** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u> F	or the	2023 calendar year, or tax year beginning and endi	ing		
	heck if	C Name of organization		D Employer identif	ication number
	Addres	PEOPLEFUND			
	Name			74-28145	72
	Initial return		m/suite	E Telephone number	er
	Final return/	2921 E. 17TH STREET BUILDING D 1		(888) 22	2-0017
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,793,917.
	Ameno return	AUSIIN, IX /8/UZ		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer. Gostavo Labala		for subordinates	s? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
17	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	a list. See instructions
	Vebsit			H(c) Group exemption	
			L Year o	of formation: 1994	M State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	art I	Summary	TO TO	201101172 0DD	OD #1111 # #17
ø		Briefly describe the organization's mission or most significant activities: CREATIN			
anc	l	AND FINANCIAL STABILITY FOR UNDERSERVED PEOD			
Governance	l	Check this box if the organization discontinued its operations or disposed o		1 -	
30		Number of voting members of the governing body (Part VI, line 1a)			13
		Number of independent voting members of the governing body (Part VI, line 1b)			76
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			15
Activities &	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,162,182.	4,823,515.
nue	1	Program service revenue (Part VIII, line 2g)		3,612,393.	5,902,605.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		325,424.	377,386.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		86,467.	72,789.
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,186,466.	11,176,295.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,286,075.	479,496.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,675,226.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 626,779.			1 221 221
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,399,610.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,360,911.	
	19	Revenue less expenses. Subtract line 18 from line 12	D	825,555.	
Net Assets or		T. I. J. (D. I.V.). 40)		ginning of Current Year 70,013,078.	End of Year 75, 269, 243.
SSE	20	Total assets (Part X, line 16)	•	49,309,435.	54,084,657.
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		20,703,643 .	21,184,586.
Pa	rt II	Signature Block		20,703,043.	21,104,500.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pi			,e.,
Sign Here			'		
		Signature of officer		Date	
		GUSTAVO LASALA, PRESIDENT AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check [PTIN
Paid	ı	DORI J. EGGETT DORI J. EGGETT	0	6/24/24 self-emplo	
Prep	arer	Firm's name PLANTE & MORAN, PLLC			8-1357951
Use	Only	Firm's address 8181 E TUFTS AVE, SUITE 600			
		DENVER, CO 80237		Phone no. 3 0	3-740-9400
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

74-2814572 Page **2** PEOPLEFUND Form 990 (2023)

Pai	Irt III Statement of Program Service Accomp		_	_
	Check if Schedule O contains a response or note to	any line in this Part III		
1	Briefly describe the organization's mission:		ANGTAL GMADILIMY DOD	
	PEOPLEFUND CREATES ECONOMIC O			
	UNDERSERVED PEOPLE AND COMMUN		· · · · · · · · · · · · · · · · · · ·	
	EDUCATION, AND RESOURCES TO B	UILD HEALTHY SMALL	BUSINESSES.	
_	B			
2	Did the organization undertake any significant program se			.
			Yes A I	40
•	If "Yes," describe these new services on Schedule O.		ogram services?	\ I =
3	Did the organization cease conducting, or make significan	t changes in now it conducts, any pro-	ogram services? Yes A I	40
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishm Section 501(c)(3) and 501(c)(4) organizations are required		•	
	revenue, if any, for each program service reported.	to report the amount of grants and al	llocations to others, the total expenses, and	
 4а	(Code:) (Expenses \$ 8,893,964.	including grants of \$ 479	496.) (Revenue \$ 5,902,605	
ти	PEOPLEFUND IS A 501(C)(3) NON			_ /
	PROMOTE ECONOMIC VITALITY AND			_
	PROVIDING FINANCIAL SERVICES			_
	JOBS, PROVIDE NEEDED GOODS AN			_
	ENVIRONMENT, PROMOTE DIVERSIT			_
	INDIVIDUAL AND COMMUNITY ASSE	•	•	_
	COMPREHENSIVE TECHNICAL ASSIS			
	ORGANIZATIONS, AND MICROENTER	PRISES IN LOWER INC	COME COMMUNITIES	
	THROUGHOUT TEXAS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				—
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	/ (a.t.a.)			– ′
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Reven))	
<u>4e</u>	Total program service expenses 8,893	3,964.	Form 990 (20)
			FOIII 330 (20	ردےر

74-2814572 Page **3**

Form 990 (2023) PEOPLEFUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ل		
U				X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		 ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ ₃₇
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	 _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		 ^ `
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا		_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

Х

X

X

Х

X

Х

X

X

28c 29

31

32

33

35a

35b

36

37

Х

	n 990 (2023) PEOPLEFUND rt IV Checklist of Required Schedules (continued)	74-2814572	P	age 4
	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cand former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	current	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple Schedule K. If "No," go to line 25a	ete		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeany tax-exempt bonds?	ease 24c		
-1		044		

25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	
	Schedule L, Part I	25b
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
90	Was the organization a party to a business transaction with one of the following parties? (See the Schodule I. Part IV

