

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF PEOPLE FOR PEOPLE                                                                                                                                                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>05/01/2002                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PEOPLE FOR PEOPLE<br><br>304 W LINCOLN AVE<br>YAKIMA, WA 98902-2656 |
| 2b      | Employer Identification Number (EIN)<br>91-0783225                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>509-248-6726                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>624100                                                                                                                                                                                                                                                                                 |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2024 | MARCY MCDONALD                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 251                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 170<br><b>6a(2)</b> 186<br><b>6b</b> 12<br><b>6c</b> 66<br><b>6d</b> 264<br><b>6e</b> 1<br><b>6f</b> 265<br><b>6g(1)</b> 221<br><b>6g(2)</b> 229<br><b>6h</b> 5 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                         |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2G 3D 2F 2S 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 001 |
| 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF PEOPLE FOR PEOPLE                              |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| PEOPLE FOR PEOPLE                                                                          | 91-0783225                             |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                 |
|---------------------------------|
| (a) Name of insurance carrier   |
| MUTUAL OF AMERICA SEC. CORP LLC |

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1614399 | 88668         | 008690                                | 229                                                                         | 01/01/2023              | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 1657                          |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| SEATTLE REGIONAL OFFICE                                                                          |
| 10230 NE POINTS DRIVE                                                                            |
| SUITE 550                                                                                        |
| KIRKLAND, WA 98033-7808                                                                          |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                        | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose            |                       |
| 0                                             | 1657                            | INCENTIVE COMPENSATION | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 438420  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 5715135 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

459650

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

42840

(2) Dividends and credits .....

**7c(2)**

0

(3) Interest credited during the year .....

**7c(3)**

7305

(4) Transferred from separate account.....

**7c(4)**

205197

(5) Other (specify below) .....

**7c(5)**

9005

▶ **ROLLOVERS, LOANS, FORFEITURES ACTIVITY**

(6) Total additions.....

**7c(6)**

264347

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

723997

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

11683

(2) Administration charge made by carrier .....

**7e(2)**

0

(3) Transferred to separate account.....

**7e(3)**

268509

(4) Other (specify below) .....

**7e(4)**

5385

▶ **ROLLOVERS, LOANS, FORFEITURES ACTIVITY**

(5) Total deductions.....

**7e(5)**

285577

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

438420

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                                                                                                 |                 |                 |              |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                                                                                                    |                 | <b>9a(1)</b>    |              |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                                                                                                           |                 | <b>9a(2)</b>    |              |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                                                                                                       |                 | <b>9a(3)</b>    |              |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                                                                                               |                 |                 | <b>9a(4)</b> | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                                                                                                   |                 | <b>9b(1)</b>    |              |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                                                                                                 |                 | <b>9b(2)</b>    |              |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                                                                                                      |                 |                 | <b>9b(3)</b> | 0 |
| (4) Claims charged .....                                                                                                                                                                                                        |                 |                 | <b>9b(4)</b> |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                                                                                                   |                 |                 |              |   |
| (A) Commissions .....                                                                                                                                                                                                           | <b>9c(1)(A)</b> |                 |              |   |
| (B) Administrative service or other fees .....                                                                                                                                                                                  | <b>9c(1)(B)</b> |                 |              |   |
| (C) Other specific acquisition costs .....                                                                                                                                                                                      | <b>9c(1)(C)</b> |                 |              |   |
| (D) Other expenses .....                                                                                                                                                                                                        | <b>9c(1)(D)</b> |                 |              |   |
| (E) Taxes .....                                                                                                                                                                                                                 | <b>9c(1)(E)</b> |                 |              |   |
| (F) Charges for risks or other contingencies.....                                                                                                                                                                               | <b>9c(1)(F)</b> |                 |              |   |
| (G) Other retention charges .....                                                                                                                                                                                               | <b>9c(1)(G)</b> |                 |              |   |
| (H) Total retention .....                                                                                                                                                                                                       |                 | <b>9c(1)(H)</b> |              | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....                                                                               |                 |                 | <b>9c(2)</b> |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                                                                                             |                 |                 | <b>9d(1)</b> |   |
| (2) Claim reserves .....                                                                                                                                                                                                        |                 |                 | <b>9d(2)</b> |   |
| (3) Other reserves.....                                                                                                                                                                                                         |                 |                 | <b>9d(3)</b> |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                                                                                                        |                 |                 | <b>9e</b>    |   |
| <b>10</b> Nonexperience-rated contracts:                                                                                                                                                                                        |                 |                 |              |   |
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           |                 |                 | <b>10a</b>   |   |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... |                 |                 | <b>10b</b>   |   |
| Specify nature of costs.                                                                                                                                                                                                        |                 |                 |              |   |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF PEOPLE FOR PEOPLE            | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PEOPLE FOR PEOPLE                | D Employer Identification Number (EIN)<br>91-0783225 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |                                               |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                               |
| DWS                                                                                                        | 210 WEST 10TH STREET<br>KANSAS CITY, MO 64105 |

|                                                                                                            |                                          |
|------------------------------------------------------------------------------------------------------------|------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                          |
| FIDELITY INVESTMENTS                                                                                       | 82 DEVONSHIRE STREET<br>BOSTON, MA 02109 |

|                                                                                                            |                                       |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                       |
| GOLDMAN SACHS                                                                                              | 200 WEST STREET<br>NEW YORK, NY 10282 |

|                                                                                                            |                                    |
|------------------------------------------------------------------------------------------------------------|------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                    |
| MUTUAL OF AMERICA                                                                                          | 320 PARK AVE<br>NEW YORK, NY 10022 |

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS  
NEW YORK, NY 10104

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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INVESCO

11 GREENWAY PLAZA  
STE. 2500  
HOUSTON, TX 77046

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

VANGUARD

100 VANGUARD BOULEVARD  
MALVERN, PA 19355

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200  
4500 MAIN STREET  
KANSAS CITY, MO 64141

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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MFS

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876  
PROVIDENCE, RI 02940

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY  
BUILDING TWO  
SAN ANTONIO, TX 78256

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071-1406

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW  
SUITE 400  
WASHINGTON, DC 20009

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 37<br>65         | RECORD<br>KEEPER                                                                                  | 1401                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF PEOPLE FOR PEOPLE            | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PEOPLE FOR PEOPLE                | D Employer Identification Number (EIN)<br>91-0783225 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 128295                | 86116           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 4289693               | 5629019         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 459650                | 438421          |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 4877638               | 6153556         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 4877638               | 6153556         |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 357660     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 300478     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 28023      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 686161    |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 0          |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 5410       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 7305       |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 12715     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 0          |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 825780    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 0         |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1524656   |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 216287 |        |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0      |        |
| (3) Other .....                                                                      | 2e(3)  | 963    |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |        | 217250 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        | 0      |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        | 30432  |
| h Interest expense .....                                                             | 2h     |        |        |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  |        |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |        |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  |        |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |        |        |
| (7) Actuarial fees .....                                                             | 2i(7)  |        |        |
| (8) Legal fees .....                                                                 | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |        |
| (11) Other expenses .....                                                            | 2i(11) | 1056   |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 1056   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 248738 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1275918 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (2) From this plan .....                                 | 2l(2) |  | 0       |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ALEGRIA ADVISORS**

