GOVERNMENT COPY

PEOPLE'S ACTION INSTITUTE
1130 N MILWAUKEE AVE
CHICAGO, IL 60642

PEOPLE'S ACTION INSTITUTE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 ILLINOIS FORM AG990-IL

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

CAROLE A. BUDYAK

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

PEOPLE'S ACTION INSTITUTE
1130 N MILWAUKEE AVE
CHICAGO, IL 60642

PREPARED BY:

CBIZ ADVISORS, LLC
225 WEST WACKER DR, SUITE 2500
CHICAGO, IL 60606

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 BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning ____________, 2023, and ending ____________, 20__

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

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer: PEOPLE'S ACTION INSTITUTE

EIN or SSN: 36-2755109

Name and title of officer or person subject to tax: WARREN CORPREW
CFO

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	21,050,317.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

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

PIN: check one box only

[X] I authorize CBIZ ADVISORS, LLC (ERO firm name) to enter my PIN 84551 (Enter five numbers, but do not enter all zeros)

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

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

Signature of officer or person subject to tax ____________ Date ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 36900185251 (Do not enter all zeros)

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

ERO's signature CBIZ ADVISORS, LLC Date 10/15/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
PEOPLE'S ACTION INSTITUTE

Taxpayer identification number (TIN)
36-2755109

Number, street, and room or suite no. If a P.O. box, see instructions.
1130 N MILWAUKEE AVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CHICAGO, IL 60642

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of WARREN CORPREW
1130 N MILWAUKEE AVE - CHICAGO, IL 60642

Telephone No. (240) 460-3947 Fax No.

- If the organization does not have an office or place of business in the United States, check this box .... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

X calendar year 20 23 or

☐ tax year beginning ______, 20 ___, and ending ______, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Form **990** — **Return of Organization Exempt From Income Tax** — OMB No. 1545-0047 — **2023**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

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

C Name of organization: PEOPLE'S ACTION INSTITUTE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1130 N MILWAUKEE AVE — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60642

D Employer identification number: 36-2755109

E Telephone number: (312) 243-3035

G Gross receipts $ 21,050,317.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. See instructions

H(c) Group exemption number

F Name and address of principal officer: WARREN CORPREW, 1130 N MILWAUKEE AVE, CHICAGO, IL 60642

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: HTTPS://PEOPLESACTION.ORG/INSTITUTE

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	73
6	Total number of volunteers (estimate if necessary)	6	1085
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)		13,847,020.	20,432,422.
9	Program service revenue (Part VIII, line 2g)		196,011.	340,645.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,871.	277,250.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,083,902.	21,050,317.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,265,801.	4,064,871.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,196,982.	8,513,395.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	609,503.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,155,846.	3,667,304.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,618,629.	16,245,570.
19	Revenue less expenses. Subtract line 18 from line 12		-2,534,727.	4,804,747.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	24,656,429.	28,574,556.
21	Total liabilities (Part X, line 26)	1,625,756.	739,136.
22	Net assets or fund balances. Subtract line 21 from line 20	23,030,673.	27,835,420.

Part II Signature Block

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

Sign Here

Signature of officer — Date

WARREN CORPREW, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CAROLE A. BUDYAK	CAROLE A. BUDYAK	10/15/24		P00022148

Firm's name: CBIZ ADVISORS, LLC — Firm's EIN: 34-1853929

Firm's address: 225 WEST WACKER DR, SUITE 2500, CHICAGO, IL 60606 — Phone no. 312-602-6800

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

Part III 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:
SEE SCHEDULE O

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 [X] 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 [X] 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 $ 6,167,600. including grants of $ 1,392,971.) (Revenue $ 340,645.)
SEE SCHEDULE O

4b (Code:) (Expenses $ 4,787,455. including grants of $ 2,571,500.) (Revenue $)
SEE SCHEDULE O

CAMPAIGNS
SUPPORTS THE ORGANIZATION'S NATIONAL CAMPAIGN WORK WHICH FOCUSES ON SUPPORTING THE ECONOMIC SECURITY OF LOW AND MODERATE-INCOME FAMILIES INCLUDING HEALTH CARE COVERAGE; FOOD SECURITY FOR CHILDREN AND FAMILIES; WOMEN'S ECONOMIC AGENDA; CLIMATE JUSTICE, WITH A FOCUS ON CLEAN ENERGY INVESTMENTS THAT BENEFIT COMMUNITIES OF COLOR; REVERSING THE TRENDS OF MASS INCARCERATION AND BRINGING A RACIAL AND GENDER JUSTICE ANALYSIS TO CRIMINAL JUSTICE REFORM WORK; AND HOUSING JUSTICE, WHICH FOCUSES ON ENSURING ACCESS TO QUALITY, SAFE AND TRULY AFFORDABLE HOUSING FOR ALL.

4c (Code:) (Expenses $ 507,087. including grants of $ 100,400.) (Revenue $)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 11,462,142.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	101			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

Part V 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: 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

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. 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.	1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a	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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

Section C. Disclosure

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

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 [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

WARREN CORPREW - (240) 460-3947

1130 N MILWAUKEE AVE, CHICAGO, IL 60642

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SULMA ARIAS EXECUTIVE DIRECTOR	24.00			X				225,833.	0.	0.
(2) WARREN CORPREW CHIEF FINANCIAL OFFICER	40.00			X				181,232.	0.	0.
(3) KATE KAHAN CHIEF OF STRATEGY AND PARTNERSHIP	40.00				X			181,232.	0.	0.
(4) ANDREA FRYE CHIEF OPERATIONS OFFICER	40.00			X				174,099.	0.	0.
(5) LAUREL WALES CHIEF OF ORGANIZING PROGRA	40.00				X			172,382.	0.	0.
(6) SONDRA YOUDELMAN CAMPAIGNS DIRECTOR	40.00					X		149,480.	0.	0.
(7) MEHRDAD AZEMUN DIRECTOR OF STRATEGIC ALLIANCES	40.00					X		148,678.	0.	0.
(8) LILIAN BURKE DEVELOPMENT DIRECTOR	40.00					X		146,397.	0.	0.
(9) VERONICA MILTON CONTROLLER	40.00					X		145,314.	0.	0.
(10) ADAM KRUGGEL TRAINING DIRECTOR	40.00					X		142,480.	0.	0.
(11) JORDAN ESTEVAO BOARD MEMBER & SECRETARY	3.00	X		X				0.	0.	0.
(12) WILL TANZMAN BOARD MEMBER & TREASURER	1.00	X		X				0.	0.	0.
(13) KEN GROSSINGER BOARD MEMBER	1.00	X						0.	0.	0.
(14) ALEJANDRA GOMEZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) ALYSSA AGUILERA BOARD MEMBER & PRESIDENT	3.00	X		X				0.	0.	0.
(16) JOSIE MOONEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) LARRY STAFFORD BOARD MEMBER & VICE CHAIR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JOSEPH MPA BOARD MEMBER	1.00	X						0.	0.	0.
(19) GEORGE KOHL BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARY LASSEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) MICHAEL LIGHTY BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,667,127.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,667,127.	0.	0.

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 31

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP, 331 WEST 3RD STREET, STE 200, DAVENPORT, IA 52801	CONSULTING	125,881.

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 1

Part VIII **Statement of Revenue**

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

Section	Line	Description	Code / Sub-amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 20,432,422.				
	g	Noncash contributions included in lines 1a-1f	1g $				
	h	**Total.** Add lines 1a-1f		20,432,422.			
Program Service Revenue			Business Code				
	2 a	REGISTRATION FEES	611710	238,712.	238,712.		
	b	AFFILIATE DUES	611430	80,400.	80,400.		
	c	OTHER INCOME	611710	21,533.	21,533.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		340,645.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		277,250.			277,250.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6 a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		21,050,317.	340,645.	0.	277,250.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,064,871.	4,064,871.		
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	931,779.	698,834.	186,356.	46,589.
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	5,559,118.	3,456,037.	1,826,717.	276,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,038,468.	719,770.	294,662.	24,036.
10 Payroll taxes	984,030.	311,520.	614,546.	57,964.
11 Fees for services (nonemployees):				
a Management				
b Legal	53,582.		53,582.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	34,439.	5,586.	28,159.	694.
14 Information technology				
15 Royalties				
16 Occupancy	97,470.	13,982.	83,488.	
17 Travel	624,458.	475,213.	140,519.	8,726.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	832,488.	774,251.	58,031.	206.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	468.		468.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	1,542,871.	822,230.	532,510.	188,131.
b SOFTWARE	258,535.	18,594.	233,930.	6,011.
c TELECOMMUNICATIONS	86,328.	12,741.	73,587.	0.
d MISCELLANEOUS	80,055.	41,688.	38,367.	0.
e All other expenses	56,610.	46,825.	9,003.	782.
25 **Total functional expenses.** Add lines 1 through 24e	16,245,570.	11,462,142.	4,173,925.	609,503.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		11,549,553.	1	18,105,241.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		10,880,108.	3	8,197,062.
	4	Accounts receivable, net		213,906.	4	108,586.
	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			8	
	9	Prepaid expenses and deferred charges		170,240.	9	128,021.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,230,074.			
	b	Less: accumulated depreciation	10b 194,428.	1,842,622.	10c	2,035,646.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		24,656,429.	16	28,574,556.
Liabilities	17	Accounts payable and accrued expenses		695,756.	17	682,977.
	18	Grants payable		930,000.	18	18,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	38,159.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,625,756.	26	739,136.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,676,166.	27	5,809,555.
	28	Net assets with donor restrictions		15,354,507.	28	22,025,865.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		23,030,673.	32	27,835,420.
	33	Total liabilities and net assets/fund balances		24,656,429.	33	28,574,556.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,050,317.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,245,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,804,747.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,030,673.
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	27,835,420.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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?	2c	X	
	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?	3a		X
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PEOPLE'S ACTION INSTITUTE

Employer identification number
36-2755109

Part I **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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
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)						38167437.
6 **Public support.** Subtract line 5 from line 4.						38802811.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,713.	54,706.	12,211.	40,871.	277,250.	426,751.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						77396999.

12 Gross receipts from related activities, etc. (see instructions) ... **12** 1,197,102.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ... **14** 50.13 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ... **15** 54.72 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
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.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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).*	**2**		
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.*	**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).*

			Yes	No
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.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
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.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *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 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

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

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

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

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

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

Name of organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JPB FOUNDATION 875 THIRD AVENUE, 29TH FLOOR NEW YORK, NY 10022	$ 2,750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE RD E PRINCETON, NJ 08540	$ 8,925,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	THE HEARTLAND FOUNDATION 400 SOUTH BEVERLY DRIVE, SUITE 420 BEVERLY HILLS, CA 90212	$ 675,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	BUILDUS ECONOMY FUND VIA AMALGAMATED 1825 K STREET NW WASHINGTON, DC 20006	$ 1,560,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	DEMOCRACY FUND 1200 17TH STREET NW, SUITE 300 WASHINGTON, DC 20006	$ 1,750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	WELLSPRING PHILANTHROPIC FUND 10 TIMES SQUARE, SUITE 1600 NEW YORK, NY 10018	$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

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

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

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

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

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

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

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

Name of organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures .... $

3 Volunteer hours for political campaign activities ....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 .... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 .... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .... ☐ Yes ☐ No

4a Was a correction made? .... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $

4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	0.	
d Other exempt purpose expenditures	11,462,142.	
e Total exempt purpose expenditures (add lines 1c and 1d)	11,462,142.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	723,107.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	180,777.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** Total
2a Lobbying nontaxable amount	530,523.	743,142.	836,848.	723,107.	2,833,620.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,250,430.
c Total lobbying expenditures	11,224.	4,782.	1,127.		17,133.
d Grassroots nontaxable amount	132,631.	185,786.	209,212.	180,777.	708,406.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,062,609.
f Grassroots lobbying expenditures	1,252.	4,782.	1,127.		7,161.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PEOPLE'S ACTION INSTITUTE

Employer identification number
36-2755109

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ ______

(ii) Assets included in Form 990, Part X $ ______

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

a Revenue included on Form 990, Part VIII, line 1 $ ______

b Assets included in Form 990, Part X $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		195,540.	194,428.	1,112.
e Other		2,034,534.		2,034,534.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,035,646.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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 ☐

Part XI 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	21,050,317.
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	21,050,317.
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	21,050,317.