8	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,
	instructions for applicable filing thresholds, conditions, and exceptions):

a A	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	
"}	Yes, " complete Schedule L, Part IV	28a
b A	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b

С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	If
	"Yes," complete Schedule L, Part IV	

	bid the organization receive more than \$25,000 in norotash contributions: If res, complete schedule ivi
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes," complete Schedule M

31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete	ete Schedule N, Par
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	If "Yes," complete

	Schedule N. Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

<u> </u>	•	•			•	•	
sections 301.7701-2 and 301.7701-3?	If "Yes,"	complete	Schedule	e R, Part I	l	 	
Was the organization related to any tax							

4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
	Part V, line 1
52	Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Ju	bid the organization have a controlled entity within the meaning of section orzhol(10):
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
	If "Yes," complete Schedule R, Part V, line 2

7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
3	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance
		All Form 990 filers are required to complete Schedule O
38	Did 1	the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	42			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	

332004 12-21-23

Form **990** (2023)

Х

74-2814572 Page 5

Form 990 (2023)

D23) PEOPLEFUND
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acceptable (1997).	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	·			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		<u> </u>
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	_		37
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contractly the organization received a contribution of qualified intellectual property, did the organization file For		7f		Λ
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l		/11		
0			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the area of a consequent in the control of the distribution and a control of the 10000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	1 11 1	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
С		13c			77
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section subj				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		X
47	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) expenientions. Did the trust or any disqualified as other person appears in any action.	vition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069		17		
	n rea, wondere form odda.	l l			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	ANTHONY HEDGER - (512) 222-1014			
	2921 E. 17TH STREET BUILDING D, SUITE 1, AUSTIN, TX 78702			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l			C)		iout	(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	98			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	nploy	st con	-	1033-NEO)		organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			o.gaa
(1) GUSTAVO LASALA	40.00									
PRESIDENT AND CEO	0.00	1		Х				262,243.	0.	19,328.
(2) ANTHONY HEDGER	40.00									
CFO	0.00			Х				208,367.	0.	18,336.
(3) JENNIFER PALECEK	40.00									
SVP OF PHILANTHROPIC PARTNERSHIPS	0.00					X		167,125.	0.	13,885.
(4) WILLIAM ANDERSON	40.00	1								
DIRECTOR OF LENDING	0.00					X		141,043.	0.	14,144.
(5) KRISTI ESPINO	40.00	1							_	
CONTROLLER	0.00					X		118,901.	0.	14,493.
(6) DAWNETTA SMITH	40.00	1				l		110 500		40.040
SR DIRECTOR EDUCATION & TRAINING	0.00					X		118,708.	0.	13,249.
(7) THERESA WILSON	40.00	4						116 445	•	14 600
SR DIRECTOR HUMAN RESOURCES	0.00					X		116,445.	0.	14,689.
(8) LUTHER BRANHAM	1.00	٠,,							_	•
CHAIR	0.00	Х		Х				0.	0.	0.
(9) YOLANDA DAVILA	1.00	.,		7.7					0	0
CHAIR (THRU 4/17/23)	1.00	Х		Х				0.	0.	0.
(10) NINA NELMS VICE CHAIR	0.00	х		х				0.	0.	0.
(11) BRIAN HALL	1.00	Α		Δ				0.	0.	· ·
VICE CHAIR (THRU 4/17/23)	0.00	х		Х				0.	0.	0.
(12) ANNA SANCHEZ	1.00	25		21				0.	.	
SECRETARY	0.00	х		х				0.	0.	0.
(13) BETH LIPSON	1.00	<u></u>								
TREASURER	0.00	Х		х				0.	0.	0.
(14) CECILIA CASTELO	1.00							-	-	
DIRECTOR	0.00	Х						0.	0.	0.
(15) LARRY MILLER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) JACK NELSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) JOHN BURER	1.00]								
DIRECTOR	0.00	Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23 Form **990** (2023)

FOITH 990 (2023) 1 HOT HEL 01	12								74 2014	J/Z Tage 9	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) DOROTHY CLEAVES	1.00								_	_	
DIRECTOR	0.00	Х						0.	0.	0.	
(19) NENA SHAH DIRECTOR	1.00	X						0.	0.	0.	
(20) BRYAN RUBIO	1.00										
DIRECTOR	0.00	Х						0.	0.	0.	
(21) EUGENE SEPULVEDA	1.00							_	_		
DIRECTOR	0.00	Х						0.	0.	0.	
(22) MIKE MOSKOVITZ DIRECTOR	1.00	х						0.	0.	0.	
1b Subtotal			L			<u> </u>		1,132,832.	0.	108,124.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								1,132,832.	0.	108,124.	
Total (add lines ib and ic) Total number of individuals (including but n											
E Total Humber of individuals (including but in	or miniou to th	JJC	11316	u al	OVE	, vvii	010	ocived inole man \$100,	ooo oi iepoitable		