(2) EIN: **91-0856953**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                             |                                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF PEOPLE FOR PEOPLE</div> | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>PEOPLE FOR PEOPLE</div>     | <div>D Employer Identification Number (EIN)<br/>91-0783225</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                               |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>0</div> |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br/><br/>EIN(s): 13-3590259</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2023  
v. 230707

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><b>14b</b><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><b>15b</b>                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><b>16b</b>                       |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input checked="" type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>11 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704237A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

PEOPLE FOR PEOPLE

**Financial Statements**

June 30, 2024 and 2023

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# ALEGRIA

CERTIFIED PUBLIC ACCOUNTANTS

INSURANCE SERVICES • ASSET MANAGEMENT

## INDEPENDENT AUDITOR'S REPORT

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To the Board of Directors  
People For People  
Yakima, Washington

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the financial statements of People For People (a nonprofit organization) (the Organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements (the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

#### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are issued.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplementary Information**

Our audits were conducted for the purpose of forming opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated September 17, 2024, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

*Allegria & Company, P.S.*

Yakima, Washington  
September 17, 2024

PEOPLE FOR PEOPLE

**Statements of Financial Position**

June 30, 2024 and 2023

|                                                 | 2024          | 2023          |
|-------------------------------------------------|---------------|---------------|
| <u>Assets</u>                                   |               |               |
| Current assets                                  |               |               |
| Cash                                            | \$ 2,498,001  | \$ 2,020,219  |
| Restricted cash                                 | 122,856       | 141,921       |
| Total cash                                      | 2,620,857     | 2,162,140     |
| Grants receivable                               | 4,542,569     | 4,091,453     |
| Pledge receivable, net of discount, current     | 190,110       | 190,110       |
| Other receivable                                | 7,869         | 54,945        |
| Prepaid expenses and other assets               | 507,739       | 491,192       |
| Investments                                     | 212,965       | 176,178       |
| Total current assets                            | 8,082,109     | 7,166,018     |
| Property and equipment                          |               |               |
| Land                                            | 922,304       | 922,304       |
| Buildings and improvements                      | 2,305,481     | 2,305,481     |
| Major equipment and software                    | 6,720,282     | 5,900,559     |
| Construction in progress                        | 144,371       | 8,250         |
| Total                                           | 10,092,438    | 9,136,594     |
| Less: accumulated depreciation and amortization | (6,098,593)   | (5,908,731)   |
| Net property and equipment                      | 3,993,845     | 3,227,863     |
| Other assets                                    |               |               |
| Right-of-use assets - operating leases          | 199,710       | 347,383       |
| Total other assets                              | 199,710       | 347,383       |
| Total assets                                    | \$ 12,275,664 | \$ 10,741,264 |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statements of Financial Position**

June 30, 2024 and 2023

|                                                   | 2024                 | 2023                 |
|---------------------------------------------------|----------------------|----------------------|
| <u>Liabilities and Net Assets</u>                 |                      |                      |
| Current liabilities                               |                      |                      |
| Accounts payable                                  | \$ 1,748,455         | \$ 1,124,139         |
| Payable to subrecipients                          | 216,409              | 211,831              |
| Funds held for others                             | 4,017                | 95,480               |
| Accrued liabilities                               |                      |                      |
| Payroll and taxes                                 | 444,928              | 461,216              |
| Pension                                           | 229,026              | 219,057              |
| Employee vacation and longevity                   | 460,682              | 430,915              |
| Deferred revenue                                  | 118,839              | 46,441               |
| Current portion of long-term debt                 | -                    | 93,666               |
| Current portion of operating lease liabilities    | 140,260              | 198,054              |
| Current portion of finance lease liabilities      | 15,210               | 14,642               |
| Total current liabilities                         | <u>3,377,826</u>     | <u>2,895,441</u>     |
| Long-term liabilities                             |                      |                      |
| Operating lease liabilities, less current portion | 59,450               | 149,329              |
| Finance lease liabilities, less current portion   | 8,093                | 23,342               |
| Total long-term liabilities                       | <u>67,543</u>        | <u>172,671</u>       |
| Total liabilities                                 | <u>3,445,369</u>     | <u>3,068,112</u>     |
| Net assets                                        |                      |                      |
| Without donor restrictions                        | 8,024,011            | 6,938,235            |
| With donor restrictions                           |                      |                      |
| Purpose and time restrictions                     | 806,284              | 734,917              |
| Total net assets                                  | <u>8,830,295</u>     | <u>7,673,152</u>     |
| Total liabilities and net assets                  | <u>\$ 12,275,664</u> | <u>\$ 10,741,264</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statement of Activities and Changes in Net Assets**

Year ended June 30, 2024

|                                    | Without donor<br>restrictions | With donor<br>restrictions | Total               |
|------------------------------------|-------------------------------|----------------------------|---------------------|
| <b>Revenues</b>                    |                               |                            |                     |
| Grants and contracts               | \$ 28,904,358                 | \$ -                       | \$ 28,904,358       |
| Donations and other programs       | 115,521                       | 71,367                     | 186,888             |
| Interest income                    | 45,823                        | -                          | 45,823              |
| Gain on disposal of capital assets | 82,263                        | -                          | 82,263              |
| Net investment income              | 36,787                        | -                          | 36,787              |
| Total revenues                     | <u>29,184,752</u>             | <u>71,367</u>              | <u>29,256,119</u>   |
| <b>Expenses</b>                    |                               |                            |                     |
| Brokerage and transportation       | 14,881,030                    | -                          | 14,881,030          |
| Employment and training            | 7,866,135                     | -                          | 7,866,135           |
| Call center 2-1-1                  | 2,242,204                     | -                          | 2,242,204           |
| Nutrition                          | 1,214,130                     | -                          | 1,214,130           |
| Other programs                     | 377,092                       | -                          | 377,092             |
| General and administrative         | 1,518,385                     | -                          | 1,518,385           |
| Total expenses                     | <u>28,098,976</u>             | <u>-</u>                   | <u>28,098,976</u>   |
| Changes in net assets              | 1,085,776                     | 71,367                     | 1,157,143           |
| Net assets, beginning of year      | <u>6,938,235</u>              | <u>734,917</u>             | <u>7,673,152</u>    |
| Net assets, end of year            | <u>\$ 8,024,011</u>           | <u>\$ 806,284</u>          | <u>\$ 8,830,295</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statement of Activities and Changes in Net Assets**

Year ended June 30, 2023

|                                    | Without donor<br>restrictions | With donor<br>restrictions | Total               |
|------------------------------------|-------------------------------|----------------------------|---------------------|
| <b>Revenues</b>                    |                               |                            |                     |
| Grants and contracts               | \$ 26,707,674                 | \$ -                       | \$ 26,707,674       |
| Donations and other programs       | 108,236                       | 262,481                    | 370,717             |
| Interest income                    | 6,616                         | -                          | 6,616               |
| Gain on disposal of capital assets | 2,360                         | -                          | 2,360               |
| Net investment income              | 16,370                        | -                          | 16,370              |
| Total revenues                     | <u>26,841,256</u>             | <u>262,481</u>             | <u>27,103,737</u>   |
| <b>Expenses</b>                    |                               |                            |                     |
| Brokerage and transportation       | 14,452,888                    | -                          | 14,452,888          |
| Employment and training            | 6,864,972                     | -                          | 6,864,972           |
| Call center 2-1-1                  | 2,391,314                     | -                          | 2,391,314           |
| Nutrition                          | 1,248,610                     | -                          | 1,248,610           |
| Other programs                     | 264,679                       | -                          | 264,679             |
| General and administrative         | 1,364,003                     | -                          | 1,364,003           |
| Total expenses                     | <u>26,586,466</u>             | <u>-</u>                   | <u>26,586,466</u>   |
| Changes in net assets              | 254,790                       | 262,481                    | 517,271             |
| Net assets, beginning of year      | <u>6,683,445</u>              | <u>472,436</u>             | <u>7,155,881</u>    |
| Net assets, end of year            | <u>\$ 6,938,235</u>           | <u>\$ 734,917</u>          | <u>\$ 7,673,152</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statement of Functional Expenses**

