(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

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

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

Inspection

OMB No. 1545-0047

<u>A</u>	FOL	the 2019	calendar year, or tax year beginning 0// 01, 2019,	and ending		00/30,20 2	0		
ь			C Name of organization		D Employer iden	tification number			
Р_	Check —	if applicable:	PEACE HOUSE, INC.		87-0500	067			
X		ddress nange	Doing business as						
	N	ame change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
Г	In	itial return	700 ROUND VALLEY DRIVE	115	(435) 658-4739				
		nal return/ rminated	City or town, state or province, country, and ZIP or foreign postal code						
	A	mended turn	PARK CITY, UT 84060		G Gross receipts	\$ 2,7	48,140.		
	A	pplication ending	F Name and address of principal officer: KENDRA WYCKOFF		H(a) Is this a group		es X No		
_	_ r	unung	700 ROUND VALLEY DRIVE, #115, PARK CITY, UT	84060	subordinates? H(b) Are all subordin		es No		
ī	Tax	-exempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 527	If "No," atta	ach a list. (see instructi	ons)		
J	We	bsite:	WWW.PEACEHOUSE.ORG		H(c) Group exemp	tion number			
ĸ	For	m of organ	ization: X Corporation Trust Association Other	L Year of form	ation: 1992 M s	state of legal domic	ile: UT		
	art		mmary	· · · · · · · · · · · · · · · · · · ·					
	1	Briefly	describe the organization's mission or most significant activities: PEACE	HOUSE IS A	CHARITABLE	ORGANIZA:	TION		
a)	1	DED	ICATED TO ENDING FAMILY VIOLENCE AND ABUSE IN	THE COMMUN	ITY	 -			
Activities & Governance		_	OUGH EDUCATION, OUTREACH, SUPPORT SERVICES, AN						
e.	2		this box if the organization discontinued its operations or disposed		% of its net assets				
ò	3		er of voting members of the governing body (Part VI, line 1a)			3	16.		
٥٥			er of independent voting members of the governing body (Part VI, line 1b)			4	16.		
es			number of individuals employed in calendar year 2019 (Part V, line 2a)		2 24-0	5	31.		
×	2		number of volunteers (estimate if necessary)			6	542.		
Act	,		unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
	'				2 Marie 20 40000	7b			
_	+	D Net u	nrelated business taxable income from Form 990-T, line 39	· · · · · · · · · · ·	Prior Year	Curren	t Voor		
Revenue	. 8	Contri	ibutions and grants (Port VIII line 1h)		4,305,82		26,672.		
			butions and grants (Part VIII, line 1h)			0.	0.		
Ver	9		am service revenue (Part VIII, line 2g)	-2,42	* *]	-253.			
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)	14,24		-8,016.			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,317,642		8,403.			
_	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).				50,008.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
	14		its paid to or for members (Part IX, column (A), line 4)		1,091,623	* *	33,360.		
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).		48,75	_	7,500.		
Expenses	16		ssional fundraising fees (Part IX, column (A), line 11e)		40,73	· · · · · · · · · · · · · · · · · · ·	7,300.		
EX			fundraising expenses (Part IX, column (D), line 25) ▶87,657.		C47 2F	7/	242		
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		647,35		59,343.		
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,787,72		0,211.		
- 4	19	Rever	nue less expenses. Subtract line 18 from line 12		2,529,91		18,192.		
SOS				Beg	inning of Current Ye				
556	20	Total	assets (Part X, line 16)		11,651,93		35,997.		
¥.	21	Total	liabilities (Part X, line 26)		592,68		28,556.		
			ssets or fund balances. Subtract line 21 from line 20,		11,059,249	9. 11,60	7,441.		
	art		gnature Block						
Ur	nder ie. cc	penalties orrect, and	of perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of preparer (other than officer) is based on all information of whic	es and statements, h preparer has anv	and to the best of knowledge.	my knowledge and	d belief, it is		
_		بيز	TOU DO ON HOS	, ,			-		
Qi,	an	C	A CUSCO WICKUS		515	23/			
Sig He	_	1	Signature of officer		Date 1	,			
110	71 6			VE DIRECTO	PR				
_			Type or print name and title						
Pai	d	Print/	Type preparer's name Preparer's signature	Date		if PTIN			
	epar		M R SMITH CPA	05/04/202			966		
	e Or	Eirm's	sname ▶BKD, LLP		Firm's EIN ▶ 4				
	1	Firm's	saddress ▶111 SOUTH TEJON COLORADO SPRINGS, CO 80903-9848		Phone no. 7	19-471-429	0		
Ma	y th	ne IRS d	iscuss this return with the preparer shown above? (see instructions)			X Yes	No		
Fo	r Pa	perwork	Reduction Act Notice, see the separate instructions.			Form 9	90 (2019)		