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

Per No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

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					
BAIRESDEV LLC 1999 SOUTH BASCON AVE, CAMPBELL, TX 95008	SOFTWARE DEVELOPMENT	369,536.					
AB GROWTH MARKETING 11105 CAP STONE DRIVE, AUSTIN, TX 78739	MARKETING SERVICES	126,000.					
ALLANDALE BUSINESS 6309 TREADWELL BLVD, AUSTIN, TX 78757	504 BUSINESS DEVELOPMENT	118,915.					
2 Total number of independent contractors (including but not limited to those listed							

Form 990 (2023)

\$100,000 of compensation from the organization

74-2814572 Page **9**

Form 990 (2023) PEOPLEF
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any I				or note to any lin	e in this Part VIII						
							•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottoria	Buominoso reventae	sections 512 - 514
ts ts	1	а	Federated campaigns		1a	1					
ran		b	Membership dues		1k)					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events		10	;					
ar ji						i					
s, C		е	Government grants (contri	butio	ons) 1 6	,	1,111,493.				
ig is		f	All other contributions, gifts, g	grant	s, and						
the the			similar amounts not included	abov	e 1f		3,712,022.				
d d		g	Noncash contributions included in I	ines 1	a-1f 1 0	, \$					
a S		h	Total. Add lines 1a-1f					4,823,515.			
							Business Code				
ø.	2	а	SMALL BUSINESS LENDI	NG	PROGRAN	<u> </u>	522100	3,959,107.	3,959,107.		
ه چ		b	NMTC INCOME				522100	1,578,150.	1,578,150.		
Segre		С	504 INCOME				522100	352,824.	352,824.		
am eve		d	PROGRAM ADMIN FEE IN	COM	E		522100	12,524.	12,524.		
Program Service Revenue		е									
ď		f	All other program service r	rever	nue						
		g	Total. Add lines 2a-2f					5,902,605.			
	3	3 Investment income (including dividends, interest,			st, and						
		other similar amounts)			486,374.			486,374.			
	4		Income from investment o	f tax	-exempt	bond p	roceeds				
	5		Royalties								
					(i) R		(ii) Personal				
	6	а	Gross rents	6a	72	<u>,</u> 789.					
			Less: rental expenses	6b	_	0.					
			Rental income or (loss)	6с	72	,789.					
			Net rental income or (loss)		<i>(</i> ') 0			72,789.			72,789.
	7	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	4,499	,427.	9,207.				
		b	Less: cost or other basis		4 (17	600					
her Revenue			and sales expenses	7b -	4,617		0.				
eve			Gain or (loss)	7с		,195.	9,207.	100 000			100 000
Ä	_		Net gain or (loss)					-108,988.			-108,988.
	8	а	Gross income from fundraisin	ig eve		.					
δ			including \$	lina -	of						
			contributions reported on		•						
		L	Part IV, line 18								
			Less: direct expenses Net income or (loss) from f								
	۵		Gross income from gaming								
	9	а	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from g				l				
	10		Gross sales of inventory, le								
		_	and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from s								
						,	Business Code				
snc	11	а									
nec		b									
Miscellaneous Revenue		С									
lisc			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					11,176,295.	5,902,605.	0.	450,175.

332009 12-21-23

Form 990 (2023) PEOPLEFUND Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).				
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	479,496.	479,496.					
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,	E00 204	05 000	220 025	01 171			
_	trustees, and key employees	508,304.	95,808.	328,025.	84,471.			
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		4,287,155.	3,564,506.	539,754.	182,895.			
8	Other salaries and wages Pension plan accruals and contributions (include	1,201,1330	3,304,300	333,134	102,055			
3	section 401(k) and 403(b) employer contributions)	142,548.	109,466.	25,245.	7.837.			
9	Other employee benefits	447,682.	366,014.	60,781.	7,837. 20,887.			
10	Payroll taxes	349,164.	268,129.	61,839.	19,196.			
11	Fees for services (nonemployees):	,	,	,				
	Management							
b		92,901.		92,901.				
	Accounting	115,988.		115,988.				
	Lobbying							
f	Investment management fees	28,772.		28,772.				
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch O.)	558,850.	263,905.	57,981.	236,964.			
12	Advertising and promotion	133,538.		133,538.				
13	Office expenses	171,336.	131,572.	30,345.	9,419.			
14	Information technology	363,334.	279,013.	64,346.	19,975.			
15	Royalties	054 445	222 212	40.000	44.005			
16	Occupancy	271,145.	208,218.	48,020.	14,907.			
17	Travel	102,941.	79,051.	18,231.	5,659.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	10 007	7 716	1,786.	555.			
19	Conferences, conventions, and meetings	10,087.	7,746.	Ι,/00•	333.			
20	Interest Payments to affiliates	I,UHU,HJI.	1,040,431.					
21 22	Payments to affiliates Depreciation, depletion, and amortization	324,164.	248,933.	57,409.	17,822.			
22		87,243.	66,996.	15,451.	4,796			
23 24	Other expenses. Itemize expenses not covered	07,245.	00,550.	13, 131.	4,750.			
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),							
а	amount, list line 24e expenses on Schedule 0.) PROVISION FOR LOAN LOSS	1,533,314.	1,533,314.					
a b	CLOSING COSTS	131,862.	131,862.					
c	REPAIRS & MAINTENANCE	21,872.	16,796.	3,874.	1,202.			
d	STAFF/VOLUNTEER APPRECI	3,526.	2,708.	624.	194.			
	All other expenses	, , , , , ,	,					
25	Total functional expenses. Add lines 1 through 24e	11,205,653.	8,893,964.	1,684,910.	626,779.			
26	Joint costs . Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
					000			

