

Form 990 (2024)

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

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Reconciliation of Net Assets

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

|    |                                                                                                                |    |             |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 25,147,339. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 25,431,782. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | -284,443.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 6,066,377.  |
| 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 | 5,781,934.  |

Financial Statements and Reporting

Check 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 (2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

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 connection 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 |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

**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) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 21410672. | 24629141. | 23791098. | 25392180. | 24616001. | 119839092 |
| 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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 21410672. | 24629141. | 23791098. | 25392180. | 24616001. | 119839092 |
| 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 <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                 |           |           |           |           |           | 119839092 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                  | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4                                                                                                                                                                        | 21410672. | 24629141. | 23791098. | 25392180. | 24616001. | 119839092                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                            | 15,425.   | 12,651.   | 12,543.   | 11,936.   | 11,328.   | 63,885.                  |
| 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 <b>Total support.</b> Add lines 7 through 10                                                                                                                                              |           |           |           |           |           | 119902977                |
| 12 Gross receipts from related activities (see instructions)                                                                                                                                 |           |           |           |           | 12        | 3,224,605.               |
| 13 <b>First 5 years.</b> 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 <b>stop here.</b> |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                         | 14 | 99.95 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                | 15 | 99.90 % |
| 16a <b>33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                             |    |         |
| b <b>33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                     |    |         |
| 17 <b>10% facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>      |    |         |
| 18 <b>10% facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                              |    |         |

Schedule A (Form 990) 2024

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Schedule A (Form 990) 2024

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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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                         | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 III.)                                 |          |          |          |          |          |           |
| 13 <b>Total support.</b> (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 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15                       | 16 | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                 |    |   |
|-------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17                         | 18 | % |

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

**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**

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

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**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.
- 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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6            |
| 7                                | <input type="checkbox"/> 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) 2024

| 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 - provide details in Part VI)                                                     | 5            |
| 6                         | Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6                                                                                       | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                     | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions                                                                                                                                              | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2024 from Section C, line 6                                                                                                                     |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.                                                  |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2024                                                                                                                          |                                        |                                           |
| a                                                       | From 2019                                                                                                                                                                |                                        |                                           |
| b                                                       | From 2020                                                                                                                                                                |                                        |                                           |
| c                                                       | From 2021                                                                                                                                                                |                                        |                                           |
| d                                                       | From 2022                                                                                                                                                                |                                        |                                           |
| e                                                       | From 2023                                                                                                                                                                |                                        |                                           |
| f                                                       | Total of lines 3a through 3e                                                                                                                                             |                                        |                                           |
| g                                                       | Applied to under distributions of prior years                                                                                                                            |                                        |                                           |
| h                                                       | Applied to 2024 distributable amount                                                                                                                                     |                                        |                                           |
| i                                                       | Carryover from 2019 not applied (see instructions)                                                                                                                       |                                        |                                           |
| j                                                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                   |                                        |                                           |
| 4                                                       | Distributions for 2024 from Section D, line 7: \$                                                                                                                        |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                                             |                                        |                                           |
| b                                                       | Applied to 2024 distributable amount                                                                                                                                     |                                        |                                           |
| c                                                       | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                         |                                        |                                           |
| 5                                                       | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 3f. For result greater than zero, explain in Part VI. See instructions. |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                         |                                        |                                           |
| 7                                                       | Excess distributions carryover to 2025. Add lines 3j and 4c.                                                                                                             |                                        |                                           |
| 8                                                       | Breakdown of line 7:                                                                                                                                                     |                                        |                                           |
| a                                                       | Excess from 2021                                                                                                                                                         |                                        |                                           |
| b                                                       | Excess from 2022                                                                                                                                                         |                                        |                                           |
| c                                                       | Excess from 2022                                                                                                                                                         |                                        |                                           |
| d                                                       | Excess from 2023                                                                                                                                                         |                                        |                                           |
| e                                                       | Excess from 2024                                                                                                                                                         |                                        |                                           |

Schedule A (Form 990) 2024

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Schedule A (Form 990) 2024

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**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.)

Draft- Subject to Change

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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)(7) 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) (Rev. 12-2024)

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)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | DEPARTMENT OF HEALTH & HUMAN SERVICES<br>200 INDEPENDENCE AVENUE SW<br>WASHINGTON DC, DC 20201                      | \$ 14,649,446.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | SYRACUSE CITY SCHOOL DISTRICT<br>725 HARRISON STREET<br>SYRACUSE, NY 13210                                          | \$ 1,081,166.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ONONDAGA COUNTY DEPARTMENT OF AGING<br>JOHN H MULROY CIVIC CENTER, 421<br>MONTGOMERY STREET<br>SYRACUSE, NY 13202   | \$ 1,306,394.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | NEW YORK STATE DEPARTMENT OF STATE<br>COMMERCE PLAZA 99 WASHINGTON AVENUE<br>SUITE 1020<br>ALBANY, NY 12231         | \$ 1,742,799.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | NEW YORK STATE DIVISION OF HOUSING &<br>COMMUNITY RENEWAL<br>HAMILTON PLAZA; 38-40 STATE STREET<br>ALBANY, NY 12207 | \$ 2,677,692.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                                                                     |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Employer identification number

16-6095039

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

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

Name of organization

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Employer identification number

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.<br>from<br>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 |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE D**

(Form 990)  
(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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

Employer identification number  
**16-6095039**

**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? .....                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> 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 XIII 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 ..... \$ .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

## PEOPLE'S EQUAL ACTION AND

Schedule D (Form 990) (Rev. 12-2024) COMMUNITY EFFORT INC.

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**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

**Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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 ☐

**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                      |                  |                |                    |                      |                     |
| 1b Contributions                                  |                  |                |                    |                      |                     |
| 1c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| 1d Grants or scholarships                         |                  |                |                    |                      |                     |
| 1e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| 1f Administrative expenses                        |                  |                |                    |                      |                     |
| 1g 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:
- |                              | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? |     |    |
| (ii) Related organizations?  |     |    |
- 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 VII 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.       |
| 1b Building               | 40,035.                              | 3,098,024.                      | 2,311,814.                   | 826,245.       |
| 1c Leasehold improvements | 15,228.                              | 6,259,268.                      | 4,972,152.                   | 1,302,344.     |
| 1d Equipment              |                                      | 4,649,187.                      | 3,637,994.                   | 1,011,193.     |
| 1e Other                  |                                      | 2,500.                          |                              | 2,500.         |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 3,494,435.

Schedule D (Form 990) (Rev. 12-2024)

PEOPLE'S EQUAL ACTION AND

Schedule D (Form 990) (Rev. 12-2024) COMMUNITY EFFORT INC.

16-6095039 Page 3

**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)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |                                                           |

**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)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**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                                       | 20,509.        |
| (2) OTHER CURRENT ASSETS                                                  | 168,472.       |
| (3) LONG TERM DEPOSITS                                                    | 97,413.        |
| (4) LONG TERM RIGHT OF USE                                                | 2,508,544.     |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 2,794,938.     |

**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) Federal income taxes                                                  |                |
| (2) DEPOSITS                                                              | 400.           |
| (3) OTHER LIABILITIES                                                     | 325.           |
| (4) INSURANCE PROCEEDS                                                    | 92,092.        |
| (5) SHORT TERM LEASE LIABILITY                                            | 541,350.       |
| (6) LONG TERM LEASE LIABILITY                                             | 1,976,847.     |
| (7) UNCASHED A/P CHECKS                                                   | 441.           |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,611,455.     |

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) (Rev. 12-2024)

PEOPLE'S EQUAL ACTION AND

Schedule D (Form 990) (Rev. 12-2024) COMMUNITY EFFORT INC.

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  | 25,723,556. |
| 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 | 545,360.    |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIII.)                                                  | 2d | 30,857.     |
| e | Add lines 2a through 2d                                                         | 2e | 576,217.    |
| 3 | Subtract line 2e from line 1                                                    | 3  | 25,147,339. |
| 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  | 25,147,339. |

**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  | 26,007,999. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                   |    |             |
| a | Donated services and use of facilities                                              | 2a | 545,360.    |
| b | Prior year adjustments                                                              | 2b |             |
| c | Other losses                                                                        | 2c |             |
| d | Other (Describe in Part XIII.)                                                      | 2d | 30,857.     |
| e | Add lines 2a through 2d                                                             | 2e | 576,217.    |
| 3 | Subtract line 2e from line 1                                                        | 3  | 25,431,782. |
| 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 XIII, line 18.) | 5  | 25,431,782. |

**Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2a 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**

Supplemental information area with multiple blank lines for descriptions.



