

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: PEOPLE'S ACTION. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1130 N MILWAUKEE AVE. City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60642

D Employer identification number: 26-2613701. E Telephone number: (312) 243-3035. G Gross receipts \$ 4,920,060

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

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) [checked] 501(c)(4) (insert no.) 4947(a)(1) or 527

J Website: PEOPLESACTION.ORG

K Form of organization: Corporation [checked] Trust Association Other

L Year of formation: 2008. M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PEOPLE'S ACTION IS FOCUSED ON ADVANCING AFFORDABLE HEALTH CARE AND PRESCRIPTION DRUGS, TAX FAIRNESS AND FAIR IMMIGRATION REFORM, AS WELL AS PROTECTING SAFETY NET PROGRAMS.

Table with 2 columns: Description and Amount. Rows 2-7a: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 20. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0. 6 Total number of volunteers (estimate if necessary) 6 35,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 2,562,885 4,691,541. 9 Program service revenue (Part VIII, line 2g) 60,739 228,497. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26 22. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,623,650 4,920,060.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 488,200 2,860,198. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 505,408 310,691. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 821,716 866,344. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,815,324 4,037,233. 19 Revenue less expenses. Subtract line 18 from line 12 808,326 882,827.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 2,028,725 3,492,601. 21 Total liabilities (Part X, line 26) 220,361 801,410. 22 Net assets or fund balances. Subtract line 21 from line 20 1,808,364 2,691,191.

Part II Signature Block

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

Sign Here: Signature of officer: GEORGE GOEHL EXECUTIVE DIRECTOR. Date: 2021-11-12. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2021-11-12, Check if self-employed, PTIN P00022148, Firm's name CBIZ MHM LLC, Firm's EIN 34-1853929, Firm's address 225 WEST WACKER DR SUITE 2500 CHICAGO, IL 60606, Phone no. (312) 602-6800.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [checked] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PEOPLE'S ACTION IS ORGANIZED TO PROMOTE ECONOMIC, RACIAL AND SOCIAL EQUITY THROUGH NATIONAL, REGIONAL AND LOCAL ADVOCACY CAMPAIGNS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 3,730,094 including grants of \$ 2,860,198) (Revenue \$ 228,497)