74-2814572 Page **11** Form 990 (2023)
Part X Balance Sheet PEOPLEFUND

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,476,610.	1	6,667,774		
	2	Savings and temporary cash investments	979,837.	2	1,446,098		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,591,802.	4	2,413,507
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substanti					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in s	sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	16,359,912
Assets	8	Inventories for sale or use				8	
¥	9	B			81,037.	9	175,597
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10	Оа	5,563,952.			
	b	Less: accumulated depreciation10)b	1,860,175.	3,336,351.	10c	3,703,777 4,498,843
	11	Investments - publicly traded securities			4,976,887.	11	4,498,843
	12	Investments - other securities. See Part IV, line 11				12	
	13				48,317,317.	13	39,761,726
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			253,237.	15	242,009
	16	Total assets. Add lines 1 through 15 (must equal lin			70,013,078.	16	75,269,243
	17	Accounts payable and accrued expenses	937,270.	17	1,147,890		
	18	Grants payable				18	F(2) (2)
	19	Deferred revenue		19	562,639		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of					
≣		trustee, key employee, creator or founder, substanti					
Liabilities		controlled entity or family member of any of these pe		·····	3,366,744.	22	5,711,288
_	23	Secured mortgages and notes payable to unrelated			44,754,375.	23	46,427,575
	24	Unsecured notes and loans payable to unrelated thi			44,734,373.	24	40,421,313
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-	24).	Complete Part X	251,046.	25	235,265
	26				49,309,435.		54,084,657
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check h			40,000,400	20	34,004,037
Se		and complete lines 27, 28, 32, and 33.	ici c				
Š	27				18,920,539.	27	19,482,773
3ale	28	Net assets with donor restrictions	1,783,104.	28	1,701,813		
ğ		Organizations that do not follow FASB ASC 958,					
Ī		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incom				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,703,643.	32	21,184,586
2	33	Total liabilities and net assets/fund balances			70,013,078.	33	75,269,243

Pa	rt 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	11,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,20		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,70		
5	Net unrealized gains (losses) on investments	5	51	0,3	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,18	4,5	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
	-		Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Pub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PEOPLEFUND Employer identification number 74-2814572

		PEOP	TEL OND				,	4-20143/2
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						•
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (0		,	•	, 0		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X							
•		section 170(b)(1)(A)(vi). (C	•	iniai part of ito support ii	om a gove	minoritai	unit of from the general	Sabile described in
8		A community trust describe	•	(1)(A)(vi) (Complete Part	+ 11 \			
9	H	An agricultural research org			•	ed in conju	inction with a land-grant	college
9	ш	or university or a non-land-	-			-	-	-
			grant conege or agric	ulture (see iristructions).	Lillei lile i	name, city	, and state of the college	; OI
10		university: An organization that norma	ully receives (1) more	than 33 1/30% of its supp	ort from o	ontribution	ne momborchin foos an	d gross rosoints from
10		activities related to its exen						
		income and unrelated busin	· ·	•				-
		See section 509(a)(2). (Co		(less section of reax) no	iii busiiles	sses acqui	red by the organization a	inter durie 30, 1973.
11		An organization organized	•	ivolv to tost for public sat	oty Soo	saction 50	00(2)(4)	
12	H	An organization organized a	=	•	•			nurnoses of one or
12		more publicly supported or	•	•	•		•	
		lines 12a through 12d that	-					SHOOK THE BOX OH
á		Type I. A supporting orga	• •					aivina
٠	• -	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must o			majority c	in the direc	tors or trustees or the st	apporting
k		Type II. A supporting org	-		ion with it	e eunnorte	ad organization(s) by hav	vina
•		control or management o	•					-
		organization(s). You mus			arric perso	110 11141 00	ntion of manage the supp	Sortou
		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with
•		its supported organization					• •	, a willing
	ı 🗆	Type III non-functionally		·				zation(s)
		that is not functionally int					• • • • •	
		requirement (see instruct	-		-			
•		Check this box if the orga	•	-				
		functionally integrated, or					., po ., ., po, ., po	
1	Ente	er the number of supported of						
g		vide the following information						
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
Tot	al							