PEOPLE'S EQUAL ACTION AND

Schedule G (Form 990) (Rev. 12-2024) COMMUNITY EFFORT INC.

16-6095039 Page 2

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

|                                                                 | (a) Event #1<br>ANNUAL DINNER<br>(event type) | (b) Event #2<br>GOLF TOUR<br>(event type) | (c) Other events<br>1<br>(total number) | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------------------------|
|                                                                 | <b>Revenue</b>                                |                                           |                                         |                                                     |
| 1 Gross receipts                                                | 52,376.                                       | 22,426.                                   | 3,706.                                  | 78,508.                                             |
| 2 Less: Contributions                                           | 40,376.                                       | 15,595.                                   | 3,495.                                  | 59,466.                                             |
| 3 Gross income (line 1 minus line 2)                            | 12,000.                                       | 6,831.                                    | 211.                                    | 19,042.                                             |
| <b>Direct Expenses</b>                                          |                                               |                                           |                                         |                                                     |
| 4 Cash prizes                                                   |                                               |                                           |                                         |                                                     |
| 5 Noncash prizes                                                |                                               |                                           |                                         |                                                     |
| 6 Rent/facility costs                                           |                                               |                                           |                                         |                                                     |
| 7 Food and beverages                                            | 12,000.                                       |                                           |                                         | 12,000.                                             |
| 8 Entertainment                                                 | 11,815.                                       | 6,831.                                    | 211.                                    | 18,857.                                             |
| 9 Other direct expenses                                         |                                               |                                           |                                         |                                                     |
| 10 Direct expense summary. Add lines 4 through 9 in column (d)  |                                               |                                           |                                         | 30,857.                                             |
| 11 Net income summary. Subtract line 10 from line 3, column (d) |                                               |                                           |                                         | -11,815.                                            |

**Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                                                                      | (a) Bingo                                                           | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col. (a) through col. (c)) |
|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| <b>Revenue</b>                                                       |                                                                     |                                                                     |                                                                     |                                                  |
| 1 Gross revenue                                                      |                                                                     |                                                                     |                                                                     |                                                  |
| <b>Direct Expenses</b>                                               |                                                                     |                                                                     |                                                                     |                                                  |
| 2 Cash prizes                                                        |                                                                     |                                                                     |                                                                     |                                                  |
| 3 Noncash prizes                                                     |                                                                     |                                                                     |                                                                     |                                                  |
| 4 Rent/facility costs                                                |                                                                     |                                                                     |                                                                     |                                                  |
| 5 Other direct expenses                                              |                                                                     |                                                                     |                                                                     |                                                  |
| 6 Volunteer labor                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                  |
| 7 Direct expense summary. Add lines 2 through 5 in column (d)        |                                                                     |                                                                     |                                                                     |                                                  |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) |                                                                     |                                                                     |                                                                     |                                                  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990) (Rev. 12-2024) **COMMUNITY EFFORT INC.**

|                                                                                                                                                                        |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>11</b> Does the organization conduct gaming activities with nonmembers? .....                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> Indicate the percentage of gaming activity conducted in:                                                                                                     |                              |                             |
| <b>a</b> The organization's facility .....                                                                                                                             | <b>13a</b>                   | %                           |
| <b>b</b> An outside facility .....                                                                                                                                     | <b>13b</b>                   | %                           |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                            |                              |                             |

## Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the name and address of the third party:

## Address

## 16 · Gaming manager information:

Name

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17 Mandatory distributions:**

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

**b** Enter the amount of distributions received under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Supplemental Information** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Supplemental Information** *(continued)*

Draft- Subject to Change

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

- 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.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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?  
**b** Participate in or receive payment from a supplemental nonqualified retirement plan?  
**c** Participate in or receive payment from an equity-based compensation arrangement?

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?  
**b** Any related organization?  
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?  
**b** Any related organization?  
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.

- 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.

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) **COMMUNITY EFFORT INC.**

Page 2

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]

PEOPLE'S EQUAL ACTION AND  
COMMUNITY EFFORT INC.

Schedule J (Form 990) (Rev. 12-2024)

16-6095039

Page 3

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.

Draft- Subject to Change

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

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

Employer identification number  
**16-6095039**

Types of Property

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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                             |                                                           | 804,356.                                                                           | 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<br>trust interests .....         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous .....                                   |                               |                                                           |                                                                                    |                                                              |
| 13 Qualified conservation contribution -<br>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 on 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?

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?

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.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

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

Schedule M (Form 990) 2024

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

Draft- Subject to Change

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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, EISEP, NEIGHBORHOOD ADVISOR, AND VARIOUS OTHER COMMUNITY  
SERVICE PROGRAMS. THESE PROGRAMS ANNUALLY SERVICE 2,033 INDIVIDUALS AND  
FAMILIES.

EXPENSES \$ 1,508,599. INCLUDING GRANTS OF \$ 0. REVENUE \$ 123,771

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED IT'S BY-LAWS.

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  
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.

ANALYSIS OF SELF INSURANCE RESERVE  
#01-2009-00000  
ESTIMATE FOR: 10/24-9/25

| 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 @ 9,800

TARGET

TARGET REVISED BY ACTUARY 12/27/24

|            |
|------------|
| 397,201.10 |
| 18,554.70  |
| 415,755.80 |

447,000.00

PROJECTED

|  | PROJECTED |                        |              | ACTUAL  |                        |              | VARIANCE<br>OVER<br>(UNDER) |
|--|-----------|------------------------|--------------|---------|------------------------|--------------|-----------------------------|
|  | PREMIUM   | CLAIMS<br>& NON-CLAIMS | STOP<br>LOSS | PREMIUM | CLAIMS<br>& NON-CLAIMS | STOP<br>LOSS |                             |

ESTIMATED BEGINNING BALANCE

|               | 10/24     | 11/24     | 12/24     | 1/25      | 2/25      | 3/25      | 4/25      | 5/25      | 6/25      | 7/25         | 8/25      | 9/25      |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------|-----------|-----------|
| NEW PLAN YEAR | (148,030) | (148,030) | (148,030) | (148,030) | (148,030) | (148,030) | (148,030) | (148,030) | (148,030) | (148,030)    | (148,030) | (148,030) |
|               | 103,466   | 103,466   | 103,466   | 103,466   | 103,466   | 103,466   | 103,466   | 103,466   | 103,466   | 103,466      | 103,466   | 103,466   |
|               | 31,266    | 31,266    | 31,266    | 31,266    | 31,266    | 31,266    | 31,266    | 31,266    | 31,266    | 31,266       | 31,266    | 31,266    |
|               | 9,550     | 9,550     | 9,550     | 9,550     | 9,550     | 9,550     | 9,550     | 9,550     | 9,550     | 9,550        | 9,550     | 9,550     |
|               | 535       | 535       | 535       | 535       | 535       | 535       | 535       | 535       | 535       | 535          | 535       | 535       |
|               | 7,500     | 7,500     | 7,500     | 7,500     | 7,500     | 7,500     | 7,500     | 7,500     | 7,500     | 7,500        | 7,500     | 7,500     |
|               | (467,576) | (463,289) | (467,037) | (470,785) | (474,533) | (478,281) | (482,029) | (485,777) | (489,525) | (493,273)    | (497,021) | (500,769) |
|               | 157,080   | 163,406   | 158,027   | 158,893   | 157,462   | 155,243   | 154,170   | 155,148   | 249,563   | 32,082       | 32,890    | 32,890    |
|               | 30,194    | 30,553    | 30,553    | 32,799    | 34,237    | 33,519    | 33,519    | 33,519    | 33,519    | 33,519       | 33,519    | 33,519    |
|               | 7,149     | 9,581     | 9,581     | 11,866    | 11,276    | 10,318    | 10,023    | 9,802     | 7,075     | 7,075        | 7,075     | 7,075     |
|               | (370,646) | (326,977) | (349,477) | (256,306) | (444,851) | (391,695) | (384,379) | (412,013) | (278,441) | (168,558.86) | (190,694) | (190,694) |