Part XII 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	16,245,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	16,245,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,245,570.

Part XIII Supplemental Information

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number 36-2755109

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR EMPOWERMENT 5716 N. 19TH AVE PHOENIX, AZ 85015	27-2366780	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ARKANSAS PUBLIC POLICY PANEL 1308 WEST 2ND ST LITTLE ROCK, AR 72201	71-0467088	501(C)(3)	196,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CAROLINA FEDERATION FUND (FS: GUILFORD FOR ALL) - PO BOX 62212 - DURHAM, NC 27715	84-2537864	501(C)(3)	70,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CITIZEN ACTION OF WISCONSIN EDUCATION FUND - 4716 W VLIET ST - MILWAUKEE, WI 53208	39-1520619	501(C)(3)	148,223.	0.			AFFILIATE STATE PROGRAMS SUPPORT
COALITION FOR THE ADVANCEMENT OF REGIONAL TRANSPORTATION (FS: ROOT CAUSE RE - 203 NORTH CLIFTON AVE, SUITE B - LOUISVILLE, KY 40206	61-1260839	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
COLORADO PEOPLE'S ALLIANCE 700 KALAMATH STREET DENVER, CO 80204	84-1599036	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .... 51.

3 Enter total number of other organizations listed in the line 1 table ....

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOICES HEARD 115 E. 106TH STREET, 3RD FLOOR NEW YORK, NY 10029	13-3901997	501(C)(3)	125,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CONNECTICUT CITIZEN RESEARCH GROUP, INC - 30 ARBOR STREET 6N - HARTFORD, CT 06106	06-0889884	501(C)(3)	30,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
HOMETOWN ORGANIZING PROJECT 395 CRESTVIEW CIRCLE MONTEVALLO, AL 35115	84-3699927	501(C)(3)	262,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
HOOSIER ACTION RESOURCE CENTER 1461 W. BLOOMFIELD RD BLOOMINGTON, IN 47403	83-4091031	501(C)(3)	184,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
KC TENANTS 2326 LEXINGTON AVENUE KANSAS CITY, MO 64124	84-5137189	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
LATINO COMMUNITY FUND OF WASHINGTON STATE - 210 E. 5TH ST - PORT ANGELES, WA 98362	20-5987399	501(C)(3)	25,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MICHIGAN ORGANIZING PROJECT DBA MICHIGAN UNITED - 4405 WESSON - DETROIT, MI 48210	38-3058190	501(C)(3)	42,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MISSOURI JOBS WITH JUSTICE FS: KC TENANTS - 2725 CLIFTON AVE - ST LOUIS, MO 63139	43-1864844	501(C)(3)	136,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEIGHBOR TO NEIGHBOR MASSACHUSETTS EDUCATION FUND - 15 COURT SQUARE, SUITE 345 - BOSTON, MA 02108	04-3507716	501(C)(3)	33,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NEW JERSEY RESOURCE PROJECT PO BOX 1096 MANAHAWKIN, NJ 08050	81-1914235	501(C)(3)	22,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NORTH WEST BRONX COMMUNITY CLERGY COALITION - 103 E 196TH ST - BRONX, NY 10468	13-2806160	501(C)(3)	42,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PENNSYLVANIA STANDS UP INSTITUTE PO BOX 31995 PHILADELPHIA, PA 19104	85-4055323	501(C)(3)	75,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PEOPLE ORGANIZED FOR WESTSIDE RENEWAL (POWER) - 5617 HOLLYWOOD BLVD, SUITE #107 - LOS ANGELES, CA 90028	65-1208274	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PEOPLE UNITED FOR SUSTAINABLE HOUSING (PUSH BUFFALO) - 429 PLYMOUTH AVENUE, SUITE 1 - BUFFALO, NY 14213	20-3558447	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA (PLAN) - 203 S. ARLINGTON AVENUE - RENO, NV 89501	88-0318655	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PROGRESSIVE MARYLAND EDUCATION FUND - PO BOX 6988 - LARGO, MD 20792	03-0401249	501(C)(3)	102,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PUBLIC POLICY & EDUCATIONAL FUND OF NEW YORK, INC - 94 CENTRAL AVE - ALBANY, NY 12206	13-3364209	501(C)(3)	167,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER VALLEY ORGANIZING 506 WALNUT STREET EAST LIVERPOOL, OH 43920	85-4007712	501(C)(3)	30,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND (FS: BEDFORD COUNTY LISTENING - PO BOX 1376 - BUFFALO, NY 14205	82-2309274	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOCIAL GOOD FUND 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	202,471.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH ST SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	75,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMONT AVE., SUITE 100 - ST. PAUL, MN 55114	41-1635130	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TEXAS HEALTH & ENVIRONMENT ALLIANCE, INC - 3262 WESTHEIMER RD, #142 - HOUSTON, TX 77098	47-4164402	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
THE PEOPLE'S LOBBY EDUCATION INSTITUTE - 1659 W HUBBARD STREET - CHICAGO, IL 60622	45-2550750	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TIDES FOUNDATION FS: GREEN NEW DEAL - 1014 TORNEY AVENUE - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	18,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
UNITED VISION FOR IDAHO 1912 W. JEFFERSON STREET BOISE, ID 83702	82-0481853	501(C)(3)	137,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF COMMUNITY ACTIVISTS & LEADERS, INC (VOCAL-NY) - 80A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)(3)	87,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK EDUCATION & RESEARCH FUND - 1806 EAST YESLER WAY - SEATTLE, WA 98122	91-1259403	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WE ARE DOWN HOME NC PO BOX 10671 GREENSBORO, NC 27404	83-1247155	501(C)(3)	276,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WEST VIRGINIA CITIZEN ACTION EDUCATION FUND FS: SOLUTIONS ORIENTED ADDICTIO - 1500 DIXIE STREET - CHARLESTON, WV 25311	11-3660992	501(C)(3)	27,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET, 5TH FLOOR PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
350 NEW HAMPSHIRE 1 WASHINGTON STREET, SUITE 3123 DOVER, NH 03820	32-0690514	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ACTION ST. LOUIS, INC 2857 SIDNEY STREET ST. LOUIS, MO 63104	32-0634890	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CANOPY YOUND ADULT COMMUNITY HOUSE, INC. - 117 IRVING LANE - GEORGETOWN, KY 40324	84-2972756	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CENTER FOR HEALTH PROGRESS PO BOX 18877 DENVER, CO 80218	43-2007393	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Schedule I (Form 990)

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR A HEALTHY COMMUNITY PO BOX 1283 PAONIA, CO 81428	27-2139467	501(C)(3)	7,400.	0.			AFFILIATE STATE PROGRAMS SUPPORT
GROUP AGAINST SMOG AND POLLUTION 1133 SOUTH BRADDOCK AVENUE, SUITE 1 PITTSBURGH, PA 15218	20-0011194	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
LOUISIANA ENVIRONMENTAL ACTION NETWORK - 162 CROYDON AVE - BATON ROUGE, LA 70806	72-1051343	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99709	68-0535413	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ONEAMERICA 1225 S WELLER ST SUITE 430 SEATTLE, WA 98144	20-0384893	501(C)(3)	25,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE - 4648 N. RACINE AVENUE - CHICAGO, IL 60640	51-0137583	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SAVANNAH RIVERKEEPER 328 RIVERFRONT DR AUGUSTA, GA 30901	58-2630660	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27701	61-1639641	501(C)(3)	150,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHSIDE TOGETHER ORGANIZING FOR POWER - 602 E 61ST ST - CHICAGO, IL 60637	71-1034518	501(C)(3)	33,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROPOSALS ARE SOLICITED FROM POTENTIAL SUB-GRANTEES. FOR EACH GRANT, THE ORGANIZATION CREATES SPECIFIC CRITERIA THAT DETERMINES REGRANTING. THE ORGANIZATION EVALUATES PROPOSALS AGAINST THE SET CRITERIA (THIS INCLUDES TAX EXEMPT STATUS). DECISIONS ARE MADE TO WHOM REGRANTS WILL BE MADE. AN AWARD LETTER AND CONTRACT IS SENT TO SUBGRANTEES. SUBGRANTEES SIGN AND SUBMIT THE CONTRACT. WHEN A SIGNED CONTRACT IS RECEIVED ALONG WITH THE W-9 FORM, GRANT DOLLARS ARE DISBURSED. REPORTS ARE SUBMITTED FROM SUBGRANTEES IN ACCORDANCE WITH STIPULATIONS IN THE SIGNED CONTRACT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: PEOPLE'S ACTION INSTITUTE
Employer identification number: 36-2755109

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SULMA ARIAS	(i)	225,833.	0.	0.	0.	0.	225,833.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WARREN CORPREW	(i)	181,232.	0.	0.	0.	0.	181,232.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATE KAHAN	(i)	181,232.	0.	0.	0.	0.	181,232.	0.
CHIEF OF STRATEGY AND PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA FRYE	(i)	174,099.	0.	0.	0.	0.	174,099.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREL WALES	(i)	172,382.	0.	0.	0.	0.	172,382.	0.
CHIEF OF ORGANIZING PROGRA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

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

THE MISSION OF PEOPLE'S ACTION INSTITUTE IS TO ADVANCE A LONG-TERM AGENDA FOR RACIAL, ECONOMIC AND GENDER JUSTICE BY INVESTING IN POWERFUL STATE AND LOCAL ORGANIZATIONS AND CAMPAIGNS THAT WIN REAL CHANGE IN PEOPLE'S LIVES.

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

THE MISSION OF PEOPLE'S ACTION INSTITUTE IS TO ADVANCE A LONG-TERM AGENDA FOR RACIAL, ECONOMIC AND GENDER JUSTICE BY INVESTING IN POWERFUL STATE AND LOCAL ORGANIZATIONS AND CAMPAIGNS THAT WIN REAL CHANGE IN PEOPLE'S LIVES

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS

RESEARCH AND POLICY SUPPORTS THE ORGANIZATION'S ANALYSES OF VARIOUS PUBLIC POLICY ISSUES FOR THE ORGANIZATION'S CAMPAIGNS AND PROGRAMS. WE PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO ADVANCE OUR CAPACITY TO CUT ISSUES WITH A RACE ANALYSIS, BUILD MULTIRACIAL ORGANIZATIONS, DEVELOP THE LEADERSHIP OF STAFF OF COLOR, AND ORGANIZE EXTERNAL CAMPAIGNS THAT ADVANCE RACIAL JUSTICE.