332021 12-21-23

74-28<u>14572 Page 2</u>

Schedule A (Form 990) 2023 PEOPLEFUND

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2398120.	9675736.	6122358.	7162182.	4823515.	30181911.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2398120.	9675736.	6122358.	7162182.	4823515.	30181911.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5725697.
6	Public support. Subtract line 5 from line 4.						24456214.
	etion B. Total Support						21130211
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2398120.	9675736.	6122358.	7162182.		30181911.
	Gross income from interest,		50.0.00		7 - 0 - 1 - 0 - 0		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	383 573	315,142.	231 989.	259,915.	559 163.	1749782.
0	Net income from unrelated business	303,3731	313,142.	231,303.	233,3136	333,103.	17457026
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						31931693.
	Total support. Add lines 7 through 10	-1- /	>				,919,739 .
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, 313, 133.
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop etion C. Computation of Publi						
	Public support percentage for 2023 (li			nolumn (fl)		14	76.59 %
						15	76.59 %
	Public support percentage from 2022 33 1/3% support test - 2023. If the control of the control o						
10a		-					77
L	stop here. The organization qualifies		•		line 15 in 22 1/20/		
D	33 1/3% support test - 2022. If the condition have						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			-		_	
	meets the facts-and-circumstances te	_			-	7 15 4F in	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

74-2814572 Page 4

Schedule A (Form 990) 2023

PEOPLEFUND

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
20		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9c		
10a		
IUa		
10b		
	n 990)	2023

332024 12-21-23

Pal	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
L	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	_4	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	the organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	T		10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023	
1_	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u> i </u>	Carryover from 2018 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
0	and 4c.					
	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022 Excess from 2023					
	LAGGGG HUIII ZUZU					

138938_2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

74-2814572 PEOPLEFUND Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

74-2814572

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$ 891,086.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Tano, addition, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$140,487.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

74-2814572

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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

PEOPL	EFUND

74-2814572

	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	(c) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) Description of noncash property given (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.)

Page **4**

Name of organization **Employer identification number** PEOPLEFUND 74-2814572 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 74-2814572 **PEOPLEFUND**

Pai	rt I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts.	Complete if the	
		organization answered Tes On Form 990, Part IV, line	(a) Donor advised	d funds	(b) Funds ar	nd other accounts	
1	Total	number at end of year	(a) Bonor advisor	a rarias	(b) i dilas di	ia other accounts	
2		gate value of contributions to (during year)					
3		gate value of grants from (during year)					
4		gate value at end of year					
5		e organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fi	unds		
Ū		e organization's property, subject to the organization's e				Yes	No
6		e organization inform all grantees, donors, and donor ad					
•		aritable purposes and not for the benefit of the donor or					
		missible private benefit?	•	• •	·	Yes	No
Pai		Conservation Easements. Complete if the organic					
1	Purpo	se(s) of conservation easements held by the organization		·			
		Preservation of land for public use (for example, recreati	on or education)	Preservation of a hi	istorically impo	rtant land area	
		Protection of natural habitat		Preservation of a co	ertified historic	structure	
		Preservation of open space					
2	Comp	lete lines 2a through 2d if the organization held a qualific	ed conservation contribu	ition in the form of a	conservation e	asement on the last	
	day of	the tax year.			Held	at the End of the Tax \	/ear
а	Totalı	number of conservation easements			. 2a		
b	Total a	acreage restricted by conservation easements			. 2b		
С	Numb	er of conservation easements on a certified historic struc	cture included on line 2a		2c		
d	Numb	er of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not			
	on a h	istoric structure listed in the National Register			2d		
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or to	erminated by the org	anization durin	g the tax	
	year						
4	Numb	er of states where property subject to conservation ease	ement is located				
5		the organization have a written policy regarding the perio		on, handling of			
		ons, and enforcement of the conservation easements it l				Yes	No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, an	d enforcing conserva	ation easement	s during the year	
7	Amou	 nt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enf	orcing conservation	easements du	ing the vear	
			g	g		9 ,	
8	Does	each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(E	B)(i)		
		ection 170(h)(4)(B)(ii)?	•			Yes	No
9	In Par	t XIII, describe how the organization reports conservation					
		ce sheet, and include, if applicable, the text of the footno				the	
		zation's accounting for conservation easements.					
Par	rt III	Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	r Similar As	sets.	
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the	organization elected, as permitted under FASB ASC 958	s, not to report in its reve	nue statement and b	oalance sheet v	vorks	
	of art,	historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furthe	erance of public	:	
	servic	e, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.			
b	If the	organization elected, as permitted under FASB ASC 958	s, to report in its revenue	statement and balar	nce sheet work	s of	
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or	research in furtherar	nce of public se	ervice,	
	provid	e the following amounts relating to these items.					
	(i) Re	evenue included on Form 990, Part VIII, line 1			\$		
	(ii) As	ssets included in Form 990, Part X			\$		
2	If the	organization received or held works of art, historical trea	sures, or other similar as	sets for financial gai	n, provide		
	the fo	lowing amounts required to be reported under FASB AS	C 958 relating to these	tems:			
а	Reven	ue included on Form 990, Part VIII, line 1			\$		
		s included in Form 990, Part X					
LHA	For Pa	aperwork Reduction Act Notice, see the Instructions	for Form 990.		Sche	dule D (Form 990) 2	2023

332051 09-28-23

74-2814572 Page 2 PEOPLEFUND Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No 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 X No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year Distributions during the year 1e Ending balance 1f X Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 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 No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		379,880.		379,880.
b Buildings		3,297,033.	1,087,449.	2,209,584.
c Leasehold improvements				
d Equipment		591,666.	527,167.	64,499.
e Other		1,295,373.	245,559.	1,049,814.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))				

74-2814572 Page **3**

Part VII Investments -	Other Securities	
Schedule D (Form 990) 2023	PEOPLEFUND	74-28

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM LOANS	39,761,726.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990, Part X, line 13, col (R))	39.761.726.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Intal (Column /b) must equal Form 000 Part V line 15 and (P))	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER LONG-TERM LIABILITIES	3,450.
(3)	LEASE LIABILITY	231,815.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	235,265.