Year ended June 30, 2024

|                               | Brokerage<br>and<br>transportation | Employment<br>and<br>training | Call center<br>2-1-1 | Nutrition           | Other<br>programs | Total<br>program<br>expenses | General<br>and<br>administrative | Total                |
|-------------------------------|------------------------------------|-------------------------------|----------------------|---------------------|-------------------|------------------------------|----------------------------------|----------------------|
| Salaries and wages            | \$ 2,468,295                       | \$ 2,952,980                  | \$ 715,283           | \$ 326,893          | \$ 243,526        | \$ 6,706,977                 | \$ 920,925                       | \$ 7,627,902         |
| Fringe benefits               | 800,042                            | 931,888                       | 221,672              | 84,842              | 73,925            | 2,112,369                    | 265,083                          | 2,377,452            |
| Third-party reimbursements    | 9,281,612                          | -                             | 1,191,678            | -                   | -                 | 10,473,290                   | -                                | 10,473,290           |
| Participant expenses          | -                                  | 3,272,843                     | -                    | -                   | -                 | 3,272,843                    | 3,799                            | 3,276,642            |
| Direct transit expenses       | 1,152,737                          | 10,571                        | 725                  | 28,349              | 561               | 1,192,943                    | 186                              | 1,193,129            |
| Supplies                      | 43,199                             | 94,147                        | 18,098               | 655,669             | 4,129             | 815,242                      | 25,303                           | 840,545              |
| Contracts and fees            | 381,670                            | 109,010                       | 33,655               | 51,942              | 37,249            | 613,526                      | 199,709                          | 813,235              |
| Depreciation and amortization | 579,606                            | 35,579                        | 6,290                | 2,377               | 1,442             | 625,294                      | 17,750                           | 643,044              |
| Building occupancy            | 67,751                             | 273,751                       | 18,364               | 43,687              | 2,983             | 406,536                      | 28,637                           | 435,173              |
| Staff training and travel     | 32,535                             | 97,065                        | 17,542               | 4,535               | 1,722             | 153,399                      | 2,524                            | 155,923              |
| Telephone                     | 52,492                             | 68,977                        | 8,256                | 3,850               | 1,250             | 134,825                      | 13,390                           | 148,215              |
| Communications                | 18,929                             | 704                           | 6,008                | 813                 | 4,300             | 30,754                       | 4,025                            | 34,779               |
| Office equipment rental       | (9,532)                            | 6,371                         | 160                  | 2,928               | 37                | (36)                         | 9,535                            | 9,499                |
| Interest expense              | 349                                | 835                           | 113                  | 1                   | 14                | 1,312                        | 1,621                            | 2,933                |
| Other                         | 11,345                             | 11,414                        | 4,360                | 8,244               | 5,954             | 41,317                       | 25,898                           | 67,215               |
| Total expenses                | <u>\$ 14,881,030</u>               | <u>\$ 7,866,135</u>           | <u>\$ 2,242,204</u>  | <u>\$ 1,214,130</u> | <u>\$ 377,092</u> | <u>\$ 26,580,591</u>         | <u>\$ 1,518,385</u>              | <u>\$ 28,098,976</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statement of Functional Expenses**

Year ended June 30, 2023

|                               | Brokerage<br>and<br>transportation | Employment<br>and<br>training | Call center<br>2-1-1 | Nutrition           | Other<br>programs | Total<br>program<br>expenses | General<br>and<br>administrative | Total                |
|-------------------------------|------------------------------------|-------------------------------|----------------------|---------------------|-------------------|------------------------------|----------------------------------|----------------------|
| Salaries and wages            | \$ 2,392,524                       | \$ 2,575,198                  | \$ 847,072           | \$ 378,010          | \$ 178,510        | \$ 6,371,314                 | \$ 779,313                       | \$ 7,150,627         |
| Fringe benefits               | 777,185                            | 773,515                       | 248,852              | 119,889             | 53,949            | 1,973,390                    | 236,895                          | 2,210,285            |
| Third-party reimbursements    | 8,948,782                          | -                             | 1,114,915            | -                   | -                 | 10,063,697                   | -                                | 10,063,697           |
| Participant expenses          | -                                  | 2,814,905                     | -                    | -                   | -                 | 2,814,905                    | 4,353                            | 2,819,258            |
| Direct transit expenses       | 1,018,791                          | 7,173                         | 830                  | 33,472              | 690               | 1,060,956                    | 1,751                            | 1,062,707            |
| Supplies                      | 93,882                             | 103,245                       | 21,259               | 598,772             | 881               | 818,039                      | 37,102                           | 855,141              |
| Contracts and fees            | 365,191                            | 98,825                        | 96,383               | 37,647              | 21,352            | 619,398                      | 197,845                          | 817,243              |
| Depreciation and amortization | 640,895                            | 36,103                        | 6,527                | 2,596               | 1,182             | 687,303                      | 14,921                           | 702,224              |
| Building occupancy            | 74,016                             | 282,299                       | 25,633               | 51,634              | 2,160             | 435,742                      | 29,011                           | 464,753              |
| Staff training and travel     | 28,417                             | 88,867                        | 12,069               | 5,625               | 150               | 135,128                      | 3,906                            | 139,034              |
| Telephone                     | 48,252                             | 63,034                        | 12,802               | 4,383               | 1,084             | 129,555                      | 10,921                           | 140,476              |
| Communications                | 65,625                             | 3,339                         | 410                  | 2,903               | -                 | 72,277                       | 3,704                            | 75,981               |
| Office equipment rental       | (8,891)                            | 5,900                         | 583                  | 3,250               | 41                | 883                          | 10,298                           | 11,181               |
| Interest expense              | 1,290                              | 2,442                         | 487                  | 2                   | 42                | 4,263                        | 2,994                            | 7,257                |
| Other                         | 6,929                              | 10,127                        | 3,492                | 10,427              | 4,638             | 35,613                       | 30,989                           | 66,602               |
| Total expenses                | <u>\$ 14,452,888</u>               | <u>\$ 6,864,972</u>           | <u>\$ 2,391,314</u>  | <u>\$ 1,248,610</u> | <u>\$ 264,679</u> | <u>\$ 25,222,463</u>         | <u>\$ 1,364,003</u>              | <u>\$ 26,586,466</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statements of Cash Flows**