NOTE: WILL BE REVIEWING IN 6/25 TO DETERMINE IF NEED TO MAKE ADJUSTMENTS

ESTIMATED RESERVE OVER TARGET

88,761.20



**P.E.A.C.E., INC.**  
**MONTHLY FINANCIAL STATEMENTS**  
**MAY 2025**

| <b>PAGE #</b> |                                           |
|---------------|-------------------------------------------|
| <b>1</b>      | <b>Statement of Financial Position</b>    |
| <b>3</b>      | <b>Statement of Activities</b>            |
| <b>6</b>      | <b>Current Ratio</b>                      |
| <b>7</b>      | <b>Comments</b>                           |
| <b>11</b>     | <b>Comparative Information By Program</b> |

**People's Equal Action and Community Effort, Inc.**  
**Statement of Financial Position**  
**As of May 31, 2025**

As of  
May 31, 2025

|                               |    |                         |
|-------------------------------|----|-------------------------|
| <b>ASSETS</b>                 |    |                         |
| <b>CURRENT ASSETS</b>         |    |                         |
| Cash                          | \$ | 710,775                 |
| Receivables                   |    | 1,913,827               |
| Prepaid Expenses              |    | 79,566                  |
| Inventory                     |    | 315,178                 |
| Other Assets                  |    | 3,549                   |
| <b>Total CURRENT ASSETS</b>   |    | <u><u>3,022,895</u></u> |
| <b>LONG TERM ASSETS</b>       |    |                         |
| Long Term Deposits            |    | 97,413                  |
| Long Term Right of Use Leases |    | 2,508,544               |
| <b>Total LONG TERM ASSETS</b> |    | <u><u>2,605,957</u></u> |
| <b>PROPERTY</b>               |    |                         |
| Land                          |    | 352,153                 |
| Buildings                     |    | 3,138,059               |
| Leasehold Improvements        |    | 6,274,496               |
| Vehicles                      |    | 3,100,607               |
| Equipment                     |    | 1,430,955               |
| Construction in Progress      |    | 5,000                   |
| Accumulated Depreciation      |    | (11,001,191)            |
| <b>Total LONG TERM ASSETS</b> |    | <u><u>3,300,079</u></u> |
| <b>Total ASSETS</b>           | \$ | <u><u>8,928,932</u></u> |

(1)

People's Equal Action and Community Effort, Inc.  
Statement of Financial Position  
As of May 31, 2025

As of  
May 31, 2025

|                                         |           |
|-----------------------------------------|-----------|
| <b>LIABILITIES &amp; NET ASSETS</b>     |           |
| <b>CURRENT LIABILITIES</b>              |           |
| Accounts Payable Trade                  | 18,368    |
| Short Term Borrowings                   | 316,382   |
| Accrued Payroll & Related Liabilities   | 226,341   |
| Accrued Compensated Absences            | 291       |
| Accrued Expenses                        | 619,102   |
| Deferred Revenue                        | 541,350   |
| Short Term Lease Liability              | 400       |
| Deposits                                | 1,722,234 |
| <b>TOTAL CURRENT LIABILITIES</b>        |           |
| <b>LONG TERM LIABILITIES</b>            |           |
| Lease Liability                         | 1,976,847 |
|                                         | 1,976,847 |
| <b>NET ASSETS</b>                       |           |
| Without Donor Restrictions              | 5,063,291 |
| With Donor Restrictions                 | 166,556   |
| <b>Total LONG TERM ASSETS</b>           | 5,229,847 |
| <b>Total LIABILITIES AND NET ASSETS</b> | 8,928,932 |

People's Equal Action and Community Effort, Inc.  
Statement of Activities  
For Four Months Ending May 31, 2025

|                                                 | Annual<br>Budget    | Year To Date<br>Budget | Current Year<br>Year To Date | Prior Year<br>Actual<br>Year To Date |
|-------------------------------------------------|---------------------|------------------------|------------------------------|--------------------------------------|
| <b>REVENUE:</b>                                 |                     |                        |                              |                                      |
| Direct Contributions & Fundraising              | \$ 200,028          | \$ 66,676              | \$ 98,023                    | \$ 134,628                           |
| Government Agencies                             | 26,010,800          | 8,670,200              | 6,973,482                    | 6,820,345                            |
| Rental Income                                   | 11,328              | 3,776                  | 1,600                        | 3,776                                |
| Service Fees                                    | 124,564             | 41,521                 | 32,358                       | 36,129                               |
| Service Fees - Energy & Housing Fee for Service | 223,952             | 74,651                 | 12,867                       | 10,484                               |
| In-Kind Revenue                                 | 3,626,157           | 1,208,719              | 1,644,008                    | 1,519,984                            |
| Dividend, Interest & Other Income               |                     |                        | 425                          | 992                                  |
| <b>Total</b>                                    | <b>30,196,629</b>   | <b>10,065,543</b>      | <b>8,762,763</b>             | <b>8,526,338</b>                     |
| <b>EXPENSES</b>                                 |                     |                        |                              |                                      |
| Salaries                                        | 13,801,977          | 4,600,659              | 4,312,422                    | 4,195,614                            |
| Payroll Taxes & Fringe Benefits                 | 3,734,744           | 1,244,915              | 1,230,799                    | 1,179,669                            |
| Professional Fees & Contract Services           | 1,964,761           | 654,920                | 259,324                      | 225,859                              |
| Conferences & Travel                            | 333,017             | 111,006                | 88,945                       | 77,890                               |
| Occupancy Costs                                 | 1,591,231           | 530,410                | 543,777                      | 505,941                              |
| Consumable Supplies                             | 3,460,493           | 1,153,498              | 580,914                      | 670,442                              |
| Equipment Expense                               | 378,170             | 126,057                | 126,868                      | 81,628                               |
| Insurance                                       | 425,439             | 141,813                | 146,851                      | 133,386                              |
| Telephone                                       | 184,280             | 61,427                 | 55,342                       | 56,796                               |
| Printing, Postage & Dues                        | 99,858              | 33,286                 | 41,603                       | 25,094                               |
| Vehicle Maintenance                             | 243,916             | 81,305                 | 65,296                       | 80,612                               |
| Interest Expense                                | 145                 | 48                     |                              |                                      |
| Other Costs & Loss on Disposals                 | 4,924               | 1,641                  | 21,844                       | 47,149                               |
| In-Kind                                         | 3,626,157           | 1,208,719              | 1,644,008                    | 1,519,984                            |
| <b>Total</b>                                    | <b>29,907,736</b>   | <b>9,949,704</b>       | <b>9,117,993</b>             | <b>8,800,063</b>                     |
| <b>NET SURPLUS (DEFICIT)</b>                    | <b>288,893</b>      | <b>115,839</b>         | <b>(355,231)</b>             | <b>(273,725)</b>                     |
| <b>DEPRECIATION</b>                             |                     |                        |                              |                                      |
| Buildings & Leasehold Improvements              | (264,161)           | (86,054)               | (102,844)                    | (97,141)                             |
| Equipment, Vehicles, \                          | (235,210)           | (78,403)               | (94,013)                     | (99,473)                             |
| <b>Total</b>                                    | <b>(440,747)</b>    | <b>(166,457)</b>       | <b>(196,857)</b>             | <b>(196,614)</b>                     |
| <b>CHANGE IN NET ASSETS</b>                     | <b>\$ (151,853)</b> | <b>\$ (50,618)</b>     | <b>\$ (552,087)</b>          | <b>\$ (470,339)</b>                  |