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Pa	art III	Statement Check if S	of Program Servichedule O contain	ice Accomplishments s a response or note to any line in th	is Part III	х х
		describe the	organization's mis	sion:		
	prior Fo	orm 990 or 9			he year which were not listed on the	Yes X No
	Did the	e organizati	on cease conduc	ting, or make significant changes	in how it conducts, any program	Yes X No
	Describ expense	e the organes. Section	501(c)(3) and 50	service accomplishments for each	n of its three largest program services, o report the amount of grants and allo	
4a	(Code:	CHEDULE (996,705. including grants of \$) (Revenue \$)
	(Code:	CHEDULE (423,503. including grants of \$) (Revenue \$)
4c	(Code:	CHEDULE (_) (Expenses \$) .	180,652. including grants of \$) (Revenue \$)
	(Expens	ses\$	vices (Describe on 237,586. including	· · · · · · · · · · · · · · · · · · ·	1 evenue \$)	

Part IV Checklist of Required Schedules Page 3

Гб	Checklist of Required Schedules		.,	
			Yes	No
1	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5		•		
٠	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	•	-		- 21
6	9			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
	"Yes," complete Schedule D, Part I	6		X
7	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9				
	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		Х
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		Х
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11				
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.5	
	complete Schedule D, Part VI	11a	X	
	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		Х
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		- 25
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII.	12a	Λ	
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14	a 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		Х
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		Х
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
47		10		- 25
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	v ··· ··· ··· · · · · · · · ·			

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Par	Checklist of Required Schedules (continued)		V	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		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 current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
А	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
та	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	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Х
	any other officer, director, trustee, or key employee?	2		- A
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		3.7	
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? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe in 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	Х	
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		Х
-	If "Yes" to line 15a or 15b, describe the process in 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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(800	tion F	:01(2)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)	(Sec	uon 5	ou i (c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record KENDRA WYCKOFF 700 ROUND VALLEY DR #115 PARK CITY, UT 84060 435-658-4739	ls ▶		

Form **990** (2019)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than on box, unless person is both a officer and a director/truster				is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organization below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1)KENDRA WYCKOFF	40.00	,									
EXECUTIVE DIRECTOR	0.	1		Х				107,669.	0.	8,702.	
(2)JULIE JOYCE	20.00)									
BOARD CHAIR	0.	X		Х				0.	0.	0.	
(3)TAMI WHISKER	2.00)									
PAST BOARD CHAIR	0.	X		Х				0.	0.	0.	
(4)RICHARD URANKAR	4.00)									
TREASURER	0.	X		Х				0.	0.	0.	
(5)KATE MARGOLIS	4.00)									
VICE CHAIR	0.	X		Х				0.	0.	0.	
(6)JIM SMITH	6.00)									
PAST CHAIR	0.	X		Х				0.	0.	0.	
(7) SUE PROCTOR	2.00)									
GOVERNANCE OFFICER	0.	X		Х				0.	0.	0.	
(8) WILLIAM BENZ	2.00)									
BOARD MEMBER	0.	X						0.	0.	0 .	
(9) DEBRA BUMP	2.00)									
BOARD MEMBER	0.	X						0.	0.	0.	
(10) RAY FREER	2.00)									
BOARD MEMBER	0.	X						0.	0.	0 .	
(11) KAREN MARRIOTT	6.00)									
BOARD MEMBER	0.	X						0.	0.	0 .	
(12) ELANA SPITZBERG	2.00)									
BOARD MEMBER	0.	X						0.	0.	0	
(13) PAM WOLL	3.00)									
BOARD MEMBER	0.	X						0.	0.	0	
(14) SHARON MARDULA	4.00)									
BOARD MEMBER	0.	X						0.	0.	0	

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JSA

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estima amoun othe	ited it of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from t organiz and rel organiza	ation ated
15) ANITA LEWIS	2.00							0	0		
BOARD MEMBER 16) JUSTIN MARTINEZ	2.00	X						0	0.		С
BOARD MEMBER	0.	Х						0	0.		0
17) POLLY STRASSER	2.00								_		
BOARD MEMBER	1.00	X						0	0.		0
18) KARLA KNOX BOARD MEMBER THROUGH 5/2021	1.00	X						0	0.		0
19) NANCY TOSTI	10.00										
BOARD MEMBER THROUGH 5/2021	0.	Х						0	0.		0
		-									
		-									
		-									
1b Sub-total							>	107,669.	0.	8	3,702.
c Total from continuation sheets to Part VII, S	ection A						>	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	107,669.	0.	8	3,702.
2 Total number of individuals (including but not reportable compensation from the organizatio			iiste L	u ai	JOVE	e) wnc	те	eceived more than	\$ 100,000 01		
										Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	If	"Yes	,"			4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	ron	n any	un			5	X
Section B. Independent Contractors	, , , ,									1	
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
, (A)							_	(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	ose or note to an	v line in this Part \	/III		
		Oncok ii Genedale O contains a respor	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	8,152.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
D E	С	Fundraising events 1c	535,930.				
ifts ar A	d	Related organizations 1d					
שַׁיִּׁי	е	Government grants (contributions) 1e	697,435.				
Sir	f	All other contributions, gifts, grants,					
utic		and similar amounts not included above . 1f	1,485,155.				
들	g	Noncash contributions included in					
on of		lines 1a-1f	\$ 292,718.				
<u>a</u> Ö	h	Total. Add lines 1a-1f		2,726,672.			
			Business Code				
<u>8</u>	2a						
er <	b						
n S ent	С						
ran ev	d						
Program Service Revenue	е						
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	🟲	476.			476.
	4	Income from investment of tax-exempt bond		0.			_
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	_ d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a 3,902.					
evenue	b	Less: cost or other basis and sales expenses 7h 3,931.	700.				
ĕ		and saids expenses 1 1 7 b	-700.				
æ	C			-729.			-729.
Other R		Net gain or (loss)		725.			725.
₹	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line	17,090.				
		1c). See Part IV, line 18	25,106.				
	b C	Less: direct expenses		-8,016.			-8,016.
		` '		0,010.			0,010.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	h	Less: direct expenses 9b	0.				
	b C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	iva	returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	C						
isc R	d	All other revenue					
≥	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	. . .	2,718,403.			-8,269.
JSA							Form QQ0 (2010)