Years ended June 30, 2024 and 2023

|                                                                | 2024                | 2023                |
|----------------------------------------------------------------|---------------------|---------------------|
| Cash flows from operating activities                           |                     |                     |
| Cash received from contracts and grants                        | \$ 28,525,640       | \$ 26,000,090       |
| Cash received from donations and other programs                | 162,597             | 68,744              |
| Cash received from investment income                           | 45,823              | 6,616               |
| Cash paid to vendors                                           | (19,304,213)        | (18,573,250)        |
| Cash paid to employees                                         | (7,604,454)         | (7,025,173)         |
| Interest paid                                                  | (2,933)             | (7,257)             |
| Net cash flows from operating activities                       | <u>1,822,460</u>    | <u>469,770</u>      |
| Cash flows from investing activities                           |                     |                     |
| Purchase of capital assets                                     | (1,409,026)         | (762,359)           |
| Proceeds from disposal of assets                               | 82,263              | 2,360               |
| Net cash flows from investing activities                       | <u>(1,326,763)</u>  | <u>(759,999)</u>    |
| Cash flows from financing activities                           |                     |                     |
| Finance lease payments                                         | (14,681)            | (14,132)            |
| Principal payments on long-term debt                           | (93,666)            | (98,430)            |
| Proceeds from capital campaign                                 | 71,367              | 207,241             |
| Net cash flows from financing activities                       | <u>(36,980)</u>     | <u>94,679</u>       |
| Net change in cash, cash equivalents, and restricted cash      | 458,717             | (195,550)           |
| Cash, cash equivalents, and restricted cash, beginning of year | <u>2,162,140</u>    | <u>2,357,690</u>    |
| Cash, cash equivalents, and restricted cash, end of year       | <u>\$ 2,620,857</u> | <u>\$ 2,162,140</u> |

See accompanying notes to financial statements.

PEOPLE FOR PEOPLE

**Statements of Cash Flows**

Years ended June 30, 2024 and 2023

|                                                                                           | 2024                | 2023              |
|-------------------------------------------------------------------------------------------|---------------------|-------------------|
| Reconciliation of change in net assets to net cash flows from operating activities        |                     |                   |
| Change in net assets                                                                      | \$ 1,157,143        | \$ 517,271        |
| Adjustments to reconcile change in net assets to net cash flows from operating activities |                     |                   |
| Depreciation and amortization                                                             | 643,044             | 702,224           |
| Proceeds from contributions restricted for Capital Campaign                               | (71,367)            | (207,241)         |
| Donated investments                                                                       | -                   | (55,240)          |
| Gain on disposition of assets                                                             | (82,263)            | (2,360)           |
| Unrealized gain on investments                                                            | (36,787)            | (16,370)          |
| Changes in assets and liabilities                                                         |                     |                   |
| Receivables                                                                               | (404,040)           | (756,843)         |
| Prepaid expenses                                                                          | (16,547)            | (95,205)          |
| Accounts payable                                                                          | 628,894             | 153,346           |
| Funds held for others                                                                     | (91,463)            | 94,967            |
| Accrued liabilities                                                                       | 23,448              | 125,454           |
| Deferred revenue                                                                          | 72,398              | 9,767             |
| Net cash flows from operating activities                                                  | <u>\$ 1,822,460</u> | <u>\$ 469,770</u> |

See accompanying notes to financial statements.

**Notes to Financial Statements**June 30, 2024 and 2023

---

**(1) Description of Operations*****Organization Purpose***

People For People (the Organization) was incorporated as a tax-exempt, nonprofit organization on April 7, 1965. Its primary purpose is to strengthen the communities it serves by providing quality core human services in ways that enrich and empower lives. The Organization assists low-income families and low-income individuals of all ages in rural and urban areas to obtain the necessary education, training, and motivation, as well as securing the opportunities needed to achieve self-sufficiency through employment. The Organization provides rural transportation services to the elderly, handicapped, and other special needs groups, and the general public. The Organization provides senior nutrition, basic food assistance, and operates a 2-1-1 call center to provide information and referrals for individuals to access health and human services. The Organization primarily serves clients in eastern Washington. The Organization receives funds primarily from approximately 30 federal and state grants.

**(2) Summary of Significant Accounting Policies*****Basis of Accounting***

The Organization's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

***Cash and Cash Equivalents***

For purposes of the statements of cash flows, the Organization considers all highly liquid investments with original maturity dates of three months or less to be cash equivalents. The Organization maintains its cash accounts at financial institutions, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash deposits.

***Grants Receivable***

Grants receivable consists primarily of reimbursable grants. Based upon a periodic review of the grants, management believes the amounts are fully collectible at June 30, 2024 and 2023.

***Pledge Receivable***

The Organization accounts for pledges in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-605. In accordance with FASB ASC 958-605, pledges are recorded as without donor restrictions or with donor restrictions, depending on the existence of any donor restrictions.

***Property and Equipment***

Property and equipment is stated at cost for purchased assets, and at fair market value at the time of donation for donated assets. Expenditures for maintenance, repairs, and renewals are charged to expense as incurred whereas major purchases are capitalized. The Organization utilizes various capitalization thresholds, depending on the classification of the assets.

**Notes to Financial Statements**

June 30, 2024 and 2023

***Depreciation***

Depreciation expense is generally taken over the useful service life of the asset using the straight-line method. Asset lives range from 3 to 40 years.

***Debt Issuance Costs***

The Organization had debt issuance costs amounting to \$53,140 that were being amortized on a straight-line basis over the life of the loan which approximated the effective interest method. At June 30, 2024, the debt issuance costs were fully amortized. At June 30, 2023, the debt issuance costs were shown net of accumulated amortization of \$48,393, as a contra-liability to long-term debt. Total amortization expense was \$4,747 and \$5,313 for the years ended June 30, 2024 and 2023, respectively, and is included in interest expense.

***Net Assets***

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions. Accordingly, net assets are classified as follows:

*Net Assets Without Donor Restrictions* – Net assets available for use in general operations are not subject to donor restrictions. The board of directors has not designated any net assets without donor restrictions as of June 30, 2024 and 2023.

*Net Assets With Donor Restrictions* – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or by actions of the Organization. Other donor-imposed restrictions are perpetual in nature, where the donor stipulated that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Net assets with donor restrictions as of June 30, were as follows:

|                                                                                                | 2024              | 2023              |
|------------------------------------------------------------------------------------------------|-------------------|-------------------|
| Subject to expenditure for specified purpose                                                   |                   |                   |
| Beginning balance                                                                              | \$ 734,917        | \$ 472,436        |
| Capital campaign                                                                               | 71,367            | 76,434            |
| Pledge receivable, the proceeds from which have been restricted by donors for capital campaign | -                 | 186,047           |
| Total net assets with donor restrictions                                                       | <u>\$ 806,284</u> | <u>\$ 734,917</u> |

***Revenue Recognition - Expense Reimbursement Contracts***

As the Organization incurs expenses in compliance with the restrictions of the grantor, the funds are considered to be earned and reported as revenues. Any excess of expenses incurred over cash received is recorded as a receivable. Conversely, any cash received in excess of expenses incurred is recorded as restricted cash and deferred revenue.

## Notes to Financial Statements

June 30, 2024 and 2023

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### ***Revenue Recognition – Donations***

The Organization recognizes donations when cash, securities, or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give – that is, those with a measurable performance or other barrier and a right of return – are not recognized until the conditions on which they depend have been met.