IN MAY 2023, PEOPLE'S ACTION INSTITUTE LAUNCHED A NEW TRAINING DEPARTMENT AS PART OF A STRATEGIC INVESTMENT INTO BUILDING THE ORGANIZING REVIVAL. WE NOW HAVE FOUR FULL-TIME STAFF DEDICATED TO BUILDING OUT OUR TRAINING PROGRAMS AND ARE BECOMING MORE DEEPLY ALIGNED

WITH THE NEWLY FORMED NETWORK POWER BUILDING PROGRAM TO BUILD OUT MULTI-LAYERED TRAINING PROGRAMS. OVER THE COURSE OF THE YEAR, WE TRAINED AND COACHED 40 ORGANIZERS THROUGH OUR BASE BUILDING & CAMPAIGNS BOOT CAMP, AN INTENSIVE TWELVE-WEEK ORGANIZING AND LEADERSHIP TRAINING PROGRAM TO SUPPORT NEW ORGANIZERS IN KEY COMMUNITIES. AT OUR JUNE 2023 CONVENTION, THIRTY-EIGHT ORGANIZATIONS COMMITTED TO BUILDING AND EXPANDING LOCAL LEADERSHIP TRAINING PROGRAMS IN 30 STATES OVER 18 MONTHS. WE SET AN AMBITIOUS GOAL OF TRAINING 750 ORGANIZERS AND 75,000 LEADERS IN THE FUNDAMENTALS OF ORGANIZING OVER THE NEXT DECADE. WE HELD FIVE MAJOR NATIONAL TRAINING EVENTS, INCLUDING TWO 'TRAINING FOR TRAINERS' SESSIONS ATTENDED BY MORE THAN 60 ORGANIZERS WHO WE SUPPORTED IN CREATING LOCAL TRAINING PROGRAMS, AND HELD THREE WEEKLONG TRANSFORMATIVE LEADERSHIP TRAINING SESSIONS FOR OVER 120 PARTICIPANTS. ADDITIONALLY, WE HAVE RELAUNCHED OUR 'FUNDAMENTALS OF ORGANIZING' SERIES AND ARE OFFERING IT ON A QUARTERLY BASIS. OVER 150 PEOPLE COMPLETED THE TRAINING SERIES IN 2023.

IN JUNE 2023, PEOPLE'S ACTION INSTITUTE HELD OUR CONVENTION, CALLED 'COMING HOME', IN WASHINGTON, D.C. IT WAS THE FIRST IN-PERSON GATHERING OF ALL OF OUR MEMBER GROUPS SINCE THE ONSET OF THE COVID-19 PANDEMIC AND THE 2022 ELECTIONS. IT WAS DURING OUR CONVENTION THAT WE OFFICIALLY LAUNCHED THE ORGANIZING REVIVAL. THE ORGANIZING REVIVAL IS PEOPLE'S ACTION INSTITUTE'S LONG-TERM COMMITMENT TO DEEPENING THE CRAFT OF ORGANIZING BY TRAINING THOUSANDS OF ORGANIZERS TO APPLY THE BEST PRACTICES OF COMMUNITY ORGANIZING. BY TAPPING INTO THE POWER OF PEOPLE ALL ACROSS THIS COUNTRY, WE CAN BUILD A BASE OF LEADERS WHO BRING HOPE, INSPIRATION AND THE INGENUITY OF OUR COMMUNITIES FORWARD TO SHAPE THE DEMOCRACY WE NEED.

ANOTHER SIGNIFICANT MILESTONE IN 2023 WAS THE SUCCESSFUL LAUNCH OF THE FIRST PHASE OF THE REGIONAL POWER BUILDING PROGRAM. THROUGH THIS STRUCTURE WE MOVED A MAJORITY OF OUR NETWORK TO DEVELOP A TWO-YEAR STRATEGY TO ACHIEVE THE GOALS OF THE ORGANIZING REVIVAL AT THE LOCAL LEVEL. OUR REGIONAL DIRECTORS HAVE BEEN WORKING WITH MEMBER ORGANIZATIONS TO HELP ENSURE THE SUCCESS OF THESE PLANS. WE ALSO LAID THE FOUNDATION TO BUILD A POWER ANALYSIS OF EACH REGION IN ORDER TO PREPARE FOR THE SCALE OF ORGANIZING, ALIGNMENT, AND STRATEGY THAT IS NECESSARY TO DEFEAT AUTHORITARIANISM AND DEFEND VICTORIES. THIS HAS ENABLED US TO BEGIN BUILDING OUT TEN-YEAR PLANS IN A SET OF STATES ACROSS THE NETWORK, INCLUDING IOWA AND PENNSYLVANIA.

WITH THIS INTENSIVE INFRASTRUCTURE SUPPORT, ALONGSIDE REGRANTS TO THE FIELD AND INVESTMENT IN OUR TRAINING TEAM, WE HAVE SEEN AN IMPACTFUL RESURGENCE OF LOCAL TRAINING ACROSS THE NETWORK. WE ARE SCALING UP OUR TRAINING FOR LOCAL LEADERS IN ORDER TO MOVE THE POWER BUILDING, ISSUE CUTTING, AND CAMPAIGNING WORK MORE DEEPLY INTO THE HANDS OF EMPOWERED COMMUNITY MEMBERS. WE ARE ALSO INNOVATING OUR TRAINING MODULES FOR LOCAL LEADERS TO COMBINE POLITICAL AND POPULAR EDUCATION THAT GROUNDS OUR COMMUNITIES IN HOW WE GOT TO THIS PARTICULAR MOMENT IN HISTORY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHCARE: HEALTHCARE FOR ALL:

IN JUNE 2023, WHEN MORE THAN 1,000 PEOPLE'S ACTION INSTITUTE MEMBERS

Name of the organization PEOPLE'S ACTION INSTITUTE | Employer identification number 36-2755109

CAME TO WASHINGTON, D.C. FOR OUR NATIONAL CONVENTION, WE BROUGHT THE ENTIRE CONVENTION TO THE OFFICES OF AMERICA'S HEALTH INSURANCE PLANS (AHIP), ONE OF THE LARGEST LOBBYING GROUPS FOR PRIVATE INSURERS, TO DEMAND THAT THE FOR-PROFIT HEALTH CORPORATIONS THEY REPRESENT OVERTURN OUTSTANDING CLAIM DENIALS AND CEASE TO EXTRACT MONEY FROM OUR COMMUNITIES WHILE LEAVING PEOPLE WITHOUT CARE WHEN THEY REALLY NEED IT. THIS PEACEFUL PROTEST, WHICH TOOK OVER THE BLOCK AROUND AHIP'S HEADQUARTERS, INCLUDED POWERFUL TESTIMONY FROM 17 PEOPLE FROM 11 STATES WHO HAVE BEEN DENIED CARE BY THEIR PRIVATE INSURANCE. WE HAVE SPOKEN WITH VICE PRESIDENTS AND OTHER SENIOR STAFF, AND ARE IN A NEGOTIATION PROCESS FOR A MORE IN-DEPTH MEETING.

ON OCTOBER 11, 2023, THE CARE OVER COST CAMPAIGN HELD A PUBLIC PROTEST IN HARTFORD, CONNECTICUT, AS ONE OF 15 THAT TOOK PLACE ON THE SAME DAY ACROSS THE NATION. THESE PROTESTS TARGETED HEALTH INSURANCE CORPORATIONS AND NETWORKS, INCLUDING BLUE CROSS BLUE SHIELD (BCBS), UNITEDHEALTHCARE, CIGNA, HUMANA AND AETNA. SIXTEEN PEOPLE'S ACTION INSTITUTE MEMBER GROUPS IN 13 STATES PARTICIPATED IN THESE ACTIONS: MAINE PEOPLE'S ALLIANCE, RIGHTS AND DEMOCRACY NEW HAMPSHIRE, CONNECTICUT CITIZEN ACTION GROUP, CITIZEN ACTION OF NEW YORK, NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, PROGRESSIVE MARYLAND, WEST VIRGINIA CITIZEN ACTION GROUP, MICHIGAN UNITED, THE PEOPLE'S LOBBY, ONE NORTHSIDE, JANE ADDAMS SENIOR CAUCUS, CITIZEN ACTION OF WISCONSIN, IOWA CITIZENS FOR COMMUNITY IMPROVEMENT, MISSOURI JOBS WITH JUSTICE AND ALLIES INCLUDING BE A HERO, CENTER FOR HEALTH PROGRESS IN COLORADO, PHYSICIANS FOR A NATIONAL HEALTH CARE PLAN AND KENTUCKIANS FOR SINGLE PAYER HEALTH CARE.

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

OVERDOSE PREVENTION:

IN SPRING 2023, THE DCI WORKED WITH THE NEW JERSEY ORGANIZING PROJECT, A PEOPLE'S ACTION INSTITUTE MEMBER GROUP, TO TRAIN STAFF AND VOLUNTEERS ON THE DEEP CANVASS METHODOLOGY. THIS PROJECT WAS DESIGNED TO REDUCE STIGMA TOWARD RESIDENTS IMPACTED BY THE OPIOID CRISIS AND BRING NEEDED RESOURCES TO THEIR COMMUNITIES. SPECIFICALLY, THE DCI TRAINED EIGHT PEOPLE DIRECTLY IMPACTED BY SUBSTANCE ABUSE DISORDER TO DEEP CANVASS. OUR DEEP CANVASSERS TALKED TO MORE THAN 4,500 RESIDENTS AND SHIFTED THE ATTITUDES OF 46% OF THOSE CANVASSED, REGARDLESS OF POLITICAL AFFILIATION. THE CANVASSERS MADE EMOTIONAL CONNECTIONS WITH 46% OF THOSE SPOKEN WITH AND WERE ABLE TO ADD THEM TO THE NEW JERSEY ORGANIZING PROJECT'S MEMBERSHIP ROLL. FROM THERE, THE NEW JERSEY ORGANIZING PROJECT WAS ABLE TO DISTRIBUTE HARM REDUCTION SUPPLIES AND EDUCATE FOLKS ABOUT THE NEED FOR DIRECTLY IMPACTED PEOPLE TO HAVE A SAY IN HOW NEW JERSEY'S $641+ MILLION IN OPIOID SETTLEMENT FUNDS SHOULD BE SPENT TO SAVE LIVES.