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
		(A)		(C)	(D)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	60,008.	60,008.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors, trustees, and key employees	123,214.	109,380.	9,496.	4,338.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	1,035,547.	919,284.	79,807.	36,456.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,482.	16,407.	1,424.	651.			
9	Other employee benefits	71,271.	62,252.	6,895.	2,124.			
10	Payroll taxes	84,846.	75,290.	6,524.	3,032.			
11	Fees for services (nonemployees):							
а	Management	0.						
b	Legal	0.	20 514	F 200				
C	Accounting	46,786.	38,514.	7,328.	944.			
d	Lobbying	0.						
е	Professional fundraising services. See Part IV, line 17.	7,500.			7,500.			
f	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.040	0.010					
	(A) amount, list line 11g expenses on Schedule O.)	9,840.	9,840.		0.25			
12	Advertising and promotion	237.	02 415	10 541	237.			
13	Office expenses	45,576.	23,417.	19,541.	2,618.			
14	Information technology	96,468.	60,646.	28,931.	6,891.			
15	Royalties	0.	00 530	05.054	2 207			
16	Occupancy	121,120.	90,539.	27,274.	3,307.			
17	Travel	3,757.	3,283.	296.	178.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	0.						
20	Interest	26,579.	26,579.					
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	135,755.	105,658.	29,118.	979.			
23	Insurance	33,192.	22,416.	8,831.	1,945.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	FOOD & HOUSEHOLD	246,772.	212,458.	17,857.	16,457.			
b	OTHER FUNDRAISING COSTS	3,261.	2,475.	786.				
C								
d								
е	All other expenses	0.170.555	1 222 :::					
	Total functional expenses. Add lines 1 through 24e	2,170,211.	1,838,446.	244,108.	87,657.			
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 ▶ X if							
	following SOP 98-2 (ASC 958-720)	2,020,659.	1,653,567.	228,482.	138,610.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	515,543.	1	1,012,086.
	2	Savings and temporary cash investments	181,964.	2	182,422.
	3	Pledges and grants receivable, net	1,239,266.	3	765,456.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	9,207.	9	10,909.
	-	Land, buildings, and equipment: cost or other	<u> </u>		
		basis. Complete Part VI of Schedule D 10a 10,704,823.			
	h	Less: accumulated depreciation	9,705,216.	100	10,565,124.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	738.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,651,934.	16	12,535,997.
	17		558,931.	17	161,234.
	18	Accounts payable and accrued expenses	0.	18	0.
		Grants payable	33,754.	19	10,000.
	19	Deferred revenue.	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
i i		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0.
<u>=</u>		controlled entity or family member of any of these persons	0.	22	514,522.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		242,800.
	00	of Schedule D	592,685.		928,556.
	26	Total liabilities. Add lines 17 through 25	392,003.	26	920,330.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	9,874,077.	27	10,952,384.
Ba	28	Net assets with donor restrictions.	1,185,172.	28	655,057.
p	20	Organizations that do not follow FASB ASC 958, check here ▶	1,103,172.	20	033,037.
		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 equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
χA	32	Total net assets or fund balances	11,059,249.	32	11,607,441.
Net	33	Total liabilities and net assets/fund balances	11,651,934.	33	12,535,997.
		. State maximum data from a description of a first fir	,,	_ 55	Form 990 (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			18,4 70,2	
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			48,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		L1,0	59,2	249.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		L1,6	07,4	41.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis 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 over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the	Ţ	7	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 87-0500067