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

Pai		liation of Revenue	=		ts With	Revenue per Re	turn		
	•	f the organization answ					1	44 655	001
1		ns, and other support p					1	11,657,	824.
2		on line 1 but not on Fo							
а		ns (losses) on investme			2a	510,301.			
b		and use of facilities			2b				
С	Recoveries of prio	r year grants			2c				
d	Other (Describe in	Part XIII.)			2d				
е	Add lines 2a throu	ıgh 2d					2e	510,	
3	Subtract line 2e fr	om line 1					3	11,147,	<u>523.</u>
4	Amounts included	on Form 990, Part VIII,	line 12, but not on lir	ne 1:					
а	Investment expen	ses not included on For	m 990, Part VIII, line	7b	4a	28,772.			
b	Other (Describe in	Part XIII.)			4b				
С	Add lines 4a and	4b					4c	28, 11,176,	<u>772.</u>
5	Total revenue. Add	d lines 3 and 4c. (This n	nust equal Form 990,	Part I, line 12.)			5	11,176,	<u> 295.</u>
Pa	rt XII Reconci	liation of Expense	s per Audited Fi	nancial Stateme	nts With	Expenses per F	Retur	n	
	Complete i	f the organization answ	ered "Yes" on Form 9	90, Part IV, line 12a.					
1	Total expenses an	d losses per audited fin	ancial statements				1	11,176,	881.
2		on line 1 but not on Fo							
а	Donated services	and use of facilities			2a				
b	Prior year adjustm	ents			2b				
С					2c				
d	Other (Describe in	Part XIII.)			2d				
е	Add lines 2a throu						2e		0.
3	Subtract line 2e fr	om line 1					3	11,176,	881.
4		on Form 990, Part IX, I							
а	Investment expen	ses not included on For	m 990, Part VIII, line	7b	4a	28,772.			
b		Part XIII.)							
	Add lines 4a and	41					4c	28,	772.
5	Total expenses. A	dd lines 3 and 4c. (This					5	11,205,	653.
Pa	rt XIII Supplen	nental Information		•					
Provi	ide the descriptions	required for Part II, line	s 3, 5, and 9; Part III,	lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	; Part 2	X, line 2; Part XI	,
		t XII, lines 2d and 4b. A							
		•		,					
PAF	RT IV, LIN	E 2B:							
	•								
FRO	OM TIME TO	TIME, PEOPL	EFUND WILL	HOLD CASH	RECEIV	ED IN AN A	GEN	CY	
		•							
CAI	PACITY. TH	ESE ASSETS R	EPRESENT C	ASH RECEIVE	D FROM	I FINANCIAL			
INS	STITUTIONS	, GOVERNMENT	AGENCIES,	OR NOT-FOR	-PROFI	T ORGANIZA	TIO	NS	
			•						
PEC	OPLEFUND I	S ACTING AS	AN AGENT FO	OR. THE CAS	H RECE	EIVED IS FO	R T	HE	
JLI	CIMATE BEN	EFIT OF UNRE	LATED ORGAI	NIZATIONS W	HO PAF	RTICIPATE I	N P	ROGRAMS	
						-			
WH]	ICH PEOPLE	FUND HELPS A	DMINISTER 1	FUNDS FOR. '	THE CA	ASH RECEIVE	DI	S RECORD	ED
AS	AN ASSET	ON THE BALAN	CE SHEET W	TH A CORRE	SPONDI	NG LIABILI	TY :	FOR THE	
		_ :	<u> </u>						
SAN	ME AMOUNT	ALSO RECORDE	D.						
			·						
ΑТ	THE END O	F 2023, THIS	AMOUNT WAS	S \$0.					
		= = = = , =====		- T					

Part XIII Supplemental Information (continued)
PART X, LINE 2:
THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM TAX
UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS
ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED
THAT AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS
TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A
LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS
SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

PEOPLEFUNI)						74-2814572
Part I General Information on Grants an	ıd Assistance					•	
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$		1	onal space is need	1	(C) NA-H I - 5		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and Enter total number of other organizations 	-	•	e line 1 table				

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

<u>Schedule I (Form 990) 2023</u> **PEOPLEFUND** 74-2814572 Page 2

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BIPOC GI	RANTS	121	479,496.	0.	N/A	N/A
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART	I, LINE 2:					
GRANT	S TO INDIVIDUALS - THE ORGANI	ZATION PR	OVIDED SMA	ALL BUSINES	S OWNERS	
GRANT	S FOR PEOPLEFUND'S BLACK, IND	IGENOUS,	PERSON OF	COLOR (BIP	OC) SMALL	
BUSIN	ESS ACCELERATOR, A PROGRAM TH	AT PROVID	ES BUSINES	SS OWNERS T	HE CAPITAL,	
RESOU	RCES AND NETWORK TO START AND	GROW THE	IR BUSINES	SSES AND AT	TAIN	
ECONO	MIC MOBILITY.					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