PEOPLE AND PLANET FIRST:

PEOPLE'S ACTION INSTITUTE WORKED WITH MEMBER ORGANIZATIONS ON A RANGE OF ACTIVITIES TO MITIGATE HARMFUL ENVIRONMENTAL AND ECONOMIC IMPACTS IN THEIR COMMUNITIES, WHILE CALLING OUT THE BAD ACTORS CONTRIBUTING TO THEM. THE PEOPLE AND PLANET FIRST TEAM HELPED TO DESIGN THE "WINTER OF DISCONTENT" CANVASS, DURING WHICH MEMBER GROUPS CANVASSED NEIGHBORHOODS TO DISCUSS RISING UTILITY BILLS. THIS HELPED LAY THE GROUNDWORK FOR CAMPAIGNS, LIKE MICHIGAN UNITED'S ADVOCACY TO REDUCE DTE ENERGY'S REQUEST FOR A RATE HIKE, AND EVOLVED INTO A MULTI-YEAR STATE LEGISLATIVE CAMPAIGN TO CURB THE POLITICAL INFLUENCE OF MONOPOLY UTILITIES. WE ALSO SUPPORTED CITIZEN ACTION WISCONSIN ORGANIZERS AND

Name of the organization: PEOPLE'S ACTION INSTITUTE | Employer identification number: 36-2755109

LEADERS DURING THEIR CAMPAIGN TO REDUCE THE RATE HIKE THAT WE ENERGIES RECEIVED, AS WELL AS MANDATE THAT THE COMPANY ESTABLISH AN AFFORDABILITY (PERCENTAGE OF INCOME PAYMENT PLAN) PROGRAM. IN JUNE 2023, AS PART OF THE PEOPLE'S ACTION INSTITUTE CONVENTION, PEOPLE AND PLANET FIRST ORGANIZED A DIRECT ACTION AT THE HOME AND WORKPLACE OF JOHN DUGAN, THE BOARD CHAIR OF CITIBANK. CITIBANK IS ONE OF THE LARGEST FUNDERS OF FOSSIL FUEL PROJECTS. THIS ACTION SIGNIFICANTLY BUILT THE ORGANIZING MUSCLE OF A DOZEN AFFILIATES, BOTH TRAINING AND INSPIRING GROUPS TO ORGANIZE MORE DIRECT ACTIONS IN THEIR OWN BACKYARDS. WE ALSO ORGANIZED A THREE-STATE DELEGATION FROM WEST VIRGINIA, IOWA AND ILLINOIS TO SPEAK DIRECTLY WITH DEPARTMENT OF TRANSPORTATION STAFF FROM THE PIPELINE HAZARDOUS MATERIALS SAFETY ADMINISTRATION, TO URGE STRICTER REGULATION ON CARBON DIOXIDE PIPELINES AND STORAGE. LATER IN THE YEAR, IOWA CITIZENS FOR COMMUNITY ACTION AND ILLINOIS PEOPLE'S ACTION SUCCESSFULLY SLOWED DOWN THESE CARBON CAPTURE AND STORAGE PROJECTS IN THEIR STATE THROUGH DENIAL OF MUNICIPAL PERMITS. IN NOVEMBER, PEOPLE'S ACTION INSTITUTE HOSTED A CLIMATE JUSTICE STRATEGY RETREAT FOR THE PEOPLE AND PLANET FIRST COHORT. FIFTY-SIX LEADERS AND ORGANIZERS FROM 17 MEMBER ORGANIZATIONS, ACROSS 14 STATES, CAME TOGETHER IN MILWAUKEE, WISCONSIN. EVERYONE PARTICIPATED IN AN INTERACTIVE POPULAR EDUCATION WORKSHOP ON UTILITIES 101 WHERE DOES OUR ELECTRICITY COME FROM, WHO PROFITS, WHO DECIDES, AND WHAT CAN REGULAR PEOPLE DO TO ENSURE HEALTHY, AFFORDABLE AND RELIABLE ENERGY.

LEVERAGING FEDERAL FUNDS:

WE HELPED EDUCATE MEMBER ORGANIZATIONS ON CRITICAL GRANT OPPORTUNITIES, INCLUDING DRAFTING A MEMO ON THE EPA'S ENVIRONMENTAL & CLIMATE JUSTICE GRANTS. THIS HELPED MAINE PEOPLE'S ALLIANCE WIN HALF A MILLION DOLLARS

IN INCOME REDUCTION ACT (IRA) FUNDING TO SUPPORT GETTING BIPOC JOB SEEKERS INTO UNIONIZED CLEAN ENERGY JOBS. WE ALSO BEGAN WORKING WITH MEMBER ORGANIZATIONS IN FOUR GEOGRAPHIES (WISCONSIN, TEXAS, MICHIGAN, PENNSYLVANIA) WHO ARE ACTIVELY RUNNING CAMPAIGNS TO DRAW DOWN IRA FUNDS, WHILE LOWERING ENERGY BILLS, UPGRADING PUBLIC HOUSING AND PUBLIC SCHOOLS, AND PUTTING WORKERS OF COLOR IN GREEN JOBS TO BUILD SOLAR. IN MASSACHUSETTS, WE SUPPORTED OUR MEMBER ORGANIZATION, NEIGHBOR TO NEIGHBOR, IN THEIR FIGHT TO WIN 11 MILLION DOLLARS IN ARPA FUNDING FOR AFFORDABLE HOUSING. IN 2022, WE PROVIDED INFRASTRUCTURE SUPPORT FOR PENNSYLVANIA STANDS UP (PASU) TO GET A HISTORIC $125 MILLION THROUGH ARPA FOR THE WHOLE HOMES REPAIR PROGRAM, AN INITIATIVE THAT WOULD ENSURE RESOURCES REACH HOMEOWNERS AND SMALL LANDLORDS WITH THE MOST NEED, PROVIDING GRANTS TO LOW- AND MODERATE-INCOME HOMEOWNERS AND SMALLER LANDLORDS WHO AGREE TO FAIR RENTAL PRACTICES. IN 2023, WE WERE ABLE TO HELP PASU SECURE AN ADDITIONAL $50 MILLION FOR THE WHOLE HOMES REPAIR PROGRAM.

HOUSING JUSTICE, HOMES GUARANTEE:

IN JANUARY 2023, PEOPLE'S ACTION INSTITUTE HOMES GUARANTEE CAMPAIGN, WITH THE SUPPORT OF 281 NATIONAL AND LOCAL TENANT-LED ORGANIZATIONS AND COMMUNITY GROUPS, RELEASED A SET OF ESSENTIAL ACTIONS THE WHITE HOUSE MUST TAKE TO REGULATE RENT, PROTECT TENANTS, AND ADDRESS THE CONSOLIDATION OF THE RENTAL MARKET BY CORPORATE LANDLORDS. RESPONDING TO THE MOUNTING PRESSURE, THE WHITE HOUSE ROLLED OUT ACTIONS TO PROTECT TENANTS, INCLUDING A CALL FOR THE FEDERAL HOUSING FINANCE AGENCY (FHFA) TO INVESTIGATE ITS AUTHORITY TO REGULATE OUTRAGEOUS RENT HIKES. IN A HUGE WIN, THE FHFA ANNOUNCED IN APRIL 2023 THAT IT WOULD START THE PROCESS OF COLLECTING PUBLIC INPUT ON TENANT PROTECTIONS. THE HOMES

GUARANTEE TEAM WORKED CLOSELY WITH THE DIRECTOR OF THE FHFA TO HELP SHAPE THE AGENCY'S PROCESS FOR COLLECTING PUBLIC INPUT; THE AIM OF WHICH, FOR PAI AND ALLIED ORGANIZATIONS, WAS TO ALLOW TENANTS TO ORGANIZE TOGETHER, SHARE THEIR STORIES, AND HELP SECURE FEDERAL TENANT PROTECTIONS AS A CONDITION OF FEDERAL FINANCING. IN MAY 2023, IN RESPONSE TO FHFA'S OPENING THE DOOR TO PUBLIC INPUT, PEOPLE'S ACTION INSTITUTE AND ALLIED ORGANIZATIONS LAUNCHED A WEBSITE TO COLLECT INPUT FOR THE FHFA PROCESS. IN JUNE 2023, THE HOMES GUARANTEE CAMPAIGN AND AFRICAN COMMUNITIES TOGETHER HOSTED THE FHFA DIRECTOR, SANDRA THOMPSON, FOR A TOUR OF SOUTHERN TOWERS APARTMENTS IN ALEXANDRIA, VIRGINIA. OWNED BY A MAJOR PRIVATE EQUITY LANDLORD, WHO FINANCED THEIR ACQUISITION OF THE PROPERTY THROUGH A $346.7 MILLION LOAN FROM FREDDIE MAC, TENANTS ENDURED UNINHABITABLE CONDITIONS AND RENT HIKES. THE TOUR HIGHLIGHTED THE INHUMANE CONDITIONS THE CORPORATE LANDLORD HAD PLACED ON TENANTS, INCLUDING EVICTING HUNDREDS DURING THE HEIGHT OF THE PANDEMIC. THE HOMES GUARANTEE TEAM SPENT THE REMAINDER OF THE SUMMER CONDUCTING A MASSIVE DOOR-KNOCKING EFFORT AND ORGANIZING TENANTS IN FEDERALLY-BACKED PROPERTIES, AS WELL AS ORGANIZING BUILDING-LEVEL UNIONS IN THESE PROPERTIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER FOR HEALTH, ENVIRONMENT & JUSTICE

THIS PROJECT SUPPORTS A NATIONWIDE NETWORK OF MORE THAN 300 LOCAL COMMUNITY GROUPS TO ACHIEVE CRITICAL IMPACTS AT THE LOCAL, REGIONAL, STATEWIDE AND NATIONAL LEVELS ON ISSUES RELATING TO TOXIC CHEMICALS, POLLUTING FACILITIES, AND OTHER ENVIRONMENTAL DANGERS.

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND WAS REVIEWED BY THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER AND CONTROLLER. THE FORM 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

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

THE ORGANIZATION REQUIRES BOARD MEMBERS REMIT ANNUAL CONFLICT OF INTEREST CONFIRMATIONS DISCLOSING ANY POTENTIAL INTEREST THAT COULD GIVE RISE TO CONFLICT.

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

THE EXECUTIVE DIRECTOR RECEIVES AN ANNUAL PERFORMANCE REVIEW LED BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS. THE PROCESS INCLUDES INTERVIEWS WITH MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE STAFF TEAM, AND OTHER AFFILIATES AND PARTNERS OF THE ORGANIZATION. THE EXECUTIVE DIRECTOR ALSO ENGAGES IN A SELF-EVALUATION THAT COMPARES ACTUAL PERFORMANCE AGAINST THE JOB DESCRIPTION AND STRATEGIC PLAN OF THE ORGANIZATION. ALL OTHER EMPLOYEES UNDERGO AN ANNUAL EVALUATION THAT INCLUDES A SELF-ASSESSMENT AND A REVIEW LED BY THEIR DIRECT SUPERVISOR. EACH STAFF ALSO HAS A SIX MONTH EVALUATION CHECK-IN WITH THEIR DIRECT SUPERVISOR.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT YEAR.

Form **4562** | Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) 990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 | **2023** | Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
PEOPLE'S ACTION INSTITUTE	FORM 990 PAGE 10	36-2755109

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	468.

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	468.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

STATE COPY

TAX RETURN FILING INSTRUCTIONS
ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

PEOPLE'S ACTION INSTITUTE
1130 N MILWAUKEE AVE
CHICAGO, IL 60642

PREPARED BY:

CBIZ ADVISORS, LLC
225 WEST WACKER DR, SUITE 2500
CHICAGO, IL 60606

AMOUNT OF TAX:

NO PAYMENT IS REQUIRED.