PEA	ACE	HOUSE,	INC.					87-05000	67
Pa	rt I	Reasor	n for Public Cha	rity Status (All c	organizations must o	complete	e this pa	art.) See instructions	
The	orga	anization is	s not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school	described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital	l or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical	I research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
			name, city, and st						
5		•	•		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
			70(b)(1)(A)(iv). (C						
6	Щ		_	_	rnmental unit describe		-		
7	X	_		=	•	pport fro	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl	· · · · · · · · · · · · · · · · · · ·				
8	Щ		-		o)(1)(A)(vi). (Complete	-			
9		_		=			-	I in conjunction with a	
			-	grant college of ag	griculture (see instruct	tions). Ei	nter the i	name, city, and state of	the college or
		university					,		
10		receipts fi support fr acquired l	rom activities rela rom gross investm by the organizatio	ited to its exempt finent income and upon after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete		n 331/3% of its
11	\vdash	•	•	•	usively to test for publi	•			
12		Ū	Ū	•	•			e functions of, or to o	
								zation and complete lir	, , , ,
_	Г	\neg		=			_	·	=
а	_			-	•	-		orted organization(s),	
			-		e Part IV, Sections A		ajority of	the directors or truste	es of the
b							with ite	supported organization	on(s) by having
J				•				ns that control or man	
			-		, Sections A and C.	tilo oaiii	o po.co.	io triat control of man	ago ino oupportou
С				-		ated in co	onnectio	n with, and functional	ly integrated with.
					s). You must comple				.,
d			-					ection with its suppor	ted organization(s)
						-		oution requirement and	- ' '
			-		omplete Part IV, Sect	-		•	
е		_ Check t	his box if the orga	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type I	I, Type III
		function	ally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f				l organizations					
g	Pro	ovide the fo	ollowing information		orted organization(s).	1			
	(i) N	ame of suppo	orted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,358,680.	2,336,235.	6,907,604.	4,305,827.	2,741,772.	17,650,118.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge			42,000.	32,800.	24,000.	98,800.
4	Total. Add lines 1 through 3	1,358,680.	2,336,235.	6,949,604.	4,338,627.	2,765,772.	17,748,918.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						950,584.
6	Public support. Subtract line 5 from line 4						16,798,334.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,358,680.	2,336,235.	6,949,604.	4,338,627.	2,765,772.	17,748,918.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	399.	361.	376.	786.	476.	2,398.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			12,918.	14,243.		27,161.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						17,778,477.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	.		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin		-			14	94.49%
15	Public support percentage from 2018					15	99.98 %
16a	331/3% support test - 2019. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t	he "facts-and-c	circumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	-	
	supported organization						
18	Private foundation. If the organization						
	instructions					ahadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 201 <i>E</i>	(b) 2016	(a) 2017	(4) 2010	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2018 Sche		•			16	%
	tion D. Computation of Investment					1 2 4 1	70
17	Investment income percentage for 2019 (lir			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check thi	-					. \square
b	331/3% support tests - 2018. If the orga	-		•			
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			

87-0500067

PEACE HOUSE, INC.

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				- 3
Part	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 in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110		
	- Jr Fr J J J J J J J.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 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		
Secti	ion C. Type II Supporting Organizations			
3001	on or type it oupporting 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		
Secti	ion D. All Type III Supporting Organizations			
1	Did the experimetion provide to each of its supported experimetions, but he look down of the fifth month of the		Yes	No
ı	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 in (2), did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
L	•			
b	Did the activities described in (a) 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 (a) and (b) 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? 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		L

Page 6 Schedule A (Form 990 or 990-F7) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	e	. age 🗸
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Page 7

Secti	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
<u>а</u>	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
_ C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h					
6	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
e	Excess from 2019					
			Schedule	A (Form 990 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

PEACE HOUSE, INC. 87-0500067 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization PEACE HOUSE, INC.

Employer identification number

			87-0500067
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$85,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization PEACE HOUSE, INC.

Employer identification number 87-0500067

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$88,295.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PEACE HOUSE, INC.

Employer identification number 87-0500067

art II	Noncash Property (see instructions).	Use duplicate	copies of Par	t II if additional	space is needed.
--------	--------------------	--------------------	---------------	---------------	--------------------	------------------

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

Name of organization PEACE HOUSE, INC.

Employer identification number 87-0500067

	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional additional contributions.	he year from any ons completing Parteyear. (Enter this intermental this in	one contributor. One co	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, and	(e) Transfe	_	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		er of gift						
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relation	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfe	er of gift					
	Transferee's name, address, and		Relationship of transferor to transferee					

SCHEDULE D (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PEA	ACE HOUSE, INC.	87-0500067
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation o	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectic violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations and enforcing of violations.	
U	Start and volunteer mours devoted to monitoring, inspecting, manding or violations, and emorcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
•	S	nocivation oddomente daning the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	.
a	Revenue included on Form 990, Part VIII, line 1	••••••••••••••••••••••••••••••••••••••
b	Assets included in Form 990, Part X	≥ 8