SEE SCHEDULE OADVOVACY - THE ORGANIZATION CONDUCTS ADVOCACY AND LOBBYING ACTIVITIES TO SUPPORT AND ADVANCE NATIONAL AGENDA FOR LOW- AND MODERATE-INCOME PEOPLE. OUR AGENDA IS BASED AROUND A RANGE OF ISSUES AFFECTING WORKING PEOPLE AND THEIR COMMUNITIES THAT INCLUDE HEALTH CARE, CLEAN ENERGY, HOUSING, IMMIGRATION, ACCESS AND AFFORDABILITY TO HIGHER EDUCATION, AND THE OVERDOSE CRISIS AND ISSUES RELATING TO CRIMINALIZATION OF THESE COMMUNITIES. POLITICAL - THE ORGANIZATION ENGAGES IN THE ELECTORAL PROCESS BY SUPPORTING CANDIDATES ALIGNED WITH OUR ORGANIZATIONAL MISSION, OUR ISSUE-BASED AGENDA AND VISION FOR THE COUNTRY. WE GENERATE ENERGY AROUND THE ELECTION CYCLE USING OUR ISSUES AND MOVE PEOPLE TO PARTICIPATE IN THE DEMOCRATIC PROCESS THROUGH MASS VOLUNTEERISM. WE SUPPORT STATE AND LOCAL ORGANIZATIONS FROM ACROSS THE COUNTRY THAT ARE WORKING TOWARDS BUILDING INDEPENDENT POLITICAL POWER AND FUNCTIONAL MODELS FOR CO-GOVERNANCE. ACHIEVEMENTS 2020 -FEDERAL ADVOCACY AGENDA: WE ADVANCED A FEDERAL ADVOCACY AGENDA THAT PRIORITIZES EXPANDING PUBLIC HEALTH CARE COVERAGE, LOWER DRUG PRICES AND INVESTING IN MEDICARE; ADDRESSING THE OVERDOSE CRISIS; PANDEMIC RELIEF AND RECOVERY, EQUITABLE INVESTMENT AND CUMULATIVE IMPACTS FOR FRONTLINE COMMUNITIES; AND RENT CANCELLATION DURING THE PANDEMIC. WE TOOK BOLD POLICY STANDS WHICH PUSHED THE LANDSCAPE TO WIN RELIEF FOR MILLIONS OF AMERICANS IN 2020 AND LAID THE GROUNDWORK FOR ADDITIONAL VICTORIES MOVING FORWARD. WE PARTICULARLY FOCUSED ON CASH PAYMENTS, UNEMPLOYMENT INSURANCE BENEFITS, RENT SUPPORT, ETC. WHILE WE DIDN'T WIN ALL OF OUR DEMANDS, OUR WORK HELPED CREATE THE PRESSURE FOR THE POLITICAL WILL TO GET THINGS DONE AND OPENED UP MORE SPACE FOR THE VICTORIES THAT DID LAND.-DEEP CANVASSING AND ELECTORAL PROGRAM: IN THE SUMMER OF 2020 WE COMPLETED A DEEP CANVASSING POLITICAL PERSUASION EXPERIMENT AND THE RESULTS WERE GROUNDBREAKING. WE PARTNERED WITH THE NEW CONVERSATION INITIATIVE AND RESEARCHERS DAVID BROOCKMAN AND JOSH KALLA TO CONDUCT AN EVALUATION OF THE PROGRAM, AND FOUND THAT OUR CONVERSATIONS HAVE A SUBSTANTIAL IMPACT ON TRUMP'S VOTE MARGIN, SHIFTING 4.9% OF WOMEN, 8.5% INDEPENDENT WOMEN AND AN OVERALL 3.1% OF ALL VOTERS WHO WERE CONFLICTED OR SUPPORTING TRUMP. FOLLOWING THE EXPERIMENT, WE LAUNCHED A NATIONAL MASS VOLUNTEER PROGRAM, LED BY A DOZEN ORGANIZERS WHO BROUGHT THE SKILLS FROM LEADING AN INNOVATIVE NATIONAL PRESIDENTIAL FIELD PROGRAM TO COMPLEMENT PEOPLE'S ACTION'S INVESTMENT IN DEEP CANVASSING, AND THE PROGRAM GREW FROM A WEEKLY TEXT BANK WITH A DOZEN OR SO VOLUNTEERS INTO A MASSIVE OPERATION WITH NIGHTLY TEXTING AND PHONE BANKS, EACH DRAWING BETWEEN 200-500 ATTENDEES. THIS WORK WAS COVERED IN THE ATLANTIC, ROLLING STONE, AND THE NATION. THROUGHOUT THE 2020 ELECTORAL CYCLE WE ALSO PROVED THAT DEEP CANVASS CAN BE SCALED THROUGH MASS VOLUNTEERING, HAVING 280,202 DEEP CANVASS CONVERSATIONS IN 8 BATTLEGROUND STATES FOR THE PRESIDENTIAL RACE. A VAST MAJORITY OF THE PROGRAM WAS DRIVEN BY VOLUNTEER POWER (MORE THAN 35,000 VOLUNTEERS).