### ***Financial Statement Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, if any, at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### ***Federal Income Tax***

Under provisions of Section 501(c)(3) of the Internal Revenue Code, the Organization is exempt from federal income taxes, except for net income from unrelated business activities. The Organization's unrelated business activities include IT consulting and advertising for the years ended June 30, 2024 and 2023. The taxable income of these activities has historically been minimal. As of June 30, 2024 and 2023, the Organization had no uncertain tax positions requiring accrual.

### ***Functional Expense Allocation***

The Organization allocates its expenses on a functional basis among its various programs and its supporting services. Expenses that can be identified with a specific program are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated according to the approved cost allocation plan. Occupancy costs are allocated based on square footage; indirect costs of administrative overhead are allocated based upon the relationship of various direct costs related to each program.

### ***Fair Value Measurements***

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Assets and liabilities are classified based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs based upon quoted prices in active markets for identical assets.
- Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly.
- Level 3 Inputs that are unobserved for the asset.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Stock* – Valued at quoted market prices which represent the net asset value of shares held by the Organization at year-end.

**Notes to Financial Statements**

June 30, 2024 and 2023

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of June 30:

**Assets at fair value as of June 30:**

|                            | 2024<br>(Level 1) | 2023<br>(Level 1) |
|----------------------------|-------------------|-------------------|
| Stocks                     | \$ 212,965        | \$ 176,178        |
| Total assets at fair value | \$ 212,965        | \$ 176,178        |

**Advertising**

The Organization expenses the costs of advertising as incurred. Advertising expense was \$34,778 and \$75,981 for the years ended June 30, 2024 and 2023, respectively.

**Leases**

Effective July 1, 2022, the Organization adopted the lease accounting guidance in Accounting Standards Update No. 2016-02, *Leases* (Topic 842). The standard is intended to provide enhanced transparency and comparability by requiring lessees to record right-of-use (ROU) assets and corresponding lease liabilities on the balance sheet. ROU assets represent the Organization's right to use an underlying asset for the lease term, and lease liabilities represent the Organization's obligation to make lease payments arising from the lease.

The guidance requires the Organization to continue to classify leases as operating or finance leases, with classification affecting the pattern of expense recognition in the income statement. In addition, the standard requires enhanced disclosure surrounding the amount, timing, and uncertainty of cash flows arising from leasing agreements.

In July 2018, the FASB issued ASU No. 2018-11, which provides entities with an additional transition method to adopt Topic 842. Under the transition method, an entity initially applies the standard at the adoption date, versus at the beginning of the earliest period presented, and recognizes a cumulative-effect adjustment to the opening balance of net assets in the period of adoption. Organization has adopted this transition method at the adoption date of July 1, 2022.

The Organization has elected the package of transition practical expedients which allows the Organization to carry forward prior conclusions related to: (i) whether any expired or existing contracts are or contain leases, (ii) the lease classification for any expired or existing leases, and (iii) initial direct costs for existing leases. Additionally, the Organization has elected the practical expedient to not separate lease components from non-lease components for all real estate leases.

**Notes to Financial Statements**

June 30, 2024 and 2023

For leases with an initial term of 12 months or less, the Organization does not recognize these leases on the statement of financial position and recognizes related lease payments in the statement of activities on a straight-line basis over the lease term.

The Organization made an accounting policy election to use the Organization's incremental borrowing rate as the discount rate to measure operating and finance lease obligations where the rate is not readily available.

As a result of the adoption of the new lease accounting guidance, the Organization's total assets and total liabilities increased by \$508,769 as of July 1, 2022 with no impact net assets.

***Reclassifications***

Certain items have been reclassified in the prior years presentation to conform to current year presentation.

**(3) Restricted Cash**

Restricted cash was composed of the following at June 30:

|                                 | 2024              | 2023              |
|---------------------------------|-------------------|-------------------|
| Funds held for others           | \$ 4,017          | \$ 95,480         |
| Greater Health Now              | 65,881            | -                 |
| CFED                            | 13,927            | 17,500            |
| MOW – Unmet Needs               | -                 | 10,207            |
| MultiCare Meals                 | 10,000            | -                 |
| Nansen Trust                    | 9,984             | 9,984             |
| Annual NWRC IT service contract | 3,750             | 3,750             |
| Annual HSC IT service contract  | 3,000             | 3,000             |
| PacifiCorp                      | 2,500             | 2,000             |
| Pet Food                        | 9,797             | -                 |
| Total                           | <u>\$ 122,856</u> | <u>\$ 141,921</u> |

**(4) Investments**

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Organization's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

**Notes to Financial Statements**

June 30, 2024 and 2023

**(5) Pledges Receivable**

Included in pledges receivable are the following unconditional promises to give at June 30:

|                              | 2024              | 2023              |
|------------------------------|-------------------|-------------------|
| Restricted to future periods | \$ 204,500        | \$ 204,500        |
| Less: unamortized discount   | <u>(14,390)</u>   | <u>(14,390)</u>   |
| Total                        | <u>\$ 190,110</u> | <u>\$ 190,110</u> |
| Less than one year           | \$ 190,110        | \$ 190,110        |
| One to four years            | <u>-</u>          | <u>-</u>          |
| Total                        | <u>\$ 190,110</u> | <u>\$ 190,110</u> |

Pledges receivable were discounted using the prime rate which equaled 7.50% during the years ended June 30, 2024 and 2023.

The allowance for uncollectible pledge amounts is determined by the Organization based on estimated collection risk applied to ongoing evaluations of its pledges receivable and its assessment of the ability to pay. There was no allowance for uncollectible pledge amounts for the years ended June 30, 2024 and 2023.

**(6) Long-term Debt**

As of June 30, long-term debt consisted of the following:

|                                                                                                                                                                          | 2024        | 2023           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| Note payable to Bank of the West, refinanced on May 1, 2014, due in monthly payments of \$9,105, including interest at 3.51%, maturing May 2024; secured by real estate. | \$ -        | \$ 98,413      |
| Less: current portion                                                                                                                                                    | -           | (93,666)       |
| Less: unamortized debt issuance costs                                                                                                                                    | <u>-</u>    | <u>(4,747)</u> |
| Total long-term debt                                                                                                                                                     | <u>\$ -</u> | <u>\$ -</u>    |

There are no covenants on the long-term debt as of June 30, 2024 and 2023.