Sche	dule D (Form 990) 2019											Pa	age 2
Pa	rt Organizations Maintaini	ng Collec	ctions of	Art, His	torical Tre	easures	s, or	Other	Similar Asse	ts (co	ontinue	d)	
3	Using the organization's acquisition	n, access	sion, and c	other rec	ords, chec	k any o	of the	follow	ring that make	signif	ficant u	se of	f its
	collection items (check all that app	ly):		_									
а	Public exhibition			d	Loan	or excha	ange	progra	m				
b	Scholarly research			е	Other								
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's o	collections	s and exp	olain how	they fur	rther	the or	ganization's ex	empt	purpose	e in l	Part
	XIII.												
5	During the year, did the organization										_		,
	assets to be sold to raise funds rath			ained as p	part of the	organiza	ation'	s colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial A												
	Complete if the organiza	ation ansv	vered "Ye	es" on Fo	orm 990, I	Part IV,	line	9, or r	eported an an	nount	on Fo	rm	
	990, Part X, line 21.												
1 a	Is the organization an agent, truste				-						٦.,		١
	included on Form 990, Part X?										Yes		No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	olete the	following ta	ble:							
									Am	ount			
C	Beginning balance						1c						
d	Additions during the year						1d						
e	Distributions during the year						1e						
f	Ending balance						1f	- (P - I		_			
2a	Did the organization include an am								•		Yes		No
	If "Yes," explain the arrangement i	n Part XIII	. Check ne	ere if the	explanation	n nas be	en pr	ovided	on Part XIII			-	Щ_
Pa	rt V Endowment Funds. Complete if the organiza	ation ancy	word "Ve	oc" on E	orm 000 I	Dart IV	lino	10					
	Complete ii the organiza					(c) Tw			(d) Thurs was h	a alı	(a) Faur		
		(a) Curr	ent year	(a) P	rior year	(C) 1W	o year	S Dack	(d) Three years b	раск	(e) Four y	ears c	аск
1 a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage					, column	າ (a))	held as	:				
a	Board designated or quasi-endown			_%									
	Permanent endowment	% %											
С	Term endowment ▶ The percentages on lines 2a, 2b, a	- / 0	uld sausl '	1000/									
20	Are there endowment funds not in		-		zation that	ara hal	d and	d admir	pictored for the				
Ja		the posse	551011 01 11	ie organi	Zalion mai	are ner	u and	aumi	iistered for the		Y	'es	No
	organization by: (i) Unrelated organizations										3a(i)	-	
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	•											
	rt VI Land, Buildings, and Equ		, organiza	ition 3 che	JOWITICITE TO	iido.							
	Complete if the organize	ation ansv	wered "Yo	es" on F	orm 990,	Part IV	, line	11a. S	See Form 990), Par	t X, line	10.	
	Description of property		(a) Cost or (invest			or other ba	asis		cumulated eciation	(d)	Book valu	ıe	
	Land		(111765)	anon)		J. 1101 /		чері	Solation				
b	Buildings	_			10.6	663,15	50.	1	31,333.		10,53	1,8	17.
C	Leasehold improvements	_				-,					,		
d	Equipment					41,67	73.		8,366.		3	3,3	07.
e	Other												
Tota	I. Add lines 1a through 1e. (Column		equal Forr	n 990, Pa	nt X, colum	n (B), lir	ne 10	c.)			10,56	5,1	24.

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

Part VII	Form 990) 2019 Investments - Other Securities.		Page \$
	· · · · · · · · · · · · · · · · · · ·		Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	held equity interests		
(3) Other_			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII		red "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.	rad "Vaa" on Farm 000 I	Part IV line 11d See Form 000 Part V line 15
	· · · · · · · · · · · · · · · · · · ·	Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)	(a)	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I) (IE 000 B () (I (D) " 45)	
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
	Other Liabilities. Complete if the organization answe		Part IV, line 11e or 11f. See Form 990, Part X,
Part X	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
Part X	Other Liabilities. Complete if the organization answe line 25. (a) Des		•
Part X 1. (1) Feder	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
Total. (Cold Part X 1. (1) Feder (2) PPP	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
1. (1) Feder (2) PPP (3)	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
Total. (Cold Part X 1. (1) Feder (2) PPP	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
1. (1) Feder (2) PPP (3) (4)	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
1. (1) Feder (2) PPP (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
1. (1) Feder (2) PPP (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
1. (1) Feder (2) PPP (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answe line 25. (a) Desertal income taxes	red "Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 242,800

PEACE HOUSE, INC.

Schedule D (Form 990) 2019 Page 4

	C B (10111/300/2013		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	ղ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,808,389.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
C	OF 106		
d	Other (Describe in Latt Am.)	2e	89,986.
е	Add lines 2a through 2d	3	2,718,403.
3	Subtract line 2e from line 1	3	2,710,103.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	0 510 402
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,718,403.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,260,197.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
C	25 106		
d	Other (Describe in at Ain.)	2e	89,986.
е	Add lines 2a through 2d	3	2,170,211.
3	Subtract line 2e from line 1	3	2,170,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,170,211.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation.	
SEE	PAGE 5		

Schedule D (Form 990) 2019 PEACE HOUSE, INC. 87-0500067 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 2D

REVENUE ON BOOKS NOT ON RETURN:

FUNDRAISING DIRECT EXPENSES: \$ 25,106

PART XII, LINE 2D

EXPENSES ON BOOKS NOT ON RETURN:

FUNDRAISING DIRECT EXPENSES: \$ 25,106

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number PEACE HOUSE, INC. 87-0500067 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а e Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 7,500 -7,500.Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. UT,

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

Schedule G (Form 990 or 990-EZ) 2019

87-0500067

PEACE HOUSE, INC.