**People's Equal Action and Community Effort, Inc.**  
**Statement of Activities**  
**For Four Months Ending May 31, 2025**

|                                                 | Fundraising   | Non-Allocable    | Indirect Pool | Trans & Maint  |
|-------------------------------------------------|---------------|------------------|---------------|----------------|
| <b>REVENUE:</b>                                 |               |                  |               |                |
| Direct Contributions & Fundraising              | 51,421        |                  |               |                |
| Government Agencies                             |               |                  |               |                |
| Rental Income                                   |               |                  |               |                |
| Service Fees                                    |               |                  |               |                |
| Service Fees - Energy & Housing Fee for Service |               |                  | 10,434        | 15,097         |
| In-Kind Revenue                                 |               |                  |               |                |
| Dividend, Interest & Other Income               |               |                  |               |                |
| <b>Total</b>                                    | <b>51,421</b> | <b>-</b>         | <b>10,434</b> | <b>15,097</b>  |
| <b>EXPENSES</b>                                 |               |                  |               |                |
| Salaries                                        |               |                  | 547,813       |                |
| Payroll Taxes & Fringe Benefits                 |               | 9                | 128,696       |                |
| Professional Fees & Contract Services           |               | 482              | 24,062        | 801            |
| Conferences & Travel                            |               |                  | 15,651        | 44             |
| Occupancy Costs                                 |               |                  | 43,257        | (874)          |
| Consumable Supplies                             | 186           | 64               | 5,603         | 3,398          |
| Equipment Expense                               | 0             |                  | 17,676        | 1,444          |
| Insurance                                       |               |                  | 8,341         | 6,425          |
| Telephone                                       |               |                  | 5,442         | 2,091          |
| Printing, Postage & Dues                        |               |                  | 13,291        |                |
| Vehicle Maintenance                             |               |                  | 653           | (16,465)       |
| Interest Expense                                |               |                  |               |                |
| Other Costs & Loss on Disposals                 | 202           | 1,446            | (810,483)     |                |
| In-Kind                                         |               |                  | 10,434        | 15,097         |
|                                                 | <b>388</b>    | <b>2,000</b>     | <b>10,434</b> | <b>11,961</b>  |
| <b>NET SURPLUS (DEFICIT)</b>                    | <b>51,032</b> | <b>(2,000)</b>   | <b>-</b>      | <b>3,136</b>   |
| <b>DEPRECIATION</b>                             |               |                  |               |                |
| Buildings & Leasehold Improvements              |               | (83,981)         |               | (2,600)        |
| Equipment, Vehicles, and Software               |               | (90,903)         |               | (536)          |
| <b>Total</b>                                    | <b>-</b>      | <b>(174,884)</b> | <b>-</b>      | <b>(3,136)</b> |
| <b>CHANGE IN NET ASSETS</b>                     | <b>51,032</b> | <b>(176,884)</b> | <b>-</b>      | <b>-</b>       |

(4)

People's Equal Action and Community Effort, Inc.  
Statement of Activities  
For Four Months Ending May 31, 2025

|                                                 |  | Grants           | Rental<br>Properties | Other           |
|-------------------------------------------------|--|------------------|----------------------|-----------------|
| <b>REVENUE:</b>                                 |  |                  |                      |                 |
| Direct Contributions & Fundraising              |  | 36,181           |                      | 10,422          |
| Government Agencies                             |  | 6,973,482        |                      |                 |
| Rental Income                                   |  |                  | 1,600                |                 |
| Service Fees                                    |  |                  |                      | 32,358          |
| Service Fees - Energy & Housing Fee for Service |  |                  |                      | 12,867          |
| In-Kind Revenue                                 |  | 1,612,857        |                      | 5,620           |
| Dividend, Interest & Other Income               |  |                  |                      | 425             |
| <b>Total</b>                                    |  | <b>8,622,520</b> | <b>1,600</b>         | <b>61,691</b>   |
| <b>EXPENSES</b>                                 |  |                  |                      |                 |
| Salaries                                        |  | 3,556,385        | 330                  | 205,896         |
| Payroll Taxes & Fringe Benefits                 |  | 1,017,068        | 55                   | 84,973          |
| Professional Fees & Contract Services           |  | 227,788          |                      | 6,191           |
| Conferences & Travel                            |  | 71,332           |                      | 1,918           |
| Occupancy Costs                                 |  | 457,950          | 1,610                | 41,835          |
| Consumable Supplies                             |  | 904,167          |                      | (332,503)       |
| Equipment Expense                               |  | 106,318          |                      | 1,429           |
| Insurance                                       |  | 124,598          | 227                  | 7,260           |
| Telephone                                       |  | 46,236           |                      | 1,574           |
| Printing, Postage & Dues                        |  | 28,121           |                      | 192             |
| Vehicle Maintenance                             |  | 72,587           |                      | 8,521           |
| Interest Expense                                |  |                  |                      |                 |
| Other Costs & Loss on Disposals                 |  | 785,170          | 73                   | 45,436          |
| In-Kind                                         |  | 1,612,857        |                      | 5,620           |
|                                                 |  | <b>9,012,576</b> | <b>2,295</b>         | <b>78,339</b>   |
| <b>NET SURPLUS (DEFICIT)</b>                    |  | <b>(390,056)</b> | <b>(695)</b>         | <b>(16,648)</b> |
| <b>DEPRECIATION</b>                             |  |                  |                      |                 |
| Buildings & Leasehold Improvements              |  |                  |                      | (16,263)        |
| Equipment, Vehicles, and Software               |  |                  |                      | (2,574)         |
| <b>Total</b>                                    |  | <b>-</b>         | <b>-</b>             | <b>(18,837)</b> |
| <b>CHANGE IN NET ASSETS</b>                     |  | <b>(390,056)</b> | <b>(695)</b>         | <b>(35,485)</b> |

(5)

PEACE, INC.  
CURRENT RATIO  
AS OF MAY 31, 2025

| AS OF:                | CURRENT<br>ASSETS                          | CURRENT<br>LIABILITIES | CURRENT<br>RATIO | DIFFERENCE<br>IN<br>DOLLARS |
|-----------------------|--------------------------------------------|------------------------|------------------|-----------------------------|
| 1/31/05               | 2,029,803                                  | 2,184,993              | 92.90%           | (155,190)                   |
| 1/31/10               | 3,286,876                                  | 3,284,011              | 100.09%          | 2,865                       |
| 1/31/15 FINAL         | 2,679,027                                  | 2,136,917              | 125.43%          | 543,110                     |
| 1/31/20 FIRST CLOSE   | 2,283,412                                  | 1,826,420              | 125.02%          | 456,992                     |
| 1/31/21 - FIRST CLOSE | 2,694,367                                  | 1,556,977              | 173.06%          | 1,137,380                   |
| 1/31/22 - FIRST CLOSE | 3,062,877                                  | 2,138,931              | 143.19%          | 923,746                     |
| 1/31/23 FIRST         | 4,155,688                                  | 1,678,201              | 247.63%          | 2,477,497                   |
| 1/31/24 FIRST         | 3,660,291                                  | 2,379,027              | 149.65%          | 1,181,264                   |
| 1/31/25 FIRST CLOSE   | 3,330,749                                  | 2,183,416              | 152.55%          | 1,147,333                   |
| 2/28/25               | NOT COMPLETED AS 1/31/25 NOT CLOSED AS YET |                        |                  |                             |
| 3/31/25               | 3,724,407                                  | 2,049,601              | 181.71%          | 1,674,806                   |
| 4/30/25               | 3,559,695                                  | 1,992,590              | 178.65%          | 1,567,105                   |
| 5/31/25               | 3,022,895                                  | 1,722,234              | 175.52%          | 1,300,661                   |

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PEACE, INC.  
FINANCIAL STATEMENT NOTES AND COMMENTS  
AS OF MAY 31, 2025

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, 2025 is 176%, which equates to current assets \$1,300,661 higher than current liabilities.

NET SURPLUS (DEFICIT) BEFORE DEPRECIATION

The budgeted net income before depreciation year to date is \$115,839 and actual is (\$355,231). The change in net assets after depreciation is (\$552,087).  
The Ordinary Operating Income is \$65,727.