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,730,094

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, etc.), and Yes/No/Amount columns. Row 2a shows a value of 0. Row 16 includes a note about Form 4720.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARINA SELIKHOVA 1130 N MILWAUKEE AVE CHICAGO, IL 60642 (312) 243-3035

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

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

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

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LIZETH CHACON PRESIDENT AND BOARD MEMBER	2.00	X		X				0	0	0
(2) JOSEPH MPA VICE PRESIDENT AND BOARD M	2.00	X		X				0	0	0
(3) JENNIFER RITTER TREASURER AND BOARD MEMBER	2.00	X		X				0	0	0
(4) ELIANNE FARHAT BOARD MEMBER	1.00	X						0	0	0
(5) BRIGID FLAHERTY BOARD MEMBER	1.00	X						0	0	0
(6) JUSTIN VEST BOARD MEMBER	1.00	X						0	0	0
(7) REGINALD BROWN BOARD MEMBER	1.00	X						0	0	0
(8) EMILY LEE BOARD MEMBER	1.00	X						0	0	0
(9) LARRY STAFFORD BOARD MEMBER	1.00	X						0	0	0
(10) RICH STOLZ BOARD MEMBER	1.00	X						0	0	0
(11) GEORGE KOHL BOARD MEMBER	2.00	X						0	0	0
(12) HUGH ESPEY BOARD MEMBER	1.00	X						0	0	0
(13) IVETTE ALFONSO BOARD MEMBER	1.00	X						0	0	0
(14) JAMES HASLAM BOARD MEMBER	1.00	X						0	0	0
(15) JESSE GRAHAM BOARD MEMBER	1.00	X						0	0	0
(16) LAURA MARTIN BOARD MEMBER	1.00	X						0	0	0
(17) REV EUGENE BARNES BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MICHAEL LIGHTY BOARD MEMBER	1.00	X						0	0	0	
(19) ROBERT KRAIG BOARD MEMBER	1.00	X						0	0	0	
(20) GEORGE GOEHL EXECUTIVE DIRECTOR	8.00	X		X				0	0	0	
(21) TOMAS ROBLES BOARD MEMBER	1.00	X						0	0	0	
(22) LUPE LOPEZ MANAGING DIRECTOR	3.00			X				0	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SNACK PACK MAIL 1570 EAST F STREET OAKDALE, CA 95361	PROVIDE LETTERS/ENVELOPES	147,295

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514

Table for Contributions, Gifts, Grants and Other Similar Amounts. Rows 1a-1e: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants. Row 1f: All other contributions. Row 1g: Noncash contributions. Row 1h: Total.

Table for Program Service Revenue. Rows 2a-2f: MISCELLANEOUS, AFFILIATE DUES, All other program service revenue. Row 2g: Total. Includes Business Code column.

Table for Other Revenue. Rows 3-10: Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Gross income from fundraising events, Net income or loss from gaming activities, Net income or loss from sales of inventory.

Table for Miscellaneous Revenue. Rows 11a-11d: Miscellaneous Revenue, All other revenue. Row 12: Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,860,198	2,860,198		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	237,689	180,833	56,856	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	54,972	42,704	12,268	
10 Payroll taxes	18,030	13,834	4,196	
11 Fees for services (non-employees):				
a Management				
b Legal	22,869		22,869	
c Accounting	28,150		28,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	16,914	16,914		
13 Office expenses	641	499	142	
14 Information technology	19,834	11,796	8,038	
15 Royalties				
16 Occupancy	15,807	5,228	10,579	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,071	11,065	6	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING SERVICES	594,402	535,862	58,540	
b DUES & SUBSCRIPTIONS	104,267	21,245	83,022	
c MISCELLANEOUS	23,104	13,064	10,040	
d PRINTING & COPYING	14,523	14,523		
e All other expenses	14,762	2,329	12,433	
25 Total functional expenses. Add lines 1 through 24e	4,037,233	3,730,094	307,139	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,920,060
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,037,233
3	Revenue less expenses. Subtract line 2 from line 1	3	882,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,808,364
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	2,691,191

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
PEOPLE'S ACTION

Employer identification number

26-2613701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization
PEOPLE'S ACTION