## Notes to Financial Statements

June 30, 2024 and 2023

**(7) Leases*****Lessee Activity***

The Organization leases land, buildings, and office space under operating leases that expire by 2026. The Organization leases equipment under a long-term financing lease agreement. Minimum lease payments under this lease were capitalized at the fair value of the rentals at the inception of the lease, and the obligation for such amounts has been recorded as a liability. Assets acquired under the finance lease are included in major equipment and software. Amortization of the assets under the finance lease is computed on the straight-line basis over the estimated useful life and is included in depreciation expense. The lease matures in January 2026. Assets acquired under the finance lease consist of the following as of June 30:

|                                | 2024             | 2023             |
|--------------------------------|------------------|------------------|
| Equipment                      | \$ 140,279       | \$ 140,279       |
| Less: accumulated depreciation | (116,226)        | (101,794)        |
| Total                          | <u>\$ 24,053</u> | <u>\$ 38,485</u> |

Lease cost recognized are summarized as follows for the years ended June 30:

|                               | 2024              | 2023              |
|-------------------------------|-------------------|-------------------|
| Finance lease cost            |                   |                   |
| Amortization of lease assets  | \$ 14,432         | \$ 14,432         |
| Interest on lease liabilities | 1,193             | 1,742             |
| Finance lease cost            | 15,625            | 16,174            |
| Short-term lease cost         | 44,636            | 59,036            |
| Operating lease cost          | 202,499           | 188,629           |
| Total lease cost              | <u>\$ 262,760</u> | <u>\$ 263,839</u> |

Information associated with the measurement of lease obligations is as follows as of June 30:

|                                                          | 2024       | 2023       |
|----------------------------------------------------------|------------|------------|
| Weighted-average remaining lease term - finance leases   | 1.5 years  | 2.5 years  |
| Weighted average remaining lease term - operating leases | 2.25 years | 1.98 years |
| Weighted-average discount rate - finance leases          | 3.81%      | 3.81%      |
| Weighted average discount rate - operating leases        | 3.51%      | 3.51%      |

PEOPLE FOR PEOPLE

**Notes to Financial Statements**

June 30, 2024 and 2023

The following table summarizes the maturities of lease liabilities as of June 30, 2024:

|                                                                   | Finance<br>leases | Operating<br>leases |
|-------------------------------------------------------------------|-------------------|---------------------|
| 2025                                                              | \$ 15,874         | \$ 140,000          |
| 2026                                                              | 9,259             | 60,000              |
| Total undiscounted future cash flows<br>related to lease payments | 25,133            | 200,000             |
| Less: imputed interest                                            | (1,830)           | (290)               |
| Present value of lease liabilities                                | 23,303            | 199,710             |
| Less: current portion of lease liabilities                        | (15,210)          | (140,260)           |
| Total long-term lease liabilities                                 | <u>\$ 8,093</u>   | <u>\$ 59,450</u>    |

Supplemental cash flow information related to leases is as follows for the years ended June 30:

|                                                                           | 2024              | 2023              |
|---------------------------------------------------------------------------|-------------------|-------------------|
| Cash paid for amounts included in the measurement of<br>lease liabilities |                   |                   |
| Operating cash paid for operating leases                                  | \$ 202,499        | \$ 188,629        |
| Operating cash paid for short-term leases                                 | 44,636            | 59,036            |
| Financing cash paid for financing leases                                  | 14,681            | 14,132            |
| Operating cash paid for financing leases                                  | 1,193             | 1,742             |
| Total                                                                     | <u>\$ 263,009</u> | <u>\$ 263,539</u> |

**(8) Retirement Plan**

The Organization maintains a 401(k) retirement plan with two components. The first component allows eligible employees to elect to defer part of their wages into the plan (salary deferrals). The plan allows for discretionary employer matching of employee deferrals. The second component provides for a nonelective discretionary employer contribution.

Salary deferrals are allowed for employees who are at least 21 years of age and have completed 60 days of service. To be eligible for the employer discretionary match and/or nonelective contribution, employees must have worked at least 1,000 hours in the past consecutive 12 months and be employed on the last day of the plan year. Employees who receive subsidized employment as part of a work training program funded by state and/or federal agencies are excluded from participation in the plan.

Retirement plan costs for the years ended June 30, 2024 and 2023, were \$402,405 and \$377,314, respectively, and are included in fringe benefits in the accompanying statements of functional expenses.

**Notes to Financial Statements**

June 30, 2024 and 2023

**(9) Contingency**

Funding for the Organization's operations is primarily from grants and contracts. Continued existence of the Organization depends upon the continuation of such funding.

**(10) Liquidity**

As of June 30, 2024 and 2023, the Organization's financial assets available within one year of the statement of financial position date are outlined below. The Organization has a goal to maintain financial assets, which consist of cash on hand to meet 60 days of normal operating expenses, which are, on average, approximately \$3 million. As part of its liquidity management, the Organization places cash in excess of daily requirements in various bank savings accounts. As of June 30, the Organization had the following financial assets available to meet cash needs for general expenditures within one year:

|                                                                                                        | <u>2024</u>         | <u>2023</u>         |
|--------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Liquid financial assets as of June 30                                                                  | \$ 7,171,295        | \$ 6,308,538        |
| Less: restrictions making financial assets unavailable for general expenditure                         |                     |                     |
| Restricted cash                                                                                        | (122,856)           | (141,921)           |
| Retirement savings                                                                                     | <u>(229,026)</u>    | <u>(219,057)</u>    |
| Financial assets available within one year to meet cash needs for general expenditures within one year | <u>\$ 6,819,413</u> | <u>\$ 5,947,560</u> |

**(11) Subsequent Events**

The Organization has evaluated subsequent events through September 17, 2024, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL  
STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS**

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To the Board of Directors  
People For People  
Yakima, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of People For People (the Organization), a nonprofit organization, which comprise the statement of financial position as of June 30, 2024, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements (the financial statements), and have issued our report thereon dated September 17, 2024.

***Report on Internal Control over Financial Reporting***

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances, for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

To the Board of Directors  
People For People

***Report on Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Algría & Company, P.S.*

Yakima, Washington  
September 17, 2024

# **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE**

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To the Board of Directors  
People For People  
Yakima, Washington

## ***Report on Compliance for Each Major Federal Program***

### ***Opinion on Each Major Federal Program***

We have audited People For People's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of People For People's major federal programs for the year ended June 30, 2024. People For People's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, People For People complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

### ***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of People For People and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of People For People's compliance with the compliance requirements referred to above.

To the Board of Directors  
People For People

### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to People For People's federal programs.

### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on People For People's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS, *Government Auditing Standards* and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about People For People's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with U.S. GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding People For People's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of People For People's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of People For People's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

To the Board of Directors  
People For People

### ***Report on Internal Control over Compliance***

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Alquia & Company, P.S.*

Yakima, Washington  
September 17, 2024

PEOPLE FOR PEOPLE

**Schedule of Findings and Questioned Costs**

Year ended June 30, 2024

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**SECTION I – SUMMARY OF AUDITOR’S RESULTS**

**FINANCIAL STATEMENTS**

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with U.S. GAAP:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? ☐ Yes ☒ No
- Significant deficiency(ies) identified? ☐ Yes ☒ None reported
- Noncompliance material to financial statements noted? ☐ Yes ☒ No

**FEDERAL AWARDS**

Internal control over major federal programs:

- Material weakness(es) identified? ☐ Yes ☒ No
- Significant deficiency(ies) identified? ☐ Yes ☒ None reported

Type of auditor’s report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

☐ Yes ☒ No

Identification of major federal programs:

| Assistance Listing Number(s) | Name of Federal Program or Cluster               |
|------------------------------|--------------------------------------------------|
| 20.513<br>93.558             | Transit Services Programs Cluster<br>477 Cluster |

Dollar threshold used to distinguish between type A and type B programs: \$ 750,000

Auditee qualified as low-risk auditee? ☒ Yes ☐ No

**SECTION II – FINANCIAL STATEMENT FINDINGS**

None reported.

**SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

None reported.