An overview of the components making up this (\$355,231) is:

*From Normal Operations:*

Senior Nutrition  
Fundraising  
Transportation & Maintenance  
Rental Properties  
Energy & Housing Fee for Service  
Centro  
Other  
Indirect Cost not allowed on grant  
Non Allocable

*From "Timing Differences" (over period of more than one year the net effect is \$0)*

Fixed Asset Purchases  
Revenue Recognition  
Revenue Based on Head Count  
Special Donation Accounts

|                  |  |
|------------------|--|
| 41,581           |  |
| 51,032           |  |
| 3,136            |  |
| (695)            |  |
| 3,117            |  |
| (4,864)          |  |
| (2,734)          |  |
| (32,019)         |  |
| (2,000)          |  |
| <u>56,554</u>    |  |
|                  |  |
| 2,500            |  |
| (401,895)        |  |
| (12,391)         |  |
| <u>(411,786)</u> |  |
|                  |  |
| <u>(355,232)</u> |  |

**TOTAL FUNDRAISING REVENUE:**  
**COST CENTER #100 FUNDRAISING (WITH TRANSFERS)**  
**SPECIAL DONATION ACCOUNTS**  
**MEAL CONTRIBUTIONS**

|               |
|---------------|
| 51,421        |
| 10,422        |
| 36,181        |
| <u>98,023</u> |

**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**

\$

269,430

**Balance at End of Month**

\$

269,430

**INDIRECT RATE**

The final rate for year ending 1/31/24 is 23.3%  
The provisional rate for 2/1/24 - 1/31/26 is 26.00%

5/31/2024  
5/31/2025

22.71%  
22.06%

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**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     |
|-----------------|-----------|--------------|------|--------------|
| 2412 Head Start | 1,640,276 | 4,243,730    | 0.39 | 0.2234       |
| 6193 CSBG       | 364,284   | 809,285      | 0.45 | NOT REQUIRED |

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

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<br>ADMIN. RATE | (NOT TO EXCEED)<br>REQUIRED |
|-----------------|---------------------------|-----------------------------|
| 2412 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 | 3,117         | 3,117        |
|                           | 3,117         | 3,117        |

#### 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, 2025

|                            | REVENUE          |               |               | NET           |               |
|----------------------------|------------------|---------------|---------------|---------------|---------------|
|                            | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | YTD<br>BUDGET | YTD<br>ACTUAL |
| CC                         |                  |               |               |               |               |
| BBBS                       |                  |               |               |               |               |
| 3574 BBBS OSWEGO           | 5,000            | 1,667         | 9,289         |               |               |
| 3664 BBBS ONONDAGA CO.     | 15,000           | 5,000         | 5,250         | (372)         | (1,828)       |
| 6192-554 CSBG              | 304,302          | 101,434       |               | (960)         | (765)         |
| 6193-554 CSBG              |                  |               | 90,184        |               |               |
| 9146 BBBS UNITED WAY       | 11,000           | 3,667         |               |               |               |
| 9147 BBBS UNITED WAY       |                  |               | 10,218        |               |               |
|                            | 335,302          | 111,767       | 114,941       | (1,332)       | (2,592)       |
| CAPTIAL IMPROVEMENT        |                  |               |               |               |               |
| 152 CAPITAL IMPROVE/REPAIR |                  |               |               |               |               |
|                            | -                | -             | -             | (5,000)       | (1,667)       |
|                            |                  |               |               | (1,667)       | -             |
| CENTRO                     |                  |               |               |               |               |
| 9082 CENTRO - DISCONTINUED |                  |               |               |               | (4,864)       |
|                            | -                | -             | -             | -             | (4,864)       |
| COMMUNITY SERVICE & OTHER  |                  |               |               |               |               |
| 3006 AEI                   | 84,878           | 28,293        | 10,275        |               |               |
| 6192-502 CSBG              | 288,894          | 96,298        |               |               |               |
| 6193-502                   |                  |               | 242,957       |               |               |
| 6192-513 CSBG              | 72,379           | 24,126        | (150)         |               |               |
| 6193-513                   |                  |               |               |               |               |
| 6192-530 CSBG              | 6,559            | 2,186         |               |               |               |
| 6193-530                   |                  |               | 111           |               |               |
| 6192-532 CSBG              | 221,455          | 73,818        |               |               |               |
| 6193-532                   |                  |               | 58,120        |               |               |

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PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                            | REVENUE          |               |               | NET              |               |               |
|-------------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                               | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |
| 6192-533 CSBG                 | 169,277          | 56,426        |               |                  |               |               |
| 6193-533                      |                  |               | 54,351        |                  |               |               |
| 6192-534 CSBG                 | 178,091          | 59,364        |               |                  |               |               |
| 6193-534                      |                  |               | 56,992        |                  |               |               |
| 6192-535 CSBG                 | 87,656           | 29,219        |               |                  |               |               |
| 6193-535                      |                  |               | 3,291         |                  |               |               |
| 6192-536 CSBG                 | 166,391          | 55,464        |               |                  |               |               |
| 6193-536                      |                  |               | 70,565        |                  |               |               |
| 6192-537 CSBG                 | 201,533          | 67,178        |               |                  |               |               |
| 6193-537                      |                  |               | 189,065       |                  |               |               |
| 6192-544 CSBG                 | 16,689           | 5,563         |               |                  |               |               |
| 6193-544                      |                  |               |               |                  |               |               |
| 4219 VERA HOUSE DOJ           | 119,796          | 39,932        |               |                  |               |               |
| 4228 ESFRC AMERICAN HEART     |                  |               | 1,814         |                  |               |               |
| 4239 FREE TAX PREP BERKSHIRE  | 3,000            | 1,000         |               |                  |               |               |
| 4240 FREE TAX PREP UNITED WAY | 102,050          | 34,017        |               |                  |               |               |
| 4247 GIFFORD FOUND FATHERHOOD | 4,540            | 1,513         | 2,690         |                  |               |               |
| 4249 SSFRC SAVE THE RAIN      | 48,300           | 16,100        | 2,500         |                  | 16,100        | 2,500         |
| 4254 FTO HIGB BEN SNOW        | 5,200            | 1,733         | 4,484         |                  |               |               |
| 4255 KRESGE                   | 46,950           | 15,650        | 28,812        |                  |               |               |
| 4258 FOOD BANK FRC'S          | 17,150           | 5,717         | 24,194        |                  |               |               |
| 4259 FTP MAGNARELLI           | 16,667           | 5,556         | 10,542        |                  |               |               |
| 4261 MAGNARELLI IT            | 25,000           | 8,333         |               |                  |               |               |
| 4262 SCSD ESFRC               | 100,000          | 33,333        |               |                  |               |               |
| 4264 REENTRY                  | 75,000           | 25,000        |               |                  |               |               |
| 4265 FREE TAX PREP UNITED WAY |                  |               | 24,430        |                  |               |               |
| 4266 REISMAN FOUND            |                  |               | 18,585        |                  |               |               |
|                               |                  |               | 114,436       |                  |               |               |
|                               |                  |               | 21,477        |                  |               |               |
|                               |                  |               |               | 48,300           |               |               |
|                               |                  |               |               | (2,400)          |               |               |
|                               |                  |               |               | (800)            |               |               |
|                               |                  |               |               |                  |               | (988)         |

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PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                          | REVENUE          |               |               | NET              |               |               |
|-----------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                             | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |
| 4267 KEY BANK FREE TAX PREP |                  |               | 787           |                  |               |               |
| 4273 COMMUNITY FOUND ESFRC  |                  |               | 736           |                  |               |               |
| 4280 FTP BERKSHIRE BANK     |                  |               | 570           |                  |               |               |
| 5105 ***DSRIP/VBP           |                  |               |               | (61,600)         | (20,533)      | (22)          |
| 5109 ***CNYCC FFPP COVID    |                  |               |               | (17,279)         | (5,760)       |               |
| 5110 ***ARISE FOOD INSEC    | 20,691           | 6,897         |               |                  |               |               |
| 5111 COMM FOUND             | 41,250           | 13,750        | 35,842        |                  |               |               |
| 6000 ECCPP MICRON           | 295,924          | 98,641        | 15,677        |                  |               |               |
|                             | 2,415,318        | 805,106       | 993,151       | (32,979)         | (10,993)      | 1,491         |