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
115 S. LASALLE ST
CHICAGO, IL 60603

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

For Office Use Only

PMT # ____

AMT ____

INIT ____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

Form AG990-IL
Revised 04/24

CO # 01-007185

Report for the Fiscal Period:

Beginning 01/01/2023

& Ending 12/31/2023

MO DAY YR

Make Checks Payable to Illinois Charity Bureau Fund

Check all items attached:

- [X] Copy of IRS Return
- [X] Audited Financial Statements
- [ ] Reviewed Financial Statements
- [ ] Copy of Form IFC
- [ ] $15 Annual Report Filing Fee
- [ ] $100 Late Report Filing Fee

Federal ID # 36-2755109

Date organization was created: 12/01/1972 (MO DAY YR)

Are contributions to the organization tax deductible? [X] Yes [ ] No

Legal Name: PEOPLE'S ACTION INSTITUTE

Mail Address: 1130 N MILWAUKEE AVE
City, State: CHICAGO, IL
Zip Code: 60642

YEAR-END AMOUNTS	
A) ASSETS	A) $ 28,574,556.
B) LIABILITIES	B) $ 739,136.
C) NET ASSETS	C) $ 27,835,420.

	PERCENTAGE	AMOUNT
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. **(GROSS AMTS.)**	98.683 %	D) $ 20,773,067.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) $
F) OTHER REVENUES	1.317 %	F) $ 277,250.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) $ 21,050,317.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	45.534 %	H) $ 7,397,271.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	45.534 %	J) $ 7,397,271.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) $		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	25.021 %	K) $ 4,064,871.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	70.555 %	L) $ 11,462,142.
M) MANAGEMENT AND GENERAL EXPENSE	25.693 %	M) $ 4,173,925.
N) FUNDRAISING EXPENSE	3.752 %	N) $ 609,503.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) $ 16,245,570.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) $ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) $
• **PROFESSIONAL FUNDRAISING CONSULTANTS:**		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) $ 0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

NAME, TITLE	AMOUNT
T) SULMA ARIAS, EXECUTIVE DIRECTOR	T) $ 225,833.
U) WARREN CORPREW, CHIEF FINANCIAL OFFICER	U) $ 181,232.
V) KATE KAHAN, CHIEF OF STRATEGY & PARTNERSHIPS	V) $ 181,232.

V. CHARITABLE PROGRAM DESCRIPTION:

CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

List on back side of instructions

DESCRIPTION	CODE
W) HOUSING AND REINVESTMENT	W) # 012
X) TECHNICAL ASSISTANCE AND COUNSELING	X) # 012
Y) EDUCATION CAMPAIGN	Y) # 012

398091 07-15-24

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.		X
6b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ ______ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ ______ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $ ______ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING $ ______ .			
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		X

10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

FIFTH THIRD BANK, 1200 N. ASHLAND AVENUE, CHICAGO, IL 60622

US BANK, 745 N. MILWAUKEE AVENUE, CHICAGO, IL 60622

11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WARREN CORPREW - (240) 460-3947

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.

WARREN CORPREW
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

WILL TANZMAN
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

CAROLE A. BUDYAK
PREPARER (PRINT NAME) SIGNATURE DATE

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

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

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

Department of the Treasury
Internal Revenue Service

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

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

C Name of organization: PEOPLE'S ACTION INSTITUTE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1130 N MILWAUKEE AVE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60642

D Employer identification number: 36-2755109

E Telephone number: (312) 243-3035

G Gross receipts $ 21,050,317.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

F Name and address of principal officer: WARREN CORPREW
1130 N MILWAUKEE AVE, CHICAGO, IL 60642

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: HTTPS://PEOPLESACTION.ORG/INSTITUTE

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	73
6	Total number of volunteers (estimate if necessary)	6	1085
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,847,020.	20,432,422.
	9	Program service revenue (Part VIII, line 2g)	196,011.	340,645.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,871.	277,250.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,083,902.	21,050,317.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,265,801.	4,064,871.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,196,982.	8,513,395.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 609,503.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,155,846.	3,667,304.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,618,629.	16,245,570.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,534,727.	4,804,747.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,656,429.	28,574,556.
	21	Total liabilities (Part X, line 26)	1,625,756.	739,136.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,030,673.	27,835,420.

Part II Signature Block

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

Sign Here

Signature of officer | Date

WARREN CORPREW, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CAROLE A. BUDYAK	CAROLE A. BUDYAK	10/15/24		P00022148

Firm's name CBIZ ADVISORS, LLC | Firm's EIN 34-1853929

Firm's address 225 WEST WACKER DR, SUITE 2500
CHICAGO, IL 60606 | Phone no. 312-602-6800

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form **990** (2023)

Part III 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:

SEE SCHEDULE O

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 [X] 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 [X] 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 $ 6,167,600. including grants of $ 1,392,971.) (Revenue $ 340,645.)

SEE SCHEDULE O

4b (Code:) (Expenses $ 4,787,455. including grants of $ 2,571,500.) (Revenue $)

SEE SCHEDULE O

CAMPAIGNS

SUPPORTS THE ORGANIZATION'S NATIONAL CAMPAIGN WORK WHICH FOCUSES ON SUPPORTING THE ECONOMIC SECURITY OF LOW AND MODERATE-INCOME FAMILIES INCLUDING HEALTH CARE COVERAGE; FOOD SECURITY FOR CHILDREN AND FAMILIES; WOMEN'S ECONOMIC AGENDA; CLIMATE JUSTICE, WITH A FOCUS ON CLEAN ENERGY INVESTMENTS THAT BENEFIT COMMUNITIES OF COLOR; REVERSING THE TRENDS OF MASS INCARCERATION AND BRINGING A RACIAL AND GENDER JUSTICE ANALYSIS TO CRIMINAL JUSTICE REFORM WORK; AND HOUSING JUSTICE, WHICH FOCUSES ON ENSURING ACCESS TO QUALITY, SAFE AND TRULY AFFORDABLE HOUSING FOR ALL.

4c (Code:) (Expenses $ 507,087. including grants of $ 100,400.) (Revenue $)

SEE SCHEDULE O

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 11,462,142.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	101			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

Part V 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 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ... [X]

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 ... 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent ... 1b 11			
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		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?	10a	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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

Section C. Disclosure

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

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 [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

WARREN CORPREW - (240) 460-3947

1130 N MILWAUKEE AVE, CHICAGO, IL 60642

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SULMA ARIAS EXECUTIVE DIRECTOR	24.00			X				225,833.	0.	0.
(2) WARREN CORPREW CHIEF FINANCIAL OFFICER	40.00			X				181,232.	0.	0.
(3) KATE KAHAN CHIEF OF STRATEGY AND PARTNERSHIP	40.00				X			181,232.	0.	0.
(4) ANDREA FRYE CHIEF OPERATIONS OFFICER	40.00			X				174,099.	0.	0.
(5) LAUREL WALES CHIEF OF ORGANIZING PROGRA	40.00				X			172,382.	0.	0.
(6) SONDRA YOUDELMAN CAMPAIGNS DIRECTOR	40.00					X		149,480.	0.	0.
(7) MEHRDAD AZEMUN DIRECTOR OF STRATEGIC ALLIANCES	40.00					X		148,678.	0.	0.
(8) LILIAN BURKE DEVELOPMENT DIRECTOR	40.00					X		146,397.	0.	0.
(9) VERONICA MILTON CONTROLLER	40.00					X		145,314.	0.	0.
(10) ADAM KRUGGEL TRAINING DIRECTOR	40.00					X		142,480.	0.	0.
(11) JORDAN ESTEVAO BOARD MEMBER & SECRETARY	3.00	X		X				0.	0.	0.
(12) WILL TANZMAN BOARD MEMBER & TREASURER	1.00	X		X				0.	0.	0.
(13) KEN GROSSINGER BOARD MEMBER	1.00	X						0.	0.	0.
(14) ALEJANDRA GOMEZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) ALYSSA AGUILERA BOARD MEMBER & PRESIDENT	3.00	X		X				0.	0.	0.
(16) JOSIE MOONEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) LARRY STAFFORD BOARD MEMBER & VICE CHAIR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JOSEPH MPA BOARD MEMBER	1.00	X						0.	0.	0.
(19) GEORGE KOHL BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARY LASSEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) MICHAEL LIGHTY BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,667,127.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,667,127.	0.	0.

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 31

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP, 331 WEST 3RD STREET, STE 200, DAVENPORT, IA 52801	CONSULTING	125,881.

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 1

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,432,422.				
	g Noncash contributions included in lines 1a-1f	1g $				
	h **Total.** Add lines 1a-1f		20,432,422.			
Program Service Revenue		**Business Code**				
	2 a REGISTRATION FEES	611710	238,712.	238,712.		
	b AFFILIATE DUES	611430	80,400.	80,400.		
	c OTHER INCOME	611710	21,533.	21,533.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		340,645.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		277,250.			277,250.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6 a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including $ ________ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		21,050,317.	340,645.	0.	277,250.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,064,871.	4,064,871.		
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	931,779.	698,834.	186,356.	46,589.
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	5,559,118.	3,456,037.	1,826,717.	276,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,038,468.	719,770.	294,662.	24,036.
10 Payroll taxes	984,030.	311,520.	614,546.	57,964.
11 Fees for services (nonemployees):				
a Management				
b Legal	53,582.		53,582.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	34,439.	5,586.	28,159.	694.
14 Information technology				
15 Royalties				
16 Occupancy	97,470.	13,982.	83,488.	
17 Travel	624,458.	475,213.	140,519.	8,726.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	832,488.	774,251.	58,031.	206.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	468.		468.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	1,542,871.	822,230.	532,510.	188,131.
b SOFTWARE	258,535.	18,594.	233,930.	6,011.
c TELECOMMUNICATIONS	86,328.	12,741.	73,587.	0.
d MISCELLANEOUS	80,055.	41,688.	38,367.	0.
e All other expenses	56,610.	46,825.	9,003.	782.
25 **Total functional expenses.** Add lines 1 through 24e	16,245,570.	11,462,142.	4,173,925.	609,503.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		11,549,553.	1	18,105,241.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		10,880,108.	3	8,197,062.
	4	Accounts receivable, net		213,906.	4	108,586.
	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			8	
	9	Prepaid expenses and deferred charges		170,240.	9	128,021.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,230,074.			
	b	Less: accumulated depreciation	10b 194,428.	1,842,622.	10c	2,035,646.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		24,656,429.	16	28,574,556.
Liabilities	17	Accounts payable and accrued expenses		695,756.	17	682,977.
	18	Grants payable		930,000.	18	18,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	38,159.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,625,756.	26	739,136.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,676,166.	27	5,809,555.
	28	Net assets with donor restrictions		15,354,507.	28	22,025,865.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		23,030,673.	32	27,835,420.
	33	Total liabilities and net assets/fund balances		24,656,429.	33	28,574,556.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,050,317.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,245,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,804,747.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,030,673.
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	27,835,420.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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?	2c	X	
	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?	3a		X
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	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

Part I **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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
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)						38167437.
6 **Public support.** Subtract line 5 from line 4.						38802811.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7300262.	18984847.	16405697.	13847020.	20432422.	76970248.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,713.	54,706.	12,211.	40,871.	277,250.	426,751.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						77396999.