Schedule G (Form 990 or 990-EZ) 2019

Schedule G ((Form 990 or 990-EZ) 2019	Page 2
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or	r reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and	ıd 6b. List
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 SPRING LUNCHEON	(b) Event #2 BLING FLING	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	203,437.	71,875.	277,708.	553,020
Ä	2	Less: Contributions Gross income (line 1 minus	203,437.	57,161.	275,332.	535,930
		line 2)		14,714.	2,376.	17,090
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,500.		60.	3,560
t Exp	7	Food and beverages		441.	6,708.	7,149
Direc	8	Entertainment		250.	495.	745
	9	Other direct expenses	425.	848.	12,379.	13,652
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)		25,106 -8,016
Pa	rt I	Gaming. Complete if the org	anization answered "			reported more than
<u> </u>		\$15,000 on Form 990-EZ, lin	le ba.	(b) Dull take (in atom)		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	. Yes No
10a b		Were any of the organization's gaminous [18]				Yes No

Sched	lule G (Form 990 or 990-EZ) 2019						
11	Does the organization conduct gaming activities with nonmembers?						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and						
	records:						
	Name ▶						
	Address ▶						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?						
b							
~	amount of gaming revenue retained by the third party \$\bigs\ \bigs\ \bigs\						
С	If "Yes," enter name and address of the third party:						
•							
	Name ▶						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶\$						
	Carning manager compensation P V						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b							
	or spent in the organization's own exempt activities during the tax year ▶ \$						
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).						
	·						

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization						Employer identification	on number
PEACE HOUSE, INC.	87-0500067						
Part I General Information on Grants ar	nd Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the gran Describe in Part IV the organization's process. 	nts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 							

JSA

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

Schedule I (Form 990) (2019)

PEACE HOUSE, INC. 87-0500067

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLIENT ASSISTANCE	62.	60,008.			
2					
3					
4					
5					
6					
7 Supplemental Information Provide					

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

SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

PEACE HOUSE INC. PROVIDES ASSISTANCE AND RESOURCES TO VICTIMS OF DOMESTIC

VIOLENCE AT NO COST TO THE INDIVIDUALS. THE INDIVIDUAL COSTS ARE REVIEWED

AND APPROVED, THEN PAID DIRECTLY TO VENDOR ON THE BEHALF OF THE

INDIVIDUALS UNDER PEACE HOUSE INC. PROGRAMS. THE FINANCIAL ASSISTANCE

NEEDED CAN RANGE FROM RENT COSTS, TRANSPORTATION, TO UTILITY AND OTHER

VARIOUS EXPENSE.

Schedule I (Form 990) (2019)

PEACE HOUSE, INC. 87-0500067

Schedule I (Form 990) (2019)

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

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

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

SCHEDULE I, PART III, LINE 1

CASH GRANTS ARE CASH PAYMENTS TO INDIVIDUALS FOR DIRECT AID INCLUDING

RENT ASSISTANCE, TRANSPORTATION COSTS, AND PHONE AND UTILITIES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization PEACE HOUSE, INC. Employer identification number 87-0500067

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		177,715.	FAIR MARK	ET V	VALU1	E
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		177.	30,846.	FAIR MARK	CET V	VALU1	E
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1.0	50.014				
25	Other ►(ELECTRONICS)	X	18.	50,914.	FAIR MARK			
26	Other ►(FURNITURE)	X	49.		FAIR MARK			
27	Other ►(GIFT CARDS)	X	41.		FAIR MARK			
	Other ►(OTHER)	X	21.	•	FAIR MARK	CET.	VALUI	뇬
29	Number of Forms 8283 received	-	= -					
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29		I	
	5				4 41 1		Yes	NO
30a	During the year, did the organizat				_			
	28, that it must hold for at least the					20-		Х
	to be used for exempt purposes for		ording period?			30a		
	If "Yes," describe the arrangement i							
31	Does the organization have a	•	· · · · · · · · · · · · · · · · · · ·	•		31	Х	
20-	contributions?					31	Λ.	
3∠a	Does the organization hire or use	-		-		222		Х
1.	contributions?					32a		Λ
	If "Yes," describe in Part II.	omount in -	column (a) for a time of	north for which column (-)) io oboolead			
33	If the organization didn't report an describe in Part II.	amount in C	olumn (c) for a type or pro	perty for writch column (a	, is checked,			

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

Schedule M (Form 990) 2019

PEACE HOUSE, INC. 87-0500067

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

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

SCHEDULE M, PART I- COLUMN (B)

THE NUMBER OF CONTRIBUTIONS REPORTED IS THE NUMBER OF CONTRIBUTIONS

RECEIVED, NOT THE NUMBER OF INDIVIDUAL ITEMS CONTRIBUTED.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 87-0500067

Name of the organization PEACE HOUSE, INC.

FORM 990 PART III, LINE 1 ORGANIZATION'S MISSION:

PEACE HOUSE, INC. IS A PRIVATE, NOT-FOR-PROFIT HUMAN SERVICES AGENCY
INCORPORATED IN THE STATE OF UTAH ON NOVEMBER 6, 1992. PEACE HOUSE WAS
ESTABLISHED FOR THE PURPOSE OF PROVIDING 24-HOUR CRISIS SUPPORT, SHELTER
AND OUTREACH SERVICES TO ADULTS AND THEIR CHILDREN WHO ARE VICTIMS OF
DOMESTIC VIOLENCE. PEACE HOUSE HAS SERVED VICTIMS OF DOMESTIC VIOLENCE
AND THEIR CHILDREN FOR OVER 25 YEARS IN SUMMIT AND WASATCH COUNTIES.