PEOPLEFUND

Part I Questions Regarding Compensation

Employer identification number
74-2814572

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

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

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GUSTAVO LASALA	(i)	232,760.	29,483.	0.	0.	19,328.	281,571.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY HEDGER	(i)	199,500.	8,867.	0.	0.	18,336.	226,703.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER PALECEK	(i)	157,500.	9,625.	0.	0.	13,885.	181,010.	0.
SVP OF PHILANTHROPIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM ANDERSON	(i)	104,235.	36,808.	0.	0.	14,144.	155,187.	0.
DIRECTOR OF LENDING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE

COMMITTEE AND SUBSEQUENTLY RATIFIED BY THE BOARD USING COMPARABILITY DATA

FROM SIMILAR SIZED NONPROFITS IN THE REGION. THE DECISION AND APPROVAL OF

COMPENSATION IS DOCUMENTED AND MAINTAINED IN THE EMPLOYEE FILE AND IN THE

BOARD/COMMITTEE MEETING MINUTES.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE

PRESIDENT & CEO USING COMPARABILITY DATA FROM SIMILAR SIZED NONPROFITS IN

THE REGION.

PART I, LINE 7:

THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS IN THE FORM OF BONUSES TO

CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII WHICH ARE DISCRETIONARY

(BASED ON COMPANY AND INDIVIDUAL PERFORMANCE) AND APPROVED BY THE BOARD

AND/OR CEO (AS APPROPRIATE).

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEOPLEFUND

Employer identification number 74-2814572

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT IN CONJUNCTION
WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE DEPARTMENT. A DRAFT FORM 990
IS PREPARED AND REVIEWED BY THE CFO AND PRESIDENT & CEO, AND ADJUSTMENTS
ARE MADE, AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS THEN REVIEWED BY
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND PROVIDED TO EACH VOTING
MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE
SERVICE.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. INTERESTED PERSON (WHICH INCLUDES DIRECTORS, OFFICERS, AND KEY EMPLOYEES) MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST OR RELATIONSHIP AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR RELATIONSHIP, AND AFTER ANY DISCUSSION WITH THE INTERESTED HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OF COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. SHOULD AN ACTUAL CONFLICT OF INTEREST EXIST CHAIRPERSON SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AND, AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH

REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization

PEOPLEFUND

Employer identification number 74-2814572

PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE

UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING

BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED

DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S

BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.

THE PROCEEDINGS ARE RECORDED IN THE BOARD OR COMMITTEE MEETING MINUTES.

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

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE

COMMITTEE AND SUBSEQUENTLY RATIFIED BY THE BOARD USING COMPARABILITY DATA

FROM SIMILAR SIZED NONPROFITS IN THE REGION. THE DECISION AND APPROVAL OF

COMPENSATION IS DOCUMENTED AND MAINTAINED IN THE EMPLOYEE FILE AND IN THE

BOARD/COMMITTEE MEETING MINUTES.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE

PRESIDENT & CEO USING COMPARABILITY DATA FROM SIMILAR SIZED NONPROFITS IN

THE REGION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN

ADDITION, THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S

WEBSITE (WWW.PEOPLEFUND.ORG).

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE LAST YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 74-2814572 **PEOPLEFUND** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) VETERAN LOAN FUND LLC - 87-1395191 2921 E. 17TH STREET, BUILDING D. SUITE 1 SUPPORT CDFIS THAT PROVIDE AUSTIN, TX 78702 11,058,979. PEOPLEFUND ASSISTANCE TO VETERANS DELAWARE 306,323 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	manaq partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
PEOPLEFUND NMTC LLC -											
45-2538870, 2921 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	PEOPLEFUND	RELATED	0.	0.		X	N/A		99.00%
PEOPLEFUND ADVISORS LLC -											
38-3905533, 2922 E. 17TH]										
STREET, BUILDING D, SUITE 1,	LOAN										
AUSTIN, TX 78702	ORIGINATION	DC	PEOPLEFUND	RELATED	0.	0.		X	N/A	X	50.10%
PEOPLEFUND NMTC 4 LLC -											
80-0924535, 2926 E. 17TH]										
STREET, BUILDING D, SUITE 1,]										
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	2	ζ
PEOPLEFUND NMTC 5 LLC -											
61-1711671, 2927 E. 17TH]										
STREET, BUILDING D, SUITE 1,	1										
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	2	

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	(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	Sec 512(t contr ent	(i) otion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>
	-								
									<u> </u>