12 Gross receipts from related activities, etc. (see instructions) **12** 1,197,102.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) **14** 50.13 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** 54.72 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %

16 Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) 17 %

18 Investment income percentage from **2022** Schedule A, Part III, line 17 18 %

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

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

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
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).*	**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.*	**3a**		
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.*	**3b**		
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.*	**3c**		
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.*	**4a**		
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.*	**4b**		
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.*	**4c**		
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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
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.**	**6**		
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).*	**7**		
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).*	**8**		
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.**	**9a**		
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.**	**9b**		
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.**	**9c**		
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.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	11a		
b	A family member of a person described on line 11a above?	11b		
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.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).*	2		
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.*	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).*

			Yes	No
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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
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.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035.	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *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 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

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

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

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures .... $

3 Volunteer hours for political campaign activities ....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 .... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 .... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .... ☐ Yes ☐ No

4a Was a correction made? .... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $

4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	0.	
d Other exempt purpose expenditures	11,462,142.	
e Total exempt purpose expenditures (add lines 1c and 1d)	11,462,142.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	723,107.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	180,777.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** Total
2a Lobbying nontaxable amount	530,523.	743,142.	836,848.	723,107.	2,833,620.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,250,430.
c Total lobbying expenditures	11,224.	4,782.	1,127.		17,133.
d Grassroots nontaxable amount	132,631.	185,786.	209,212.	180,777.	708,406.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,062,609.
f Grassroots lobbying expenditures	1,252.	4,782.	1,127.		7,161.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization PEOPLE'S ACTION INSTITUTE
Employer identification number 36-2755109

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ ________

(ii) Assets included in Form 990, Part X $ ________

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

a Revenue included on Form 990, Part VIII, line 1 $ ________

b Assets included in Form 990, Part X $ ________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

a Board designated or quasi-endowment ____ %

b Permanent endowment ____ %

c Term endowment ____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		195,540.	194,428.	1,112.
e Other		2,034,534.		2,034,534.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,035,646.

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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 ☐

Part XI 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	21,050,317.
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	21,050,317.
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	21,050,317.

Part XII 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	16,245,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	16,245,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,245,570.

Part XIII Supplemental Information

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number 36-2755109

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR EMPOWERMENT 5716 N. 19TH AVE PHOENIX, AZ 85015	27-2366780	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ARKANSAS PUBLIC POLICY PANEL 1308 WEST 2ND ST LITTLE ROCK, AR 72201	71-0467088	501(C)(3)	196,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CAROLINA FEDERATION FUND (FS: GUILFORD FOR ALL) - PO BOX 62212 - DURHAM, NC 27715	84-2537864	501(C)(3)	70,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CITIZEN ACTION OF WISCONSIN EDUCATION FUND - 4716 W VLIET ST - MILWAUKEE, WI 53208	39-1520619	501(C)(3)	148,223.	0.			AFFILIATE STATE PROGRAMS SUPPORT
COALITION FOR THE ADVANCEMENT OF REGIONAL TRANSPORTATION (FS: ROOT CAUSE RE - 203 NORTH CLIFTON AVE, SUITE B - LOUISVILLE, KY 40206	61-1260839	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
COLORADO PEOPLE'S ALLIANCE 700 KALAMATH STREET DENVER, CO 80204	84-1599036	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .... 51.

3 Enter total number of other organizations listed in the line 1 table ....

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

LHA 332101 11-01-23

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOICES HEARD 115 E. 106TH STREET, 3RD FLOOR NEW YORK, NY 10029	13-3901997	501(C)(3)	125,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CONNECTICUT CITIZEN RESEARCH GROUP, INC - 30 ARBOR STREET 6N - HARTFORD, CT 06106	06-0889884	501(C)(3)	30,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
HOMETOWN ORGANIZING PROJECT 395 CRESTVIEW CIRCLE MONTEVALLO, AL 35115	84-3699927	501(C)(3)	262,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
HOOSIER ACTION RESOURCE CENTER 1461 W. BLOOMFIELD RD BLOOMINGTON, IN 47403	83-4091031	501(C)(3)	184,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
KC TENANTS 2326 LEXINGTON AVENUE KANSAS CITY, MO 64124	84-5137189	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
LATINO COMMUNITY FUND OF WASHINGTON STATE - 210 E. 5TH ST - PORT ANGELES, WA 98362	20-5987399	501(C)(3)	25,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MICHIGAN ORGANIZING PROJECT DBA MICHIGAN UNITED - 4405 WESSON - DETROIT, MI 48210	38-3058190	501(C)(3)	42,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MISSOURI JOBS WITH JUSTICE FS: KC TENANTS - 2725 CLIFTON AVE - ST LOUIS, MO 63139	43-1864844	501(C)(3)	136,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBOR TO NEIGHBOR MASSACHUSETTS EDUCATION FUND - 15 COURT SQUARE, SUITE 345 - BOSTON, MA 02108	04-3507716	501(C)(3)	33,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NEW JERSEY RESOURCE PROJECT PO BOX 1096 MANAHAWKIN, NJ 08050	81-1914235	501(C)(3)	22,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NORTH WEST BRONX COMMUNITY CLERGY COALITION - 103 E 196TH ST - BRONX, NY 10468	13-2806160	501(C)(3)	42,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PENNSYLVANIA STANDS UP INSTITUTE PO BOX 31995 PHILADELPHIA, PA 19104	85-4055323	501(C)(3)	75,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PEOPLE ORGANIZED FOR WESTSIDE RENEWAL (POWER) - 5617 HOLLYWOOD BLVD, SUITE #107 - LOS ANGELES, CA 90028	65-1208274	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PEOPLE UNITED FOR SUSTAINABLE HOUSING (PUSH BUFFALO) - 429 PLYMOUTH AVENUE, SUITE 1 - BUFFALO, NY 14213	20-3558447	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA (PLAN) - 203 S. ARLINGTON AVENUE - RENO, NV 89501	88-0318655	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PROGRESSIVE MARYLAND EDUCATION FUND - PO BOX 6988 - LARGO, MD 20792	03-0401249	501(C)(3)	102,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
PUBLIC POLICY & EDUCATIONAL FUND OF NEW YORK, INC - 94 CENTRAL AVE - ALBANY, NY 12206	13-3364209	501(C)(3)	167,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER VALLEY ORGANIZING 506 WALNUT STREET EAST LIVERPOOL, OH 43920	85-4007712	501(C)(3)	30,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND (FS: BEDFORD COUNTY LISTENING - PO BOX 1376 - BUFFALO, NY 14205	82-2309274	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOCIAL GOOD FUND 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	202,471.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH ST SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	75,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMONT AVE., SUITE 100 - ST. PAUL, MN 55114	41-1635130	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TEXAS HEALTH & ENVIRONMENT ALLIANCE, INC - 3262 WESTHEIMER RD, #142 - HOUSTON, TX 77098	47-4164402	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
THE PEOPLE'S LOBBY EDUCATION INSTITUTE - 1659 W HUBBARD STREET - CHICAGO, IL 60622	45-2550750	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
TIDES FOUNDATION FS: GREEN NEW DEAL - 1014 TORNEY AVENUE - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	18,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
UNITED VISION FOR IDAHO 1912 W. JEFFERSON STREET BOISE, ID 83702	82-0481853	501(C)(3)	137,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF COMMUNITY ACTIVISTS & LEADERS, INC (VOCAL-NY) - 80A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)(3)	87,500.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK EDUCATION & RESEARCH FUND - 1806 EAST YESLER WAY - SEATTLE, WA 98122	91-1259403	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WE ARE DOWN HOME NC PO BOX 10671 GREENSBORO, NC 27404	83-1247155	501(C)(3)	276,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
WEST VIRGINIA CITIZEN ACTION EDUCATION FUND FS: SOLUTIONS ORIENTED ADDICTIO - 1500 DIXIE STREET - CHARLESTON, WV 25311	11-3660992	501(C)(3)	27,222.	0.			AFFILIATE STATE PROGRAMS SUPPORT
MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET, 5TH FLOOR PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	50,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
350 NEW HAMPSHIRE 1 WASHINGTON STREET, SUITE 3123 DOVER, NH 03820	32-0690514	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ACTION ST. LOUIS, INC 2857 SIDNEY STREET ST. LOUIS, MO 63104	32-0634890	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CANOPY YOUND ADULT COMMUNITY HOUSE, INC. - 117 IRVING LANE - GEORGETOWN, KY 40324	84-2972756	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
CENTER FOR HEALTH PROGRESS PO BOX 18877 DENVER, CO 80218	43-2007393	501(C)(3)	40,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

Schedule I (Form 990)

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR A HEALTHY COMMUNITY PO BOX 1283 PAONIA, CO 81428	27-2139467	501(C)(3)	7,400.	0.			AFFILIATE STATE PROGRAMS SUPPORT
GROUP AGAINST SMOG AND POLLUTION 1133 SOUTH BRADDOCK AVENUE, SUITE 1 PITTSBURGH, PA 15218	20-0011194	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
LOUISIANA ENVIRONMENTAL ACTION NETWORK - 162 CROYDON AVE - BATON ROUGE, LA 70806	72-1051343	501(C)(3)	15,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99709	68-0535413	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ONEAMERICA 1225 S WELLER ST SUITE 430 SEATTLE, WA 98144	20-0384893	501(C)(3)	25,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE - 4648 N. RACINE AVENUE - CHICAGO, IL 60640	51-0137583	501(C)(3)	100,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SAVANNAH RIVERKEEPER 328 RIVERFRONT DR AUGUSTA, GA 30901	58-2630660	501(C)(3)	16,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27701	61-1639641	501(C)(3)	150,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT
SOUTHSIDE TOGETHER ORGANIZING FOR POWER - 602 E 61ST ST - CHICAGO, IL 60637	71-1034518	501(C)(3)	33,000.	0.			AFFILIATE STATE PROGRAMS SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROPOSALS ARE SOLICITED FROM POTENTIAL SUB-GRANTEES. FOR EACH GRANT, THE ORGANIZATION CREATES SPECIFIC CRITERIA THAT DETERMINES REGRANTING. THE ORGANIZATION EVALUATES PROPOSALS AGAINST THE SET CRITERIA (THIS INCLUDES TAX EXEMPT STATUS). DECISIONS ARE MADE TO WHOM REGRANTS WILL BE MADE. AN AWARD LETTER AND CONTRACT IS SENT TO SUBGRANTEES. SUBGRANTEES SIGN AND SUBMIT THE CONTRACT. WHEN A SIGNED CONTRACT IS RECEIVED ALONG WITH THE W-9 FORM, GRANT DOLLARS ARE DISBURSED. REPORTS ARE SUBMITTED FROM SUBGRANTEES IN ACCORDANCE WITH STIPULATIONS IN THE SIGNED CONTRACT.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: PEOPLE'S ACTION INSTITUTE

Employer identification number: 36-2755109

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule J (Form 990) 2023**

LHA 332111 11-06-23

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) SULMA ARIAS	(i)	225,833.	0.	0.	0.	0.	225,833.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WARREN CORPREW	(i)	181,232.	0.	0.	0.	0.	181,232.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATE KAHAN	(i)	181,232.	0.	0.	0.	0.	181,232.	0.
CHIEF OF STRATEGY AND PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA FRYE	(i)	174,099.	0.	0.	0.	0.	174,099.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREL WALES	(i)	172,382.	0.	0.	0.	0.	172,382.	0.
CHIEF OF ORGANIZING PROGRA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	Employer identification number
PEOPLE'S ACTION INSTITUTE	36-2755109

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

THE MISSION OF PEOPLE'S ACTION INSTITUTE IS TO ADVANCE A LONG-TERM AGENDA FOR RACIAL, ECONOMIC AND GENDER JUSTICE BY INVESTING IN POWERFUL STATE AND LOCAL ORGANIZATIONS AND CAMPAIGNS THAT WIN REAL CHANGE IN PEOPLE'S LIVES.