PEOPLE FOR PEOPLE

**Schedule of Expenditures of Federal Awards**

Year ended June 30, 2024

| Federal grantor/pass-through grantor/program or cluster title                | Federal CFDA<br>number | Pass-through entity identifying number | Passed through<br>to subrecipients | Federal<br>expenditures |
|------------------------------------------------------------------------------|------------------------|----------------------------------------|------------------------------------|-------------------------|
| U.S. Department of Agriculture                                               |                        |                                        |                                    |                         |
| SNAP cluster                                                                 |                        |                                        |                                    |                         |
| Passed through the Washington State Department of Social and Health Services |                        |                                        |                                    |                         |
| Basic Food Outreach                                                          | 10.561                 | 2213-44421 Amend 1                     | \$ 1,191,678                       | \$ 1,623,119            |
| Basic Food Employment & Training Reinvest Washington                         | 10.561                 | 2412-54107 Amend 1                     | -                                  | 39,483                  |
| Basic Food Employment & Training                                             | 10.561                 | 2212-44561                             | -                                  | 65,150                  |
| Basic Food Employment & Training                                             | 10.561                 | 2312-50504 Amend 1                     | -                                  | 178,932                 |
| Total SNAP cluster                                                           |                        |                                        | <u>1,191,678</u>                   | <u>1,906,684</u>        |
| Total U.S. Department of Agriculture                                         |                        |                                        | <u>1,191,678</u>                   | <u>1,906,684</u>        |
| U.S. Department of the Treasury                                              |                        |                                        |                                    |                         |
| Passed through City of Yakima                                                |                        |                                        |                                    |                         |
| COVID Recovery Program - Kitchen Equipment Nutrition                         | 21.027                 | 12238P                                 | -                                  | 99,620                  |
| Total assistance listing 21.027                                              |                        |                                        | <u>-</u>                           | <u>99,620</u>           |
| Total U.S. Department of the Treasury                                        |                        |                                        | <u>-</u>                           | <u>99,620</u>           |
| U.S. Department of Education                                                 |                        |                                        |                                    |                         |
| Passed through South Central Workforce Council                               |                        |                                        |                                    |                         |
| Division of Vocational Rehabilitation - Pre-ETS                              | 84.126                 | PY22-SCW-DVR-PFP Modification 3        | -                                  | 130,613                 |
| Department of Child, Youth, and Families - DCYF                              | 84.126                 | PY23-SCW-DCYF MyJOB-PFP Mod 1          | -                                  | 22,070                  |
| Total assistance listing 84.126                                              |                        |                                        | <u>-</u>                           | <u>152,683</u>          |
| Total U.S. Department of Education                                           |                        |                                        | <u>-</u>                           | <u>152,683</u>          |
| U.S. Department of Housing & Urban Development                               |                        |                                        |                                    |                         |
| CDBG - Entitlement Grants cluster                                            |                        |                                        |                                    |                         |
| Passed through South Central Workforce Council                               |                        |                                        |                                    |                         |
| Community Development Block Grant (CDBG) - COVID                             | 14.228                 | SCWDC-PY20-CDBG-CV-PFP MOD 2           | -                                  | 25,709                  |
| Total assistance listing 14.228                                              |                        |                                        | <u>-</u>                           | <u>25,709</u>           |
| Total U.S. Department of Housing & Urban Development                         |                        |                                        | <u>\$ -</u>                        | <u>\$ 25,709</u>        |

PEOPLE FOR PEOPLE

**Schedule of Expenditures of Federal Awards**

Year ended June 30, 2024

| Federal grantor/pass-through grantor/program or cluster title                  | Federal CFDA<br>number | Pass-through entity identifying number | Passed through<br>to subrecipients | Federal<br>expenditures |
|--------------------------------------------------------------------------------|------------------------|----------------------------------------|------------------------------------|-------------------------|
| U.S. Department of Transportation                                              |                        |                                        |                                    |                         |
| TSPC cluster                                                                   |                        |                                        |                                    |                         |
| Passed through State of Washington Department of Transportation                |                        |                                        |                                    |                         |
| Mobility Coordinator - Benton & Franklin Counties (FTA 5310)                   | 20.513                 | PTD0352-01                             | \$ -                               | \$ 33,374               |
| Transit Technology Planning Grant - Adams, Grant, Lincoln, and Yakima Counties | 20.513                 | PTD0704                                | -                                  | 4,090                   |
| Capital Equipment Grant (FTA 5310)                                             | 20.513                 | PTD0351-02                             | -                                  | 130,549                 |
| Capital Equipment Grant (FTA 5310)                                             | 20.513                 | PTD0353-02                             | -                                  | 126,981                 |
| Capital Equipment Grant (FTA 5310)                                             |                        | PTD0707-A1                             | -                                  | 680,950                 |
| Total TSPC cluster                                                             |                        |                                        | -                                  | 975,944                 |
| Passed through State of Washington Department of Transportation                |                        |                                        |                                    |                         |
| Rural Transportation - Yakima, Benton, Franklin, Grant, Lincoln (FTA5311) -    |                        |                                        |                                    |                         |
| ARPA FUNDING                                                                   | 20.509                 | PTD0543                                | -                                  | 102,467                 |
| Total assistance listing 20.509                                                |                        |                                        | -                                  | 102,467                 |
| Total U.S. Department of Transportation                                        |                        |                                        | \$ -                               | \$ 1,078,411            |

PEOPLE FOR PEOPLE

**Schedule of Expenditures of Federal Awards**

Year ended June 30, 2024

| Federal grantor/pass-through grantor/program or cluster title  | Federal CFDA<br>number | Pass-through entity identifying number | Passed through<br>to subrecipients | Federal<br>expenditures |
|----------------------------------------------------------------|------------------------|----------------------------------------|------------------------------------|-------------------------|
| U.S. Department of Health and Human Services                   |                        |                                        |                                    |                         |
| 477 cluster TANF                                               |                        |                                        |                                    |                         |
| Passed through the South Central Workforce Development Council |                        |                                        |                                    |                         |
| WorkFirst Community Jobs                                       | 93.558                 | PY23-SCW-WF-PFP Modification 2         | \$ -                               | \$ 1,606,432            |
| Total 477 cluster TANF                                         |                        |                                        | -                                  | 1,606,432               |
| Aging cluster                                                  |                        |                                        |                                    |                         |
| Passed through Aging and Long-term care                        |                        |                                        |                                    |                         |
| Senior Nutrition Program (T3C) & ARPA FUNDING                  | 93.045                 | ALTCCOG 2023 - 40                      | -                                  | 350,334                 |
| Senior Nutrition Program (T3C)                                 | 93.045                 | ALTCCOG 2024-45 Mod 1                  | -                                  | 337,640                 |
| Total assistance listing 93.045                                |                        |                                        | -                                  | 687,974                 |
| Senior Nutrition Program (NSIP)                                | 93.053                 | ALTCCOG 2023 - 40                      | -                                  | 27,236                  |
| Senior Nutrition Program (NSIP)                                | 93.053                 | ALTCCOG 2024-45 Mod 1                  | -                                  | 60,094                  |
| Total assistance listing 93.053                                |                        |                                        | -                                  | 87,330                  |
| Senior Transportation                                          | 93.044                 | 2023-53 (TRANSPORTATION) - Mod 1       | -                                  | 92,756                  |
| Senior Transportation                                          | 93.044                 | ALTCCOG 2024-63                        | -                                  | 108,231                 |
| Passed through Aging and Adult Care of Central Washington      |                        |                                        |                                    |                         |
| Senior Transportation                                          | 93.044                 | 08-23-PFP-TR                           | -                                  | 20,835                  |
| Senior Transportation - ARPA FUNDING                           | 93.044                 | 08-24-PFP-TR                           | -                                  | 39,894                  |
| Passed through WA State Long-term Care Ombudsman               |                        |                                        |                                    |                         |
| Program/Multi-Service Center                                   |                        |                                        |                                    |                         |
| Ombudsman - ARPA Funding                                       | 93.044                 | LTCOP 2223-6 Amendment 4               | -                                  | 21,962                  |
| Total assistance listing 93.044                                |                        |                                        | -                                  | 283,678                 |
| Total aging cluster                                            |                        |                                        | -                                  | 1,058,982               |
| Total U.S. Department of Health & Human Services               |                        |                                        | \$ -                               | \$ 2,665,414            |