PEOPLEFUND 74-2814572

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(0)	(4)	(0)	(5)	(a)		h)	(i)	/a	(6)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	1 '	h)	(i) Code V-UBI	(j) General	(k) or Percentage
of related organization	Filliary activity	domicile (state or	entity	(related, unrelated,	income	end-of-year	Dispropate allo		amount in box	managi	ngl ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	Yes N	_
PEOPLEFUND NMTC 6 LLC -		oou.ii.y)					103	110	(*	10310	-
61-1810562, 2928 E, 17TH	_										
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	l x	
PEOPLEFUND NMTC 7 LLC -									-•		
38-4024288, 2929 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	l x	
PEOPLEFUND NMTC 8 LLC -									·		
61-1810693, 2930 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	l x	
PEOPLEFUND NMTC 9 LLC -											
35-2580171, 2931 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	l x	
PEOPLEFUND NMTC 10 LLC -											
38-4022282, 2932 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	x	
PEOPLEFUND NMTC 11 LLC -											
82-4604339, 2933 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 12 LLC -											
82-4630327, 2934 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 13 LLC -											
82-4640658, 2935 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 14 LLC -											
82-4671139, 2936 E. 17TH											
STREET, BUILDING D, SUITE 1,	_	1									
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	

PEOPLEFUND 74-2814572

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(0)	(4)	(0)	(5)	(a)		۵)	(i)	/a	(14)
(a)	(b)	(c) Legal	(d)	(e) Predominant income	(f) Share of total	(g) Share of	· •	n)	(i) Code V-UBI	(j)	(k) or Percentage
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	(related, unrelated,	income	end-of-year	Dispropate allocate		amount in box	managii	gl ownership
		foreign country)	_	excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	partner Yes N	_
PEOPLEFUND NMTC 15 LLC -		country)		000000000000000000000000000000000000000			163	NO	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	16314	-
82-4680341, 2936 E, 17TH	†										
STREET, BUILDING D, SUITE 1,	1										
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	x	
PEOPLEFUND NMTC 16 LLC -											
84-2030758, 2936 E. 17TH	1										
STREET, BUILDING D, SUITE 1,	1										
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		x	N/A	l x	
PEOPLEFUND NMTC 17 LLC -									·		1
84-2047226, 2936 E. 17TH	1										
STREET, BUILDING D, SUITE 1,	1										
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		x	N/A	x	
PEOPLEFUND NMTC 18 LLC -											
84-2061558, 2936 E. 17TH	1										
STREET, BUILDING D, SUITE 1,	1										
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	x	
PEOPLEFUND NMTC 19 LLC -											
84-2078031, 2936 E. 17TH]										
STREET, BUILDING D, SUITE 1,]										
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	X	<u> </u>
PEOPLEFUND NMTC 20 LLC -											
84-2092596, 2936 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.		X	N/A	X	<u> </u>
PEOPLEFUND NMTC 21 LLC -											
85-2281076, 2936 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 22 LLC -											
85-2402298, 2936 E. 17TH											
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 23 LLC -	_										
85-2424563, 2936 E. 17TH]										
STREET, BUILDING D, SUITE 1,											
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	

PEOPLEFUND 74-2814572

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

	1			· I ,	.						T
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box	managin	Percentage ownership
		(state or foreign	,	(related, unrelated, excluded from tax under sections 512-514)		assets		cations?	4 20 of Schedule	partifier:	4
PEOPLEFUND NMTC 24 LLC -		country)		Sections 512-514)			Yes	No	K-1 (FOIII 1005)	Yes No	
85-2498044, 2936 E. 17TH	-										
STREET, BUILDING D, SUITE 1,	-										
AUSTIN, TX 78702	NMTC PROGRAM	ТX	N/A	N/A	0.	0.			N/A	x	
PEOPLEFUND NMTC 25 LLC -	NMTC PROGRAM	TX	N/A	N/A	٥.	0.		X	N/A	<u> </u>	
85-2542186, 2936 E. 17TH	-										
<u> </u>	-										
STREET, BUILDING D, SUITE 1,	THE DROCK W	msz.	AT / 3	AT / 3		•		37	NT / 7		
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X	N/A	X	
PEOPLEFUND NMTC 26 LLC -	-										
92-1042627, 2936 E. 17TH	_										
STREET, BUILDING D, SUITE 1,				L.,_					37 / 3		
AUSTIN, TX 78702	NMTC PROGRAM	TX	N/A	N/A	0.	0.		X_	N/A	X	
	-										
	-										
	1										
	1										
											<u> </u>
]										

Page 3

Yes No

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

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

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 Giff, grant, or capital contribution to related organization(s)				מו		
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
				1 g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related orga				11	Х	
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n	Х	
				10	Х	
p Reimbursement paid to related organization(s) for expenses				1p		_X_
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		_X_
s Other transfer of cash or property from related organization(s)				1s	Х	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	elationships and transaction thresholds.			
(a)	(b)	(c)	(d)			
(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	olved/		
	type (a-s)					
(1) PEOPLEFUND ADVISORS LLC	S	1,578,150.	BOOK VALUE			
(2)						
(3)						
(4)						
(5)						
(6)						
332163 09-28-23			Schedule	R (Forn	n 990)	2023

Schedule R (Form 990) 2023 PEOPLEFUND 74-2814572 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									