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

THE MISSION OF PEOPLE'S ACTION INSTITUTE IS TO ADVANCE A LONG-TERM AGENDA FOR RACIAL, ECONOMIC AND GENDER JUSTICE BY INVESTING IN POWERFUL STATE AND LOCAL ORGANIZATIONS AND CAMPAIGNS THAT WIN REAL CHANGE IN PEOPLE'S LIVES

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS

RESEARCH AND POLICY SUPPORTS THE ORGANIZATION'S ANALYSES OF VARIOUS PUBLIC POLICY ISSUES FOR THE ORGANIZATION'S CAMPAIGNS AND PROGRAMS. WE PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO ADVANCE OUR CAPACITY TO CUT ISSUES WITH A RACE ANALYSIS, BUILD MULTIRACIAL ORGANIZATIONS, DEVELOP THE LEADERSHIP OF STAFF OF COLOR, AND ORGANIZE EXTERNAL CAMPAIGNS THAT ADVANCE RACIAL JUSTICE.

IN MAY 2023, PEOPLE'S ACTION INSTITUTE LAUNCHED A NEW TRAINING DEPARTMENT AS PART OF A STRATEGIC INVESTMENT INTO BUILDING THE ORGANIZING REVIVAL. WE NOW HAVE FOUR FULL-TIME STAFF DEDICATED TO BUILDING OUT OUR TRAINING PROGRAMS AND ARE BECOMING MORE DEEPLY ALIGNED

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WITH THE NEWLY FORMED NETWORK POWER BUILDING PROGRAM TO BUILD OUT MULTI-LAYERED TRAINING PROGRAMS. OVER THE COURSE OF THE YEAR, WE TRAINED AND COACHED 40 ORGANIZERS THROUGH OUR BASE BUILDING & CAMPAIGNS BOOT CAMP, AN INTENSIVE TWELVE-WEEK ORGANIZING AND LEADERSHIP TRAINING PROGRAM TO SUPPORT NEW ORGANIZERS IN KEY COMMUNITIES. AT OUR JUNE 2023 CONVENTION, THIRTY-EIGHT ORGANIZATIONS COMMITTED TO BUILDING AND EXPANDING LOCAL LEADERSHIP TRAINING PROGRAMS IN 30 STATES OVER 18 MONTHS. WE SET AN AMBITIOUS GOAL OF TRAINING 750 ORGANIZERS AND 75,000 LEADERS IN THE FUNDAMENTALS OF ORGANIZING OVER THE NEXT DECADE. WE HELD FIVE MAJOR NATIONAL TRAINING EVENTS, INCLUDING TWO 'TRAINING FOR TRAINERS' SESSIONS ATTENDED BY MORE THAN 60 ORGANIZERS WHO WE SUPPORTED IN CREATING LOCAL TRAINING PROGRAMS, AND HELD THREE WEEKLONG TRANSFORMATIVE LEADERSHIP TRAINING SESSIONS FOR OVER 120 PARTICIPANTS. ADDITIONALLY, WE HAVE RELAUNCHED OUR 'FUNDAMENTALS OF ORGANIZING' SERIES AND ARE OFFERING IT ON A QUARTERLY BASIS. OVER 150 PEOPLE COMPLETED THE TRAINING SERIES IN 2023.

IN JUNE 2023, PEOPLE'S ACTION INSTITUTE HELD OUR CONVENTION, CALLED 'COMING HOME', IN WASHINGTON, D.C. IT WAS THE FIRST IN-PERSON GATHERING OF ALL OF OUR MEMBER GROUPS SINCE THE ONSET OF THE COVID-19 PANDEMIC AND THE 2022 ELECTIONS. IT WAS DURING OUR CONVENTION THAT WE OFFICIALLY LAUNCHED THE ORGANIZING REVIVAL. THE ORGANIZING REVIVAL IS PEOPLE'S ACTION INSTITUTE'S LONG-TERM COMMITMENT TO DEEPENING THE CRAFT OF ORGANIZING BY TRAINING THOUSANDS OF ORGANIZERS TO APPLY THE BEST PRACTICES OF COMMUNITY ORGANIZING. BY TAPPING INTO THE POWER OF PEOPLE ALL ACROSS THIS COUNTRY, WE CAN BUILD A BASE OF LEADERS WHO BRING HOPE, INSPIRATION AND THE INGENUITY OF OUR COMMUNITIES FORWARD TO SHAPE THE DEMOCRACY WE NEED.

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ANOTHER SIGNIFICANT MILESTONE IN 2023 WAS THE SUCCESSFUL LAUNCH OF THE FIRST PHASE OF THE REGIONAL POWER BUILDING PROGRAM. THROUGH THIS STRUCTURE WE MOVED A MAJORITY OF OUR NETWORK TO DEVELOP A TWO-YEAR STRATEGY TO ACHIEVE THE GOALS OF THE ORGANIZING REVIVAL AT THE LOCAL LEVEL. OUR REGIONAL DIRECTORS HAVE BEEN WORKING WITH MEMBER ORGANIZATIONS TO HELP ENSURE THE SUCCESS OF THESE PLANS. WE ALSO LAID THE FOUNDATION TO BUILD A POWER ANALYSIS OF EACH REGION IN ORDER TO PREPARE FOR THE SCALE OF ORGANIZING, ALIGNMENT, AND STRATEGY THAT IS NECESSARY TO DEFEAT AUTHORITARIANISM AND DEFEND VICTORIES. THIS HAS ENABLED US TO BEGIN BUILDING OUT TEN-YEAR PLANS IN A SET OF STATES ACROSS THE NETWORK, INCLUDING IOWA AND PENNSYLVANIA.

WITH THIS INTENSIVE INFRASTRUCTURE SUPPORT, ALONGSIDE REGRANTS TO THE FIELD AND INVESTMENT IN OUR TRAINING TEAM, WE HAVE SEEN AN IMPACTFUL RESURGENCE OF LOCAL TRAINING ACROSS THE NETWORK. WE ARE SCALING UP OUR TRAINING FOR LOCAL LEADERS IN ORDER TO MOVE THE POWER BUILDING, ISSUE CUTTING, AND CAMPAIGNING WORK MORE DEEPLY INTO THE HANDS OF EMPOWERED COMMUNITY MEMBERS. WE ARE ALSO INNOVATING OUR TRAINING MODULES FOR LOCAL LEADERS TO COMBINE POLITICAL AND POPULAR EDUCATION THAT GROUNDS OUR COMMUNITIES IN HOW WE GOT TO THIS PARTICULAR MOMENT IN HISTORY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHCARE: HEALTHCARE FOR ALL:

IN JUNE 2023, WHEN MORE THAN 1,000 PEOPLE'S ACTION INSTITUTE MEMBERS

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CAME TO WASHINGTON, D.C. FOR OUR NATIONAL CONVENTION, WE BROUGHT THE ENTIRE CONVENTION TO THE OFFICES OF AMERICA'S HEALTH INSURANCE PLANS (AHIP), ONE OF THE LARGEST LOBBYING GROUPS FOR PRIVATE INSURERS, TO DEMAND THAT THE FOR-PROFIT HEALTH CORPORATIONS THEY REPRESENT OVERTURN OUTSTANDING CLAIM DENIALS AND CEASE TO EXTRACT MONEY FROM OUR COMMUNITIES WHILE LEAVING PEOPLE WITHOUT CARE WHEN THEY REALLY NEED IT. THIS PEACEFUL PROTEST, WHICH TOOK OVER THE BLOCK AROUND AHIP'S HEADQUARTERS, INCLUDED POWERFUL TESTIMONY FROM 17 PEOPLE FROM 11 STATES WHO HAVE BEEN DENIED CARE BY THEIR PRIVATE INSURANCE. WE HAVE SPOKEN WITH VICE PRESIDENTS AND OTHER SENIOR STAFF, AND ARE IN A NEGOTIATION PROCESS FOR A MORE IN-DEPTH MEETING.

ON OCTOBER 11, 2023, THE CARE OVER COST CAMPAIGN HELD A PUBLIC PROTEST IN HARTFORD, CONNECTICUT, AS ONE OF 15 THAT TOOK PLACE ON THE SAME DAY ACROSS THE NATION. THESE PROTESTS TARGETED HEALTH INSURANCE CORPORATIONS AND NETWORKS, INCLUDING BLUE CROSS BLUE SHIELD (BCBS), UNITEDHEALTHCARE, CIGNA, HUMANA AND AETNA. SIXTEEN PEOPLE'S ACTION INSTITUTE MEMBER GROUPS IN 13 STATES PARTICIPATED IN THESE ACTIONS: MAINE PEOPLE'S ALLIANCE, RIGHTS AND DEMOCRACY NEW HAMPSHIRE, CONNECTICUT CITIZEN ACTION GROUP, CITIZEN ACTION OF NEW YORK, NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, PROGRESSIVE MARYLAND, WEST VIRGINIA CITIZEN ACTION GROUP, MICHIGAN UNITED, THE PEOPLE'S LOBBY, ONE NORTHSIDE, JANE ADDAMS SENIOR CAUCUS, CITIZEN ACTION OF WISCONSIN, IOWA CITIZENS FOR COMMUNITY IMPROVEMENT, MISSOURI JOBS WITH JUSTICE AND ALLIES INCLUDING BE A HERO, CENTER FOR HEALTH PROGRESS IN COLORADO, PHYSICIANS FOR A NATIONAL HEALTH CARE PLAN AND KENTUCKIANS FOR SINGLE PAYER HEALTH CARE.

OVERDOSE PREVENTION:

IN SPRING 2023, THE DCI WORKED WITH THE NEW JERSEY ORGANIZING PROJECT, A PEOPLE'S ACTION INSTITUTE MEMBER GROUP, TO TRAIN STAFF AND VOLUNTEERS ON THE DEEP CANVASS METHODOLOGY. THIS PROJECT WAS DESIGNED TO REDUCE STIGMA TOWARD RESIDENTS IMPACTED BY THE OPIOID CRISIS AND BRING NEEDED RESOURCES TO THEIR COMMUNITIES. SPECIFICALLY, THE DCI TRAINED EIGHT PEOPLE DIRECTLY IMPACTED BY SUBSTANCE ABUSE DISORDER TO DEEP CANVASS. OUR DEEP CANVASSERS TALKED TO MORE THAN 4,500 RESIDENTS AND SHIFTED THE ATTITUDES OF 46% OF THOSE CANVASSED, REGARDLESS OF POLITICAL AFFILIATION. THE CANVASSERS MADE EMOTIONAL CONNECTIONS WITH 46% OF THOSE SPOKEN WITH AND WERE ABLE TO ADD THEM TO THE NEW JERSEY ORGANIZING PROJECT'S MEMBERSHIP ROLL. FROM THERE, THE NEW JERSEY ORGANIZING PROJECT WAS ABLE TO DISTRIBUTE HARM REDUCTION SUPPLIES AND EDUCATE FOLKS ABOUT THE NEED FOR DIRECTLY IMPACTED PEOPLE TO HAVE A SAY IN HOW NEW JERSEY'S $641+ MILLION IN OPIOID SETTLEMENT FUNDS SHOULD BE SPENT TO SAVE LIVES.