Employer identification number
26-2613701

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
PEOPLE'S ACTION

Employer identification number

26-2613701

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

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

Name of organization
PEOPLE'S ACTION

Employer identification number

26-2613701

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

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

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization
PEOPLE'S ACTION

Employer identification number

26-2613701

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 836,230
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 609,814
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ 609,814
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) PEOPLE'S ACTION POWER	1285 STRATFORD AVE SUITE G 239 DIXON, CA 95620	84-4643312	598,703	0
(2) MIJENTE PAC	734 W POLK ST PHOENIX, AZ 85007	84-4616573	11,111	0
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART I-A, LINE 1:	PROVIDED TRAINING TO SOCIAL WELFARE ORGANIZATIONS ON HOW TO CONDUCT PHONE AND DOOR CANVASS OPERATIONS FOR PUBLIC EDUCATION, GRASSROOTS LOBBYING AND ELECTORAL CAMPAIGNS.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization PEOPLE'S ACTION

Employer identification number

26-2613701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and various questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts related to them.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 0 |
| d Additions during the year | 1,400,000 |
| e Distributions during the year | 800,000 |
| f Ending balance | 600,000 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,542	2,542	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				0

Part VII Investments—Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (B) through (I), and Total.

Part VIII Investments—Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (2) through (10) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Row (1) CUSTODIAL FUNDS has a value of 600,000. Total row also shows 600,000.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row (1) Federal income taxes has a value of 132,478. Total row also shows 132,478.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	4,920,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	4,920,060
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,920,060

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	3,484,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	3,484,127
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	553,106	
c	Add lines 4a and 4b		4c	553,106
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,037,233

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION IS ACTING AS A FISCAL AGENT FOR DOWN HOME NORTH CAROLINA. AS FISCAL AGENT, THE ORGANIZATION IS THE CUSTODIAN OF FUNDS AND IS RESPONSIBLE FOR THE ADMINISTRATION AND DISBURSEMENT OF GRANTS AS DIRECTED BY DOWN HOME NORTH CAROLINA. DOWN HOME NORTH CAROLINA IS NOT CONSOLIDATED INTO THE ORGANIZATION'S FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2020, THE ORGANIZATION'S CUSTODIAL FUNDS CONSISTED OF CASH AND CASH EQUIVALENTS AND TOTALED \$600,000.
PART XII, LINE 4B	AMOUNTS REPORTED AS REVENUE AND EXPENSES IN PRIOR YEARS WERE DETERMINED TO BE CUSTODIAL ACTIVITY RESULTING IN A \$553,106 REDUCTION IN THE AMOUNT OF BEGINNING OF YEAR NET ASSETS.

Additional Data

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Software ID:
Software Version:

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
PEOPLE'S ACTION

Employer identification number
26-2613701

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITIZEN ACTION OF WISCONSIN 221 S 2ND ST 300 MILWAUKEE, WI 53204	39-1424314	501C4	200,000				AFFILIATE STATE PROGRAMS SUPPORT
(2) COOPERATIVE IMPACTS LAB 315 FLATBUSH AVE 304 BROOKLYN, NY 11217	83-1002641	501C4	370,000				AFFILIATE STATE PROGRAMS SUPPORT
(3) DOWN HOME NC 2617 SPRINGWOOD DR GREENSBORO, NC 27403	83-1236736	501C4	428,106				AFFILIATE STATE PROGRAMS SUPPORT
(4) EVERYDAY PEOPLE 2606 NINTH ST BERKELEY, CA 94710	30-1208049	501C4	7,000				AFFILIATE STATE PROGRAMS SUPPORT
(5) GROUND GAME LA 5616 HOLLYWOOD BLVD SUITE 107 LOS ANGELES, CA 90028	82-0910342	501C4	32,000				AFFILIATE STATE PROGRAMS SUPPORT
(6) HOMETOWN ACTION 395 CRESTVIEW CIRCLE MONTEVALLO, AL 35115	84-2743229	501C4	67,556				AFFILIATE STATE PROGRAMS SUPPORT
(7) HOOSIER ACTION 1461 W BLOOMFIELD RD BLOOMINGTON, IN 47403	81-5180862	501C4	5,000				AFFILIATE STATE PROGRAMS SUPPORT
(8) JANE ADDAMS SENIORS IN ACTION 1111 N WELLS ST SUITE 302 CHICAGO, IL 60610	81-3229556	501C4	19,000				AFFILIATE STATE PROGRAMS SUPPORT
(9) JUST STRATEGY 3518 SOUTH EDMUNDS STREET SEATTLE, WA 98118	82-5095846	501C4	90,000				AFFILIATE STATE PROGRAMS SUPPORT
(10) MIJENTE PAC 734 W POLK ST PHOENIX, AZ 85007	84-4616573	527 PAC	11,111				AFFILIATE STATE PROGRAMS SUPPORT
(11) MISSOURI JOBS WITH JUSTICE VOTER ACTION 2725 CLIFTON AVE ST LOUIS, MO 63139	46-3985290	501C4	45,000				AFFILIATE STATE PROGRAMS SUPPORT
(12) MOVEMENT VOTER PROJECT FS NEW HAMPSHIRE YOUTH MOVEMENT PO BOX 749 NORTHHAMPTON, MA 01060	37-1697474	501C4	1,800				AFFILIATE STATE PROGRAMS SUPPORT
(13) ONE PEOPLE'S CAMPAIGN 4648 N RACINE AVE CHICAGO, IL 60640	82-3982666	501C4	39,500				AFFILIATE STATE PROGRAMS SUPPORT
(14) OUR REVOLUTION PO BOX 66208 WASHINGTON, DC 20035	81-3260391	501C4	11,111				AFFILIATE STATE PROGRAMS SUPPORT
(15) PEOPLE'S ACTION POWER PAC 1285 STRATFORD AVE SUITE G 239 DIXON, CA 95620	84-4643312	527 PAC	598,703				AFFILIATE STATE PROGRAMS SUPPORT
(16) RECLAIM CHICAGO	47-1963015	501C4	22,000				AFFILIATE STATE

1659 W HUBBARD ST CHICAGO,IL 60622						PROGRAMS SUPPORT
(17) RURALORGANIZINGORG 191 CLINTON STREET COLUMBUS,OH 43202	82-5040665	501C4	60,000			AFFILIATE STATE PROGRAMS SUPPORT
(18) SUNRISE MOVEMENT 50 F STREET NW STE 700 WASHINGTON,DC 20001	82-1232167	501C4	11,111			AFFILIATE STATE PROGRAMS SUPPORT
(19) TIDES ADVOCACY FS GREEN NEW DEAL NETWORK 1014 TORNEY AVE SAN FRANCISCO,CA 94129	94-3153687	501C4	5,000			AFFILIATE STATE PROGRAMS SUPPORT
(20) UNITED ACTION FOR IDAHO 1912 W JEFFERSON BOISE,ID 83702	20-2056941	501C4	5,000			AFFILIATE STATE PROGRAMS SUPPORT
(21) COMMUNITY VOICES HEARD POWER 115 EAST 106TH STREET NEW YORK,NY 10029	27-3095637	501C4	25,000			AFFILIATE STATE PROGRAMS SUPPORT
(22) OUR CITY ACTION BUFFALO 429 PLYMOUTH AVE SUITE 1 BUFFALO,NY 14213	84-5173582	501C4	15,000			AFFILIATE STATE PROGRAMS SUPPORT
(23) CITIZEN ACTION OF NEW YORK 940 CENTRAL AVENUE ALBANY,NY 12206	11-2644562	501C4	20,000			AFFILIATE STATE PROGRAMS SUPPORT
(24) COLORADO PEOPLE'S ACTION 700 KALAMATH ST DENVER,CO 80204	81-1303316	501C4	60,000			AFFILIATE STATE PROGRAMS SUPPORT
(25) IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND 2001 FOREST AVE DES MOINES,IA 50311	45-3279620	501C4	45,000			AFFILIATE STATE PROGRAMS SUPPORT
(26) LIVING UNITED FOR CHANGE IN ARIZONA 3120 N 19TH AVE SUITE 190 PHOENIX,AZ 85015	27-1398645	501C4	110,000			AFFILIATE STATE PROGRAMS SUPPORT
(27) MAINE PEOPLE'S ALLIANCE 565 CONGRESS STREET STE 200 PORTLAND,ME 04101	01-0383493	501C4	25,000			AFFILIATE STATE PROGRAMS SUPPORT
(28) MICHIGAN PEOPLE'S CAMPAIGN 2227 MEDFORD ANN ARBOR,MI 48104	46-4173944	501C4	132,000			AFFILIATE STATE PROGRAMS SUPPORT
(29) PENNSYLVANIA STANDS UP 215 N LIME ST LANCASTER,PA 17602	83-2880678	501C4	155,000			AFFILIATE STATE PROGRAMS SUPPORT
(30) TAKEACTION MINNESOTA 705 RAYMOND AVE 100 ST PAUL,MN 55114	20-3338691	501C4	65,000			AFFILIATE STATE PROGRAMS SUPPORT
(31) THE PEOPLE'S LOBBY 1659 W HUBBARD ST CHICAGO,IL 60622	46-1465650	501C4	52,500			AFFILIATE STATE PROGRAMS SUPPORT