DONATIONS

|                               |  |  |       |  |  |         |
|-------------------------------|--|--|-------|--|--|---------|
| 9015 CEFRC                    |  |  |       |  |  | 479     |
| 9260 FGP RECOGNITION          |  |  | 396   |  |  | 396     |
| 9500 MISC - HS                |  |  |       |  |  | (2,081) |
| 9503 MISC - CWFRC XMAS & RENT |  |  |       |  |  | (43)    |
| 9506 FOOD PANTRY              |  |  |       |  |  | 133     |
| 10801 HS ADMINISTRATION       |  |  |       |  |  |         |
| 10802 HS B'VILLE              |  |  | 133   |  |  |         |
| 10803 HS JAMES ST.            |  |  |       |  |  |         |
| 10804 HS JORDAN               |  |  |       |  |  |         |
| 10805 HS LIVERPOOL            |  |  | 1,344 |  |  | 260     |
| 10807 HS GENESEE              |  |  | 773   |  |  | (262)   |
| 10809 HS MARCELLUS            |  |  |       |  |  |         |
| 10810 HS LAFAYETTE            |  |  |       |  |  |         |
| 10813 ATONEMENT               |  |  |       |  |  |         |
| 10815 POLICY COUNCIL          |  |  |       |  |  |         |
| 10816 HS SUMNER               |  |  | 515   |  |  | 515     |

PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                             | REVENUE          |               |               | NET              |                                |
|--------------------------------|------------------|---------------|---------------|------------------|--------------------------------|
|                                | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET<br>YTD<br>ACTUAL |
| 10822 CEFRC                    |                  |               |               |                  | (1,920)                        |
| 10823 CSFRC                    |                  |               |               |                  |                                |
| 10824 CWFRC                    |                  |               |               |                  |                                |
| 10826 PREGNANT MOMS            |                  |               |               |                  | (1,567)                        |
| 10829 BOWL BBBS                |                  |               |               |                  |                                |
| 10830 EASTWOOD SENIOR CENTER   |                  |               |               |                  |                                |
| 10831 FGP                      |                  |               | 280           |                  | 280                            |
| 10832 COMMUNITY DEVELOP        |                  |               | 1,250         |                  | 1,130                          |
| 10834 CS CROP WALK             |                  |               |               |                  |                                |
| 10835 CW EMERGENCY             |                  |               |               |                  | (198)                          |
| 10838 SENIOR SERVICES          |                  |               | 20            |                  | 20                             |
| 10839 SSFRC COORD SPECIAL      |                  |               |               |                  |                                |
| 10841 WS COORDINATOR'S SPECIAL |                  |               |               |                  |                                |
| 10842 COUNTY WEST KIDZ RULE    |                  |               | 100           |                  | 100                            |
| 10844 ESFRC COORD SPECIAL      |                  |               |               |                  | (345)                          |
| 10849 HS MERRICK               |                  |               |               |                  |                                |
| 10850 EASTWOOD SENIOR CENTER   |                  |               |               |                  |                                |
| 10852 EHS HOME BASE            |                  |               | 2,160         |                  | (250)                          |
| 10854 BBBS OTHER               |                  |               |               |                  |                                |
| 10855 BERSKSHIRE BANK TRAIN    |                  |               | 2,425         |                  | (4,943)                        |
| 10856 CSFRC                    |                  |               |               |                  | (2,665)                        |
| 10857 IT TECH PROGRAM          |                  |               |               |                  |                                |
| 10858 MAINT. DONATIONS         |                  |               |               |                  |                                |
| 10869 EITC PROGRAM             |                  |               |               |                  | (202)                          |
| 10860 GIVE A HOLIDAY           |                  |               | 926           |                  | 926                            |
| 10861 CAMP FUND/SUMMER ACT     |                  |               |               |                  |                                |
| 10864 DONATION PROG/KIDS       |                  |               |               |                  |                                |

PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                         | REVENUE          |               |               | NET              |               |               |
|----------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                            | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |
| 10866 TRANSPORTATION       |                  |               |               |                  |               |               |
| 10867 FSD LUNCH & LEARN    |                  |               |               |                  |               |               |
| 10868 EMPLOYEE EMERG       |                  |               |               |                  |               |               |
| 10869 EITC PROGRAM         |                  |               |               |                  |               |               |
| 10871 SSFRC YOUTH ADVISORY |                  |               |               |                  |               |               |
| 10875 SSFRC SENIORS        |                  |               |               |                  |               | (4)           |
| 10876 HOLIDAY APPEAL       |                  |               |               |                  |               |               |
| 10877 BBBS COUNTRY RUN     |                  |               |               |                  |               |               |
| 10878 BBBS SCHOLARSHIP     |                  |               |               |                  |               | (547)         |
| 10879 CSFRC DOMESTIC VIOL  |                  |               |               |                  |               | (1,400)       |
| 10880 CWFRC COORD SPECIAL  |                  |               |               |                  |               |               |
| 10881 A CAUSE TO CELEBRATE |                  |               |               |                  |               | (300)         |
| 10882 VOILL FOUND          |                  |               |               |                  |               |               |
| 10883 BBBS GOLF TOURN      |                  |               |               |                  |               |               |
| 10884 GEAR FOR GOOD F&CD   |                  |               |               |                  |               |               |
| 10885 BBBNS BACK TO SCHOOL |                  |               |               |                  |               |               |
| 10886 COMMUNITY ENGAGE     |                  |               | 100           |                  |               | 98            |
|                            | -                | -             | 10,422        | -                | -             | (12,391)      |
| E&H FEE FOR SERVICE        |                  |               |               |                  |               |               |
| 3131 DHCR LANDLORD CONTR   |                  |               | 1,000         |                  |               | (110)         |
| 9125 EMPOWER               | 95,604           | 31,868        |               | (2,835)          | (945)         |               |
| 9310 DEHS FEE FOR SERVICE  | 128,348          | 42,783        | 12,867        | 23,059           | 7,686         | 3,117         |
|                            | 223,952          | 74,651        | 13,867        | 20,224           | 6,741         | 3,007         |

EASTWOOD

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PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

|                               | REVENUE          |               |               | ANNUAL<br>BUDGET | NET           |               |
|-------------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                               | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |                  | YTD<br>BUDGET | YTD<br>ACTUAL |
| CC                            |                  |               |               |                  |               |               |
| 3906 ECC OFA                  | 25,000           | 8,333         | 20,881        |                  |               |               |
| 6192-584 CSBG                 | 211,031          | 70,344        |               |                  |               |               |
| 6193-584 CSBG                 |                  |               | 61,540        |                  |               |               |
|                               | 236,031          | 78,677        | 82,420        | -                | -             | -             |
| FOSTER GRANDPARENTS           |                  |               |               |                  |               |               |
| 3349 FGP CNCS                 | 467,759          | 155,920       | 169,563       |                  |               |               |
| 3367 NYS OFFICE FOR THE AGING | 5,778            | 1,926         | 574           |                  |               |               |
|                               | 473,537          | 157,846       | 170,137       | -                | -             | -             |
| FOOD SERVICE                  |                  |               |               |                  |               |               |
| 1700 FOOD SERVICES            |                  |               | 5,620         |                  |               |               |
| 3242 FSD OFA                  | 1,120,328        | 373,443       |               | 118,965          | 39,655        | 41,581        |
| 3243 FSD OFA                  |                  |               | 341,568       |                  |               |               |
| 9380 FSD CATERING             | 124,564          | 41,521        | 31,358        |                  |               |               |
|                               | 1,244,892        | 414,964       | 378,546       | 118,965          | 39,655        | 41,581        |
| FUNDRAISING                   |                  |               |               |                  |               |               |
| 100 FUNDRAISING               |                  |               |               |                  |               |               |
|                               | 82,724           | 27,575        | 51,421        | 53,740           | 17,913        | 51,032        |
|                               | 82,724           | 27,575        | 51,421        | 53,740           | 17,913        | 51,032        |
| ENERGY & HOUSING              |                  |               |               |                  |               |               |
| 3101 HTFC - P PLUS            | 218,500          | 72,833        |               |                  |               | (425)         |
| 3104 HTFC                     | 644,000          | 214,667       | 8,786         | 44,055           | 14,685        | (82)          |
| 3193 HCR                      | 338,147          | 112,716       | 23,259        |                  |               | 1,319         |
| 3196 HCR                      | 3,692,731        | 1,230,910     | 680,565       | 145,959          | 48,653        | (29,757)      |
|                               | 4,893,378        | 1,631,126     | 712,609       | 190,014          | 63,338        | (28,944)      |

PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                            | REVENUE          |               |               | NET              |               |               |
|-------------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                               | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |
| <b>HEAD START</b>             |                  |               |               |                  |               |               |
| 2302 CACFP                    | 557,961          | 185,987       | 185,925       |                  |               |               |
| 2412 HEAD START               | 18,130,786       | 6,043,595     | 5,538,871     |                  |               |               |
| 2462 HS T&TA                  | 106,150          | 35,383        | 24,406        |                  |               |               |
| 2562 EHS T&TA                 | 70,651           | 23,550        | 10,882        |                  |               |               |
| 2611 SYRACUSE UPK             | 1,175,460        | 391,820       | 409,442       |                  |               | (329,658)     |
| 2911 ***LIVERPOOL UPK         | 81,000           | 27,000        | 37,200        |                  |               | (72,237)      |
|                               | 20,122,008       | 6,707,336     | 6,206,724     | -                | -             | (401,895)     |
| <b>INDIRECT POOL</b>          |                  |               |               |                  |               |               |
| 1010 MAIN OFFICE              |                  |               | 8,726         | (210,240)        | (70,080)      | (70,042)      |
| 1014 SUPPLEMENTAL COSTS       |                  |               |               | (78,737)         | (26,246)      |               |
| 1020 EXECUTIVE OFFICE         |                  |               |               | (355,677)        | (118,559)     | (97,762)      |
| 1030 HR                       |                  |               |               | (605,730)        | (201,910)     | (171,794)     |
| 1040 FISCAL                   |                  |               |               | (1,016,574)      | (338,858)     | (306,715)     |
| 1070 MIS                      |                  |               | 1,708         | (319,604)        | (106,535)     | (90,843)      |
| 1080 PROGRAM OVERSIGHT        |                  |               |               | (346,949)        | (115,650)     | (98,414)      |
| 1090 BOARD OF DIRECTORS       |                  |               |               | (12,294)         | (4,098)       | (150)         |
| 1095 INDIRECT POOL ALLOCATION |                  |               |               | 2,945,805        | 981,935       | 835,720       |
|                               | -                | -             | 10,434        | -                | -             | -             |
| <b>NON-ALLOCABLE</b>          |                  |               |               |                  |               |               |
| 150 NON-ALLOCABLE             |                  |               |               | (8,000)          | (2,667)       | (2,000)       |
| 153 NON-ALLOCABLE DEPREC      |                  |               |               | (440,747)        | (146,916)     | (174,884)     |
|                               | -                | -             | -             | (448,747)        | (149,582)     | (176,884)     |

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PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                                    | REVENUE          |               |               | NET              |               |               |
|---------------------------------------|------------------|---------------|---------------|------------------|---------------|---------------|
|                                       | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL |
| <b>PROJECT CONNECTION</b>             |                  |               |               |                  |               |               |
| 3760 OPWDD                            | 81,234           | 27,078        | 1,730         |                  |               |               |
| 3761 OPWDD                            |                  |               | 18,331        |                  |               |               |
| 6192-552 CSBG                         | 16,599           | 5,533         |               |                  |               |               |
| 6193-552                              |                  |               | 7,116         |                  |               |               |
|                                       | 97,833           | 32,611        | 27,177        | -                | -             | -             |
| <b>SENIOR SERVICES</b>                |                  |               |               |                  |               |               |
| 3504 OFA EISEP                        | 54,500           | 18,167        | 11,777        |                  |               |               |
| 3505 OFA EISEP                        |                  |               | 7,672         |                  |               |               |
| 6192-311 CSBG                         | 5,827            | 1,942         |               |                  |               |               |
| 6193-311 CSBG                         |                  |               | 2,132         |                  |               |               |
|                                       | 60,327           | 20,109        | 21,581        | -                | -             | -             |
| <b>RENTALS</b>                        |                  |               |               |                  |               |               |
| 7020 TULLY                            | 4,800            | 1,600         | 1,600         | 592              | 197           | (695)         |
| 7042 TULLY - ARISE                    | 6,528            | 2,176         |               | 4,549            | 1,516         |               |
|                                       | 11,328           | 3,776         | 1,600         | 5,141            | 1,714         | (695)         |
| <b>TRANSPORTATION AND MAINTENANCE</b> |                  |               |               |                  |               |               |
| 1500 TRANSPORTATION                   |                  |               | 15,097        |                  |               |               |
| 1600 MAINTENANCE                      |                  |               |               |                  |               |               |
|                                       | -                | -             | 15,097        | -                | -             | -             |
| <b>SALE AND PURCHASE PROPERTIES</b>   |                  |               |               |                  |               |               |

PEACE, INC.  
COMPARATIVE INFORMATION BY PROGRAM  
AS OF MAY 31, 2025

| CC                            | REVENUE          |               |               | NET           |               |           |
|-------------------------------|------------------|---------------|---------------|---------------|---------------|-----------|
|                               | ANNUAL<br>BUDGET | YTD<br>BUDGET | YTD<br>ACTUAL | YTD<br>BUDGET | YTD<br>ACTUAL |           |
| 3199 PURCHASE 717 ERIE BLVD W |                  |               |               |               |               |           |
| INSURANCE PROCEEDS            |                  |               | -             | (49,216)      | (16,405)      | (16,405)  |
| 9951 INSURANCE PROCEEDS       |                  |               |               | (49,216)      | (16,405)      | (16,405)  |
|                               |                  |               | 425           |               |               | (4,831)   |
|                               |                  |               | 425           |               |               | (4,831)   |
| YEAR END ACCRUALS             |                  |               | (47,789)      |               |               | 305       |
| 9822 YEAR END ACCRUALS        | -                | -             | (47,789)      | -             | -             | 305       |
| MINOR DIFF                    |                  |               |               |               |               |           |
|                               | 30,196,629       | 10,065,543    | 8,762,763     | (151,853)     | (50,618)      | (552,087) |

PEACE, INC.  
SUPPLEMENTAL FINANCIAL INFORMATION  
PREPARED FOR FINANCE COMMITTEE  
AS OF MAY 30, 2025

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

8,762,763

GUIDE - % OF ALL REVENUE

15% - 30%

## BANK ACCOUNTS

| BANK           | DESCRIPTION                        | G/L<br>ACCT # | BALANCE<br>AT<br>MONTH END | MONTH<br>LAST<br>RECONCILED |
|----------------|------------------------------------|---------------|----------------------------|-----------------------------|
| KEY BANK       | Operating                          | 01-1000-00000 | 381,670                    | 5/25                        |
| KEY BANK       | DHCR Landlord Contr.               | 01-1004-00000 | 41,716                     | 5/25                        |
| M&T            | Operating for HS                   | 01-1010-00000 | 23,019                     | 5/25                        |
| KEY BANK       | Capital Improvement/Repair Account | 01-1012-00000 | 269,430                    | 5/25                        |
| KEY BANK       | Health Captive Account             | 01-1015-00000 | 18,916                     | 5/25                        |
| All Petty Cash |                                    |               | 8,025                      |                             |
|                |                                    |               | <u>710,776</u>             |                             |

NOTE: The main operating account for Key Bank is 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.

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AGED ACCOUNTS RECEIVABLE AS OF APRIL 30, 2025

|                         |                   |                  |             |               |                 |               |
|-------------------------|-------------------|------------------|-------------|---------------|-----------------|---------------|
| See statement attached. | TOTAL             | CURRENT          | 1-30        | 31-60         | 61-90           | OVER 90       |
|                         | 1,892,769<br>100% | 1,577,894<br>83% | 9,638<br>1% | 139,910<br>7% | 27,147.52<br>1% | 138,169<br>7% |

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 30, 2025

KEY BANK

%

Description of items over 90 days old:

Note

# of invoices over 90 days old 0

|       |         |      |       |       |         |
|-------|---------|------|-------|-------|---------|
| TOTAL | CURRENT | 1-30 | 31-60 | 61-90 | OVER 90 |
|       |         |      |       |       |         |

ACCOUNTING AND FINANCIAL POLICIES AND PROCEDURES MANUAL and TRAINING

Nancy Turo presented both the Form 990 for the IRS, and CHAR500. Nancy described sections of the forms, and answered questions from the Finance Committee members.

The Finance Committee approved both the Form 990 and CHAR500.

LEGAL

We received a letter dated 10/24/24 from Stanley Law regarding and incident on 10/9/24 involving a Head Start child who fell and was injured. It occurred on the premises of a property we lease. The information has been forwarded to our insurance carrier on the date we were notified.