PEACE HOUSE PROVIDED SERVICES TO 268 UNIQUE INDIVIDUALS THIS FISCAL YEAR.
THOSE INDIVIDUALS RECEIVED SERVICES IN ONE OR MORE OF THE PROGRAMS. PEACE
HOUSE OFFERS TO SUPPORT INCREASED SAFETY, EMPOWERMENT AND
SELF-SUFFICIENCY FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
ALL SERVICES ARE FREE OF CHARGE.

PEACE HOUSE'S SUPPORT PRIMARILY COMES FROM GOVERNMENT AND ORGANIZATION GRANTS AND CONTRACTS, AND DONOR CONTRIBUTIONS. ITS CURRENT PROGRAMS INCLUDE EMERGENCY SHELTER, CLINICAL SERVICES INCLUDING COUNSELING AND CASE MANAGEMENT, OUTREACH SERVICES, AND EDUCATION AND AWARENESS AND A VOLUNTEER PROGRAM.

Name of the organization Employer identification number PEACE HOUSE, INC. 87-0500067

FORM 990 PART III, LINE 4A

FIRST PROGRAM SERVICE ACCOMPLISHMENT:

SHELTER -PEACE HOUSE PROVIDES EMERGENCY SHELTER FOR ADULTS AND THEIR CHILDREN WHEN THEY ARE ESCAPING DOMESTIC VIOLENCE. THE SHELTER PROVIDES TEMPORARY SAFE HOUSING FOR FAMILIES WHILE THEY ACQUIRE THE RESOURCES AND SUPPORT NECESSARY TO LIVE THEIR LIVES FREE FROM VIOLENCE. PEACE HOUSE SERVED 124 INDIVIDUALS IN THE EMERGENCY SHELTER WITH 40% OF THOSE BEING CHILDREN. OVER 4,019 NIGHT OF SAFE HOUSING WERE PROVIDED TO THOSE FAMILIES FLEEING ABUSE.

NEW FACILITY- IN 2017, THE ORGANIZATION ENTERED INTO A LEASE AGREEMENT IN ORDER TO CONSTRUCT AND OPERATE A NEW FACILITY AT QUINN'S JUNCTION. PEACE HOUSE BROKE GROUND ON THE NEW BUILDING IN SEPTEMBER 2017, AND THE PROJECT WAS COMPLETED IN AUGUST 2019. WE COMPLETED THE TRANSITION OF THE TWO EXISTING FACILITIES INTO THE COMMUNITY CAMPUS IN SEPTEMBER 2019. IN OUR NEW 42,000 SQUARE FEET CAMPUS, PEACE HOUSE IS BETTER EQUIPPED TO PROVIDE HOLISTIC AND APPROPRIATE CARE FOR THE FAMILIES SEEKING OUR ASSISTANCE. IN ADDITION TO A TRANSITIONAL HOUSING PROGRAM, WHERE SURVIVORS OF DOMESTIC ABUSE CAN RESIDE FOR UP TO TWO YEARS WHILE REBUILDING THEIR LIVES, PEACE HOUSE ALSO HOUSES A CHILDCARE CENTER.

Name of the organization

PEACE HOUSE, INC.

Employer identification number
87-0500067

FORM 990 PART III, LINE 4B

SECOND PROGRAM SERVICE ACCOMPLISHMENT:

CLINICAL - THE CLINICAL PROGRAM AT PEACE HOUSE OFFERS THERAPY, GROUP
THERAPY AND CASE MANAGEMENT SERVICES TO THOSE IN BOTH AN OUTPATIENT
SETTING AND FOR THOSE THAT ARE RESIDING IN THE SHELTER. THE CLIENTS
SERVED INCLUDE ANY PERSON AFFECTED BY DOMESTIC ABUSE, CHILD ABUSE
SURVIVORS AND VICTIMS, SEXUAL ASSAULT SURVIVORS AND VICTIMS, AND OTHER
CLIENTS IN THE COMMUNITY THAT RECOGNIZE SYMPTOMS OF AN UNHEALTHY
RELATIONSHIP.

LAST YEAR, PEACE HOUSE PROVIDED 1,191 HOURS OF THERAPY TO ADULT SURVIVORS

AND 53 HOURS OF THERAPY TO CHILDREN. IN ADDITION, PEACE HOUSE CASE

MANAGERS SUPPORTED 122 ADULTS WITH 575 HOURS OF CASE MANAGEMENT TO

INCREASE SAFETY AND STABILITY BY CONNECTING SURVIVORS TO RESOURCES SUCH

AS HOUSING, EMPLOYMENT, CHILDCARE, LEGAL ASSISTANCE, FINANCIAL ASSISTANCE

AND SAFETY PLANNING.