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	FOR EACH GRANT THERE IS A CLEAR WRITTEN WORKPLAN WITH DELIVERABLES. AT THE END OF THE GRANT PERIOD, THE ORGANIZATION IS REQUIRED TO WRITE A REPORT SUMMARIZING ACCOMPLISHMENTS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S ACTION

Employer identification number

26-2613701

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, PART VII, LINE 5	UNRELATED ORGANIZATION - PEOPLE'S ACTION INSTITUTE TYPE AND AMOUNT OF COMPENSATION - WAGES, \$20,949, BENEFITS, \$4,659 INDIVIDUAL RECEIVING COMPENSATION - GEORGE GOEHL

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
PEOPLE'S ACTION

Employer identification number

26-2613701

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	EXECUTIVE DIRECTOR DISCUSSES FORM 990 WITH TAX PREPARERS THEN REVIEW FINAL DRAFT WITH THE BOARD TREASURER.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS OF THE ORGANIZATION. DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND THE REVIEW OF ACTUAL CONFLICTS ARE MADE AT THE BOARD LEVEL. WHEN A PERSON HAS A CONFLICT, SHE OR HE IS PROHIBITED FROM PARTICIPATING IN DISCUSSION OF DECISION MAKING ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15	PEOPLE'S ACTION SHARES ITS EXECUTIVE AND MANAGING DIRECTORS WITH PEOPLE'S ACTION INSTITUTE THROUGH A COST SHARING AGREEMENT. THE BOARD OF PEOPLE'S ACTION INSTITUTE DETERMINES THE LEVEL OF COMPENSATION FOR THE CO-EXECUTIVE DIRECTORS. PEOPLE'S ACTION PAYS FULL COST OF ITS SHARE BASED ON TIME AND EFFORT. THE DECISION ABOUT EXECUTIVE COMPENSATION WAS REVIEWED AND VOTED ON BY INDEPENDENT BOARD MEMBERS FOR PEOPLE'S ACTION INSTITUTE.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. REQUESTS FOR GOVERNING DOCUMENTS AND POLICIES ARE CONSIDERED ON A CASE-BY-CASE BASIS.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT YEAR.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

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- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S ACTION

Employer identification number

26-2613701

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PEOPLE'S ACTION OUTREACH LLC 1130 N MILWAUKEE AVE CHICAGO, IL 60642 36-4842645	CANVASSING	WA		31,660	PEOPLE'S ACTION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
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Schedule R (Form 990) 2020

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