PEOPLE FOR PEOPLE

**Schedule of Expenditures of Federal Awards**

Year ended June 30, 2024

| Federal grantor/pass-through grantor/program or cluster title  | Federal CFDA number | Pass-through entity identifying number | Passed through to subrecipients | Federal expenditures |
|----------------------------------------------------------------|---------------------|----------------------------------------|---------------------------------|----------------------|
| U.S. Department of Labor                                       |                     |                                        |                                 |                      |
| Passed through the South Central Workforce Development Council |                     |                                        |                                 |                      |
| WIOA cluster                                                   |                     |                                        |                                 |                      |
| WIOA Adult                                                     | 17.258              | PY23-SCW-WIOA-PFP Mod 2                | \$ -                            | \$ 1,099,357         |
| WIOA Economic Security                                         | 17.258              | SCWDC-PY20-EcSA-PFP Mod 4              | -                               | 39,394               |
| Total assistance listing 17.258                                |                     |                                        | -                               | 1,138,751            |
| WIOA Youth                                                     | 17.259              | PY23-SCW-WIOA-PFP Mod 2                | -                               | 1,174,482            |
| WIOA Economic Security                                         | 17.259              | SCWDC-PY20-EcSA-PFP Mod 4              | -                               | 242,929              |
| Total assistance listing 17.259                                |                     |                                        | -                               | 1,417,411            |
| WIOA Dislocated Worker                                         | 17.278              | PY23-SCW-WIOA-PFP Mod 2                | -                               | 1,296,786            |
| WIOA Economic Security                                         | 12.278              | SCWDC-PY20-EcSA-PFP Mod 4              | -                               | 45,960               |
| Total assistance listing 17.278                                |                     |                                        | -                               | 1,342,746            |
| Total WIOA cluster                                             |                     |                                        | -                               | 3,898,908            |
| WIOA DWG Quest Disaster Recovery - COVID                       | 17.277              | SCWDC-PY22-QUEST-PFP                   | -                               | 267,774              |
| Total assistance listing 17.277                                |                     |                                        | -                               | 267,774              |
| Passed through WA State Employment Security Department         |                     |                                        |                                 |                      |
| UI Navigator Program - ARPA FUNDING                            | 17.225              | K8300 Amendment 1                      | -                               | 117,645              |
| Total assistance listing 17.225                                |                     |                                        | -                               | 117,645              |
| Total U.S Department of Labor                                  |                     |                                        | -                               | 4,284,327            |
| U.S. Department of Justice                                     |                     |                                        |                                 |                      |
| Second Chance Act Reentry Initiative                           |                     |                                        |                                 |                      |
| BJA FY 23 Second Chance Act Community-Based Reentry Program    | 16.812              | 15PBJA-23-GG-05292-SCAX                | -                               | 48,392               |
| Total assistance listing 16.812                                |                     |                                        | -                               | 48,392               |
| Total U.S. Department of Justice                               |                     |                                        | -                               | 48,392               |
| Total Federal Assistance                                       |                     |                                        | \$ 1,191,678                    | \$ 10,261,240        |

PEOPLE FOR PEOPLE

**Notes to Schedule of Expenditures of Federal Awards**

Year ended June 30, 2024

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**NOTE (A) – Basis of Presentation**

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activities of People For People (the Organization) for the year ended June 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Therefore, some amounts presented in this Schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

**NOTE (B) – Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

**NOTE (C) – Indirect Cost Rate**

People For People has not elected to use the 10% de minimis indirect cost rate. The Organization has used the cost rate required by the grant funders.

**Attachment to January 2023 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** 401(k) Profit Sharing Plan for Employees of People for People

**EIN:** 91-0783225

**PN:** 001

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>American Funds Insurance Series New World Fund                                    |          | 1,845             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP                                                            |          | 96,976            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund Portfolio                                                 |          | 68,740            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity-Income Portfolio                                              |          | 51,578            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid Cap Portfolio                                                    |          | 9,831             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT US Equity Insights Fund                                         |          | 5,565             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Invesco V.I. Main Street Fund                                                     |          | 121               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>LOAN FUND                                                                         |          | 86,116            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>LVIP American Century Capital Appreciation Fund                                   |          | 26,304            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MFS VIT III Mid Cap Value Portfolio                                               |          | 485               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Macquarie VIP Small Cap Value Series                                              |          | 479               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Aggressive Allocation Fund                                                    |          | 23,838            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA All America Fund                                                              |          | 516               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2015 Fund                                                       |          | 4,645             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2020 Fund                                                       |          | 634,876           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2025 Fund                                                       |          | 558,033           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2030 Fund                                                       |          | 464,660           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2035 Fund                                                       |          | 450,132           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2040 Fund                                                       |          | 633,881           |

**Attachment to January 2023 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** 401(k) Profit Sharing Plan for Employees of People for People

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| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2045 Fund                                                       |          | 596,571           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2050 Fund                                                       |          | 272,824           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2055 Fund                                                       |          | 255,515           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2060 Fund                                                       |          | 63,190            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2065 Fund                                                       |          | 13,261            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Conservative Allocation Fund                                                  |          | 16,954            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Core Bond Fund                                                                |          | 21,905            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Equity Index Fund                                                             |          | 409,845           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Intermediate Bond Fund                                                        |          | 27,342            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Equity Index Fund                                                     |          | 236,041           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Value Fund                                                            |          | 3,513             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Moderate Allocation Fund                                                      |          | 46,434            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Retirement Income Fund                                                        |          | 87,061            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Equity Index Fund                                                   |          | 2,998             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Growth Fund                                                         |          | 11,278            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Value Fund                                                          |          | 13,790            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Interest Accumulation Account                                   |          | 438,421           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Neuberger Berman AMT Sustainable Equity Portfolio                                 |          | 2,548             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Portfolio                                                   |          | 29,628            |

**Attachment to January 2023 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** 401(k) Profit Sharing Plan for Employees of People for People **EIN:** 91-0783225  
**PN:** 001

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth Portfolio                                          |          | 332,863           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value Portfolio                                          |          | 65,543            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF International Portfolio                                              |          | 76,852            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index Portfolio                                          |          | 6,528             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Total Bond Market Index Portfolio                                    |          | 1,640             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Victory RS Small Cap Growth Equity VIP Series                                     |          | 2,388             |