FORM 990 PART III, LINE 4C

THIRD PROGRAM SERVICE ACCOMPLISHMENT:

OUTREACH - PEACE HOUSE PROVIDES ALL THE SAME OUT-OF-SHELTER SUPPORT

SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND IDENTIFIES AT-RISK FAMILIES

AND HELPS THEM AVOID DOMESTIC VIOLENCE CRISIS SITUATIONS. THE BI-LINGUAL

PROGRAM INCLUDES EDUCATION, SUPPORT GROUPS, DIRECT INTERVENTION AND CASE

MANAGEMENT. THE PROGRAM IS DESIGNED TO BREAK THE CYCLE OF DOMESTIC

Name of the organization Employer identification number PEACE HOUSE, INC. 87-0500067

VIOLENCE THROUGH UNDERSTANDING, PLANNING AND ACTION. PEACE HOUSE SERVED 96 ADULTS WITH LEGAL ADVOCACY SERVICES WHICH INCLUDED ASSISTANCE WITH CIVIL PROTECTIVE ORDERS AND STALKING INJUNCTIONS AS WELL AS INFORMATION ON VICTIM RIGHTS WHEN SURVIVORS ARE NAVIGATING THE CRIMINAL JUSTICE SYSTEM. PSYCHO-EDUCATIONAL GROUPS ADDRESSING THE DYNAMICS DOMESTIC VIOLENCE AND HEALTHY PARENTING WERE PROVIDED TO OVER 95 ADULTS THIS YEAR.

FORM 990 PART III, LINE 4D

ALL OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION/AWARENESS - PEACE HOUSE PROVIDES EDUCATION ABOUT DOMESTIC AND CHILD ABUSE, AND HEALTHY RELATIONSHIPS TO CHILDREN IN COMMUNITY SCHOOLS FOR GRADES KINDERGARTEN THROUGH 12. WE ALSO PROVIDE PRESENTATIONS IN THE COMMUNITY TO CREATE AWARENESS ABOUT DOMESTIC VIOLENCE AND THE SUPPORT SERVICES AVAILABLE AT PEACE HOUSE. LAST YEAR, THE PREVENTION EDUCATION TEAM PROVIDED 560 PRESENTATIONS IN THE COMMUNITY AND TO SCHOOLS TO 17,129 CHILDREN, PARENTS AND COMMUNITY MEMBERS.

VOLUNTEER - PEACE HOUSE OPERATES A VOLUNTEER PROGRAM THAT ATTRACTS,

EDUCATES AND TRAINS VOLUNTEERS TO SUPPORT EACH OF THE SERVICE AREAS,

INCLUDING DIRECT VICTIM SERVICES, FACILITY MAINTENANCE AND ENHANCEMENT,

COMMUNITY AWARENESS INITIATIVES, PREVENTION EDUCATION, GRANT WRITING

EFFORTS, ON-GOING ADMINISTRATIVE, LEGAL AND TECHNICAL SUPPORT. THIS

FISCAL YEAR, PEACE HOUSE HAD 542 VOLUNTEERS DONATE 3,975 HOURS TO SUPPORT

OUR PROGRAM AND PROJECTS.

Name of the organization

PEACE HOUSE, INC.

Employer identification number

87-0500067

FORM 990, PART VI, LINE 11B

ORGANIZATION'S PROCESS TO REVIEW FORM 990:

THE FINANCE COMMITTEE REVIEWS THE TAX RETURN AND PROVIDES A COPY TO THE BOARD BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY:

EACH BOARD MEMBER AND/OR EMPLOYEE SHALL DISCLOSE BY COMPLETING A CONFLICT OF INTEREST DISCLOSURE FORM ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE IN ANY MATTER PENDING BEFORE THE ORGANIZATION AND SHALL REFRAIN FROM PARTICIPATION IN ANY DECISION ON SUCH MATTER. THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY AND REVIEWED BY THE BOARD CHAIR AND OR EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A

COMPENSATION PROCESS FOR TOP OFFICIAL:

THE PEACE HOUSE INC. EXECUTIVE COMMITTEE REVIEWS THE (UNA) UTAH NONPROFIT COMPENSATION REPORT AS WELL AS OTHER COMPARABLE AND LOCAL NONPROFITS FORM 990S WHEN DETERMINING EXECUTIVE DIRECTOR COMPENSATION. THE EXECUTIVE COMMITTEE THEN APPROVES COMPENSATION AND DOCUMENTS THE DECISION AND PROCESS BY COMPLETING THE STATUS AND COMPENSATION CHANGE FORM, WHICH IS SIGNED AND APPROVED BY THE BOARD CHAIR. PER IRS FORM 990 DEFINITIONS, THERE ARE NO OTHER EMPLOYEES MEETING THE CRITERIA FOR DISCLOSURE.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number 87-0500067 PEACE HOUSE, INC.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS AVAILABLE UPON REQUEST:

THE GOVERNING DOCUMENTS AND FORM 990 ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		ATTACHMENT 1		
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
EDUCATIONAL AWARENESS		140,847.		
VOLUNTEER		82,485.		
CHILDCARE		14,254.		
TOTALS		237,586.		