We received a DMV Statement of Charges and offer of Settlement of \$28,000 regarding Centro drivers. We have engaged Barclay Damon to assist in responding to DMV. A response was submitted to the DMV regarding the statement of charges on February 10, 2025.

TRIAL BALANCE AS OF MAY 31, 2025

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

Verified by CFO is \$0

**VOUCHERING FOR ALL OTHER BILLINGS (RENTS, , 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**

There is a biweekly meeting held to discuss cash position and issued.  
Standing Attendees are:

Executive Director  
CFO  
VP Finance  
HR Director  
VP Operations and Strategy  
Senior Accountant

**MEAL COUNTS - MAY 2025**

|                | MAY 2025 |
|----------------|----------|
| Breakfast      | 993      |
| Lunch          | 1,001    |
| Snack          | 909      |
| Total Attended | 1,008    |

PEACE, INC.  
ACCOUNTS RECEIVABLE  
AS OF APRIL 30, 2025.

| ACCT #        | INCLUDE IN<br>AIR PROJECT              | ACCT DESCRIPTION | BALANCE AT<br>4/30/25 | CURRENT    | 1-30   | 31-60      | 31-80     | OVER 90                            |
|---------------|----------------------------------------|------------------|-----------------------|------------|--------|------------|-----------|------------------------------------|
|               |                                        |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 150 NON-ALLOC                          |                  | 40.00                 |            |        |            |           |                                    |
| 01-1100-00000 | 1040 FISCAL                            |                  | 84.00                 | 84.00      |        |            |           |                                    |
| 01-1100-00000 | 2302 CACFP                             |                  | 97,950.58             | 97,950.58  |        |            |           |                                    |
| 01-1100-00000 | 2412 HEAD START                        |                  | 414,027.13            | 414,027.13 |        |            |           |                                    |
| 01-1100-00000 | 2462 HS T&TA                           |                  | 16,788.98             | 16,788.98  |        |            |           |                                    |
| 01-1100-00000 | 2562 EHS T&TA                          |                  | 9,068.97              | 9,068.97   |        |            |           |                                    |
| 01-1100-00000 | 2811 SYRACUSE UPK                      |                  | 171,435.98            | 171,435.98 |        |            |           |                                    |
| 01-1100-00000 | 2811 LIVERPOOL UPK                     |                  | 9,300.00              | 9,300.00   |        |            |           |                                    |
| 01-1100-00000 | 3006 ALLIANCE FOR ECON INCLUSION       |                  | 9,978.52              | 9,978.52   |        |            |           |                                    |
| 01-1100-00000 | 3101 HTFC P PLUS                       |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 3104 HTFC P PLUS                       |                  | 19,406.25             | 19,406.25  |        |            |           |                                    |
| 01-1100-00000 | 3193 HCR                               |                  | 293,858.90            | 8,451.80   | 238.47 | 701.42     | 17,168.85 | 287,286.28 NEED WORK COMPLETIONE   |
| 01-1100-00000 | 3196 HCR                               |                  | 537,897.53            | 538,008.14 |        | 129,808.39 |           | (129,920.00) NEED WORK COMPLETIONE |
| 01-1100-00000 | 3242 OFA                               |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 3243 OFA                               |                  | 158,783.51            | 158,783.51 |        |            |           |                                    |
| 01-1100-00000 | 3349 FGP CNCS                          |                  | 2,005.27              | 2,005.27   |        |            |           |                                    |
| 01-1100-00000 | 3387 OFFICE FOR THE AGING              |                  | 140.90                | 140.90     |        |            |           |                                    |
| 01-1100-00000 | 3503 OFA NEIGHBORHOOD ADV              |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 3504 PROJ ROSE - EISEP                 |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 3505 ONONDAGA COUNTY EISEP             |                  | 2,009.50              | 2,009.50   |        |            |           |                                    |
| 01-1100-00000 | 3574 BBBS OSWEGO                       |                  | 6,584.82              | 6,584.82   |        |            |           |                                    |
| 01-1100-00000 | 3684 ONONDAGA COUNTY                   |                  | 1,158.94              | 1,158.94   |        |            |           |                                    |
| 01-1100-00000 | 3780 OPWDD                             |                  | 6,392.00              | 6,392.00   |        |            |           |                                    |
| 01-1100-00000 | 3781 OPWDD                             |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 3906 ECC OFA                           |                  | 6,949.40              | 6,949.40   |        |            |           |                                    |
| 01-1100-00000 | 4219 VERA HOUSE DEPT JUSTICE           |                  | 1,256.01              |            |        |            |           |                                    |
| 01-1100-00000 | 4240 UNITED WAY EITC                   |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 4248 ST. JOE MOTHER CABRINI FOUND FOOD |                  |                       |            |        |            |           |                                    |
| 01-1100-00000 | 4249 SSFRC SAVE THE RAIN               |                  | 2,500.00              | 2,500.00   |        |            |           |                                    |
| 01-1100-00000 | 4258 HPNAP                             |                  | 3,190.86              | 3,190.86   |        |            |           |                                    |
| 01-1100-00000 | 4259 MAGNARELLI FREE TAX PREP          |                  | 15,955.42             | 15,955.42  |        |            |           |                                    |
| 01-1100-00000 | 4262 ESFRC SCSD ALTERN PROGRAM         |                  |                       |            |        |            |           |                                    |
|               |                                        |                  |                       |            |        |            | 463.57    | 792.44 WORKING WITH GRANTOR        |

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PEACE, INC.  
ACCOUNTS RECEIVABLE  
AS OF APRIL 30, 2025

| ACCT #        | INCLUDE IN<br>A/R PROJECT | ACCT DESCRIPTION              | BALANCE AT<br>4/30/25 |              |          |            |            |
|---------------|---------------------------|-------------------------------|-----------------------|--------------|----------|------------|------------|
|               |                           |                               | CURRENT               | 1-30         | 31-60    | 91-90      | OVER 90    |
| 01-1100-00000 |                           | 4265 FREE TAX PREP UNITED WAY |                       |              |          |            |            |
| 01-1100-00000 |                           | 4267 KEY BANK FREE TAX PREP   |                       |              |          |            |            |
| 01-1100-00000 |                           | 9125 EMPOWER NY               |                       |              |          |            |            |
| 01-1100-00000 |                           | 9146 UNITED WAY               |                       |              |          |            |            |
| 01-1100-00000 |                           | 9147 BBBB UNITED WAY          |                       |              |          |            |            |
| 01-1100-00000 |                           | 9310 DEHS FEE FOR SERVICE     |                       |              |          |            |            |
| 01-1100-00000 |                           | 9380 FOOD SERVICE DIVISION    |                       |              |          |            |            |
| 01-1100-00000 |                           | 9822 INV ACCRUAL FOR 1/31/25  |                       |              |          |            |            |
| 01-1100-00930 |                           | 2411 HEAD START               |                       |              |          |            |            |
| 01-1100-00935 |                           | 2411 HEAD START               |                       |              |          |            |            |
| 01-1100-00935 |                           | 2461 HS T&TA                  |                       |              |          |            |            |
| 01-1100-00935 |                           | 2561 EHS T&TA                 |                       |              |          |            |            |
| 01-1103-00000 |                           | 1040 A/R MISC FISCAL          |                       |              |          |            |            |
| 01-1215-00000 |                           | PAYROLL SUSPENSE              |                       |              |          |            |            |
|               |                           |                               | 58,021.72             | 32,571.73    | 8,483.33 | 8,483.33   |            |
|               |                           |                               | 10,083.33             | 7,333.32     | 916.67   | 916.67     |            |
|               |                           |                               | 15,309.30             | 15,234.30    |          |            |            |
|               |                           |                               | 8,324.31              | 8,324.31     |          |            |            |
|               |                           |                               | 13,756.97             | 13,756.97    |          |            |            |
|               |                           |                               | 490.90                | 490.90       |          |            |            |
|               |                           |                               | 1,892,766.80          | 1,577,884.30 | 9,838.47 | 139,909.81 | 2,147.52   |
|               |                           |                               | 1,892,769.00          |              |          |            | 138,166.70 |
|               |                           |                               | (0.20)                |              |          |            |            |

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