PEOPLE AND PLANET FIRST:

PEOPLE'S ACTION INSTITUTE WORKED WITH MEMBER ORGANIZATIONS ON A RANGE OF ACTIVITIES TO MITIGATE HARMFUL ENVIRONMENTAL AND ECONOMIC IMPACTS IN THEIR COMMUNITIES, WHILE CALLING OUT THE BAD ACTORS CONTRIBUTING TO THEM. THE PEOPLE AND PLANET FIRST TEAM HELPED TO DESIGN THE "WINTER OF DISCONTENT" CANVASS, DURING WHICH MEMBER GROUPS CANVASSED NEIGHBORHOODS TO DISCUSS RISING UTILITY BILLS. THIS HELPED LAY THE GROUNDWORK FOR CAMPAIGNS, LIKE MICHIGAN UNITED'S ADVOCACY TO REDUCE DTE ENERGY'S REQUEST FOR A RATE HIKE, AND EVOLVED INTO A MULTI-YEAR STATE LEGISLATIVE CAMPAIGN TO CURB THE POLITICAL INFLUENCE OF MONOPOLY UTILITIES. WE ALSO SUPPORTED CITIZEN ACTION WISCONSIN ORGANIZERS AND

LEADERS DURING THEIR CAMPAIGN TO REDUCE THE RATE HIKE THAT WE ENERGIES RECEIVED, AS WELL AS MANDATE THAT THE COMPANY ESTABLISH AN AFFORDABILITY (PERCENTAGE OF INCOME PAYMENT PLAN) PROGRAM. IN JUNE 2023, AS PART OF THE PEOPLE'S ACTION INSTITUTE CONVENTION, PEOPLE AND PLANET FIRST ORGANIZED A DIRECT ACTION AT THE HOME AND WORKPLACE OF JOHN DUGAN, THE BOARD CHAIR OF CITIBANK. CITIBANK IS ONE OF THE LARGEST FUNDERS OF FOSSIL FUEL PROJECTS. THIS ACTION SIGNIFICANTLY BUILT THE ORGANIZING MUSCLE OF A DOZEN AFFILIATES, BOTH TRAINING AND INSPIRING GROUPS TO ORGANIZE MORE DIRECT ACTIONS IN THEIR OWN BACKYARDS. WE ALSO ORGANIZED A THREE-STATE DELEGATION FROM WEST VIRGINIA, IOWA AND ILLINOIS TO SPEAK DIRECTLY WITH DEPARTMENT OF TRANSPORTATION STAFF FROM THE PIPELINE HAZARDOUS MATERIALS SAFETY ADMINISTRATION, TO URGE STRICTER REGULATION ON CARBON DIOXIDE PIPELINES AND STORAGE. LATER IN THE YEAR, IOWA CITIZENS FOR COMMUNITY ACTION AND ILLINOIS PEOPLE'S ACTION SUCCESSFULLY SLOWED DOWN THESE CARBON CAPTURE AND STORAGE PROJECTS IN THEIR STATE THROUGH DENIAL OF MUNICIPAL PERMITS. IN NOVEMBER, PEOPLE'S ACTION INSTITUTE HOSTED A CLIMATE JUSTICE STRATEGY RETREAT FOR THE PEOPLE AND PLANET FIRST COHORT. FIFTY-SIX LEADERS AND ORGANIZERS FROM 17 MEMBER ORGANIZATIONS, ACROSS 14 STATES, CAME TOGETHER IN MILWAUKEE, WISCONSIN. EVERYONE PARTICIPATED IN AN INTERACTIVE POPULAR EDUCATION WORKSHOP ON UTILITIES 101 WHERE DOES OUR ELECTRICITY COME FROM, WHO PROFITS, WHO DECIDES, AND WHAT CAN REGULAR PEOPLE DO TO ENSURE HEALTHY, AFFORDABLE AND RELIABLE ENERGY.

LEVERAGING FEDERAL FUNDS:

WE HELPED EDUCATE MEMBER ORGANIZATIONS ON CRITICAL GRANT OPPORTUNITIES, INCLUDING DRAFTING A MEMO ON THE EPA'S ENVIRONMENTAL & CLIMATE JUSTICE GRANTS. THIS HELPED MAINE PEOPLE'S ALLIANCE WIN HALF A MILLION DOLLARS

IN INCOME REDUCTION ACT (IRA) FUNDING TO SUPPORT GETTING BIPOC JOB SEEKERS INTO UNIONIZED CLEAN ENERGY JOBS. WE ALSO BEGAN WORKING WITH MEMBER ORGANIZATIONS IN FOUR GEOGRAPHIES (WISCONSIN, TEXAS, MICHIGAN, PENNSYLVANIA) WHO ARE ACTIVELY RUNNING CAMPAIGNS TO DRAW DOWN IRA FUNDS, WHILE LOWERING ENERGY BILLS, UPGRADING PUBLIC HOUSING AND PUBLIC SCHOOLS, AND PUTTING WORKERS OF COLOR IN GREEN JOBS TO BUILD SOLAR. IN MASSACHUSETTS, WE SUPPORTED OUR MEMBER ORGANIZATION, NEIGHBOR TO NEIGHBOR, IN THEIR FIGHT TO WIN 11 MILLION DOLLARS IN ARPA FUNDING FOR AFFORDABLE HOUSING. IN 2022, WE PROVIDED INFRASTRUCTURE SUPPORT FOR PENNSYLVANIA STANDS UP (PASU) TO GET A HISTORIC $125 MILLION THROUGH ARPA FOR THE WHOLE HOMES REPAIR PROGRAM, AN INITIATIVE THAT WOULD ENSURE RESOURCES REACH HOMEOWNERS AND SMALL LANDLORDS WITH THE MOST NEED, PROVIDING GRANTS TO LOW- AND MODERATE-INCOME HOMEOWNERS AND SMALLER LANDLORDS WHO AGREE TO FAIR RENTAL PRACTICES. IN 2023, WE WERE ABLE TO HELP PASU SECURE AN ADDITIONAL $50 MILLION FOR THE WHOLE HOMES REPAIR PROGRAM.

HOUSING JUSTICE, HOMES GUARANTEE:

IN JANUARY 2023, PEOPLE'S ACTION INSTITUTE HOMES GUARANTEE CAMPAIGN, WITH THE SUPPORT OF 281 NATIONAL AND LOCAL TENANT-LED ORGANIZATIONS AND COMMUNITY GROUPS, RELEASED A SET OF ESSENTIAL ACTIONS THE WHITE HOUSE MUST TAKE TO REGULATE RENT, PROTECT TENANTS, AND ADDRESS THE CONSOLIDATION OF THE RENTAL MARKET BY CORPORATE LANDLORDS. RESPONDING TO THE MOUNTING PRESSURE, THE WHITE HOUSE ROLLED OUT ACTIONS TO PROTECT TENANTS, INCLUDING A CALL FOR THE FEDERAL HOUSING FINANCE AGENCY (FHFA) TO INVESTIGATE ITS AUTHORITY TO REGULATE OUTRAGEOUS RENT HIKES. IN A HUGE WIN, THE FHFA ANNOUNCED IN APRIL 2023 THAT IT WOULD START THE PROCESS OF COLLECTING PUBLIC INPUT ON TENANT PROTECTIONS. THE HOMES

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GUARANTEE TEAM WORKED CLOSELY WITH THE DIRECTOR OF THE FHFA TO HELP SHAPE THE AGENCY'S PROCESS FOR COLLECTING PUBLIC INPUT; THE AIM OF WHICH, FOR PAI AND ALLIED ORGANIZATIONS, WAS TO ALLOW TENANTS TO ORGANIZE TOGETHER, SHARE THEIR STORIES, AND HELP SECURE FEDERAL TENANT PROTECTIONS AS A CONDITION OF FEDERAL FINANCING. IN MAY 2023, IN RESPONSE TO FHFA'S OPENING THE DOOR TO PUBLIC INPUT, PEOPLE'S ACTION INSTITUTE AND ALLIED ORGANIZATIONS LAUNCHED A WEBSITE TO COLLECT INPUT FOR THE FHFA PROCESS. IN JUNE 2023, THE HOMES GUARANTEE CAMPAIGN AND AFRICAN COMMUNITIES TOGETHER HOSTED THE FHFA DIRECTOR, SANDRA THOMPSON, FOR A TOUR OF SOUTHERN TOWERS APARTMENTS IN ALEXANDRIA, VIRGINIA. OWNED BY A MAJOR PRIVATE EQUITY LANDLORD, WHO FINANCED THEIR ACQUISITION OF THE PROPERTY THROUGH A $346.7 MILLION LOAN FROM FREDDIE MAC, TENANTS ENDURED UNINHABITABLE CONDITIONS AND RENT HIKES. THE TOUR HIGHLIGHTED THE INHUMANE CONDITIONS THE CORPORATE LANDLORD HAD PLACED ON TENANTS, INCLUDING EVICTING HUNDREDS DURING THE HEIGHT OF THE PANDEMIC. THE HOMES GUARANTEE TEAM SPENT THE REMAINDER OF THE SUMMER CONDUCTING A MASSIVE DOOR-KNOCKING EFFORT AND ORGANIZING TENANTS IN FEDERALLY-BACKED PROPERTIES, AS WELL AS ORGANIZING BUILDING-LEVEL UNIONS IN THESE PROPERTIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER FOR HEALTH, ENVIRONMENT & JUSTICE

THIS PROJECT SUPPORTS A NATIONWIDE NETWORK OF MORE THAN 300 LOCAL COMMUNITY GROUPS TO ACHIEVE CRITICAL IMPACTS AT THE LOCAL, REGIONAL, STATEWIDE AND NATIONAL LEVELS ON ISSUES RELATING TO TOXIC CHEMICALS, POLLUTING FACILITIES, AND OTHER ENVIRONMENTAL DANGERS.

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND WAS REVIEWED BY THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER AND CONTROLLER. THE FORM 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

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

THE ORGANIZATION REQUIRES BOARD MEMBERS REMIT ANNUAL CONFLICT OF INTEREST CONFIRMATIONS DISCLOSING ANY POTENTIAL INTEREST THAT COULD GIVE RISE TO CONFLICT.

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

THE EXECUTIVE DIRECTOR RECEIVES AN ANNUAL PERFORMANCE REVIEW LED BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS. THE PROCESS INCLUDES INTERVIEWS WITH MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE STAFF TEAM, AND OTHER AFFILIATES AND PARTNERS OF THE ORGANIZATION. THE EXECUTIVE DIRECTOR ALSO ENGAGES IN A SELF-EVALUATION THAT COMPARES ACTUAL PERFORMANCE AGAINST THE JOB DESCRIPTION AND STRATEGIC PLAN OF THE ORGANIZATION. ALL OTHER EMPLOYEES UNDERGO AN ANNUAL EVALUATION THAT INCLUDES A SELF-ASSESSMENT AND A REVIEW LED BY THEIR DIRECT SUPERVISOR. EACH STAFF ALSO HAS A SIX MONTH EVALUATION CHECK-IN WITH THEIR DIRECT SUPERVISOR.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT YEAR.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) 990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
PEOPLE'S ACTION INSTITUTE	FORM 990 PAGE 10	36-2755109

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	468.

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	468.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	