Form **990** 

A E. (1 000)

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2021 Open to Public Inspection

| <u>A</u>     | For            | the 2021                  | calendar year, or tax year beginning 07/01/2021   | and ending          | _                                      | 06/30/20            | 022               |
|--------------|----------------|---------------------------|---|---------------------|--|---------------------|-------------------|
| в            | Check          | if applicable:            | C Name of organization  |                     | D Employer Ider                        | tification num      | ber               |
| Г            | _              | ddress                    | PEACE HOUSE, INC.   | _                   | 1                                      |                     |                   |
|              |                | hange                     | Doing business as   |                     | 87-0500                                | 067                 |                   |
|              | N              | larne change              | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite          | E Telephone nur                        | nber                |                   |
| L            | _              | nitial return             | 700 ROUND VALLEY DRIVE  | 115                 | (435)65                                | 58-4739             |                   |
|              | te             | inal return/<br>erminated | City or town, state or province, country, and ZIP or foreign postal code  |                     |  |                     |                   |
|              | ле             | mended<br>sturn           | PARK CITY, UT 84060   |                     | G Gross receipts                       | \$ 3                | ,456,911.         |
|              | A              | pplication<br>ending      | F Name and address of principal officer: KENDRA WYCKOFF   |                     | H(a) is this a grou                    | p return for        | Yes X No          |
|              |                |                           | 700 ROUND VALLEY DRIVE, #115, PARK CITY, UT 8   | 4060                | subordinates?<br>H(b) Are all subordin |                     | Yes No            |
| 1            | Tax            | -exempt sta               |   |                     | - ``                                   | ach a list. See ins |                   |
| J            | We             | bsite: 🕨                  |   |                     | H(c) Group exemp                       | tion number         |                   |
|              |                |                           | ization: X Corporation Trust Association Other  | L Year of form      | ation: 1992 M s                        |                     |                   |
| F            | Part           | Su                        | mmary   |                     | 1992                                   | tate of legal de    |                   |
|              | 1              | Briefly                   | describe the organization's mission or most significant activities: PEACE   | HOUSE IS 7          | CHARTTART                              | F ORCANI            |                   |
| ę            | 5              | DEDI                      | CATED TO ENDING INTERPERSONAL VIOLENCE AND AB   | USE IN THE          |  | E OKGANI            | LATION            |
| Governanco   |                | THRC                      | DUGH EDUCATION, OUTREACH, SUPPORT SERVICES, AND   | D SHELTER           | <u></u>                                |                     |                   |
| VAL          | 2              | Check                     | this box  this box if the organization discontinued its operations or disposed  | of more than 259    | / of its not appate                    |                     |                   |
| ê            | 3 3            | Numbe                     | er of voting members of the governing body (Part VI, line 1a)   | for more main 20,   |  | 3                   | 1 -               |
| Activities & | 5 4            | Numbe                     | er of independent voting members of the governing body (Part VI, line 1b)   |                     | 8 F                                    | 4                   | 17                |
| tia          | 5              | Total r                   | number of individuals employed in calendar year 2021 (Part V, line 2a)  | • • • • • • • • •   | ******                                 | 5                   | 17                |
| tiv          | 6              | Total n                   | number of volunteers (estimate if necessary)  | •••                 | ******                                 | 6                   | 41                |
| Ā            | 7              | a Total u                 | Inrelated business revenue from Part VIII, column (C), line 12  |                     | 8 · 8 · · · · ·                        | 0<br>7a             | 106               |
|              |                | b Net un                  | related business taxable income from Form 990-T, Part I, line 11  |                     | •• §••••   •                           |                     |                   |
|              |                |                           |   |                     | Prior Year                             | 7b                  |                   |
|              | 8              | Contrit                   | butions and grants (Part VIII, line 1h)   |                     |  |                     | rent Year         |
| nue          | 9              | Progra                    | m service revenue (Part VIII, line 2g)  | • • • • • •         | 3,549,06                               |                     | ,369,506.         |
| Revenue      | 10             | Investr                   | nent income (Part VIII, column (A), lines 3, 4, and 7d)   | · · · · · ·         | NO                                     |                     | NONE              |
| R            | 11             | Other i                   | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | ····-               | 1,56                                   |                     | -2,249.           |
|              | 12             | Total re                  | evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | · · · · ·           | 5,953                                  |                     | -37,960.          |
|              | 13             | Grants                    | and similar amounts paid (Part IX, column (A), lines 1-3)   |                     | 3,556,578                              |                     | 329,297.          |
|              | 14             | Benefit                   | ts paid to or for members (Part IX, column (A), line 4)   | •••••               | 85,190                                 |                     | 116,639.          |
| Ś            | 15             | Salarie                   | s, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | •••••               | NOI                                    |                     | NONE              |
| nse          | 16             | a Profess                 | sional fundraising fees (Part IX, column (A), line 11e)   | · · · · · [         | 1,740,464                              |                     | 974,991.          |
| Expenses     |                | b Total fu                | undraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 103, 328.  | · · · · ·           | NO1                                    | 15                  | NONE              |
| ŵ            | 17             | Other e                   | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                     |  |                     |                   |
|              | 18             | Total e                   | xpenses (Latrix, column (A), lines (Latria, 11-246)<br>xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | ••••                | 762,956                                |                     | 811,370.          |
|              | 19             | Reven                     | Le less expenses. Subtract line 18 from line 12   | •••••               | 2,588,610                              |                     | 903,000.          |
| Po Ses       | 20<br>21<br>22 |                           |   |                     | 967,968                                |                     | 426,297.          |
| lanc         | 20             | Total a                   | ssets (Part X, line 16)   | Begin               | ning of Current Yes                    |                     | of Year           |
| Ass          | 21             |                           | abilities (Part X, line 26)   | · · · · · /         | 13,075,734                             |                     | 190,358.          |
| Net          | 22             |                           | sets or fund balances. Subtract line 21 from line 20.   | · · · · · ·         | 500,325                                |                     | 188,652.          |
| Pa           | art lí         |                           | nature Block  |                     | 12,575,409                             | . 13,               | 001,706.          |
| Un           | der pi         | enalties of               | periuly. I declare that I have examined this return including accomposition achieved  | and statements      | and the thread of                      |                     |                   |
| true         | e, con         | rect, and c               | omplete. Declaration of preparer (other than officer) is based on all information of which  | preparer has any ki | nowledge.                              | iy knowledge a      | and belief, it is |
|              |                |                           | PREMAIN WAVING  |                     | An                                     | 172                 |                   |
| Sig          |                | Sig                       | gnature of officer  |                     | Date                                   | 100                 | <u> </u>          |
| He           | re             | K                         | ENDRA WYCKOFF EXEC  |                     |  |                     |                   |
|              |                |                           | pe or print name and title  | UTIVE DIRE          | CTOR                                   |                     | ·                 |
|              | _              |                           | ype preparer's name Preparer's signature  | Date                |  |                     |                   |
| Paic         |                | АПАМ                      | R SMITH   | ]                   | Check if                               | PTIN                |                   |
|              | parer          | Eirm's s                  |   | 04/27/202           |  | P00958              |                   |
| Use          | Only           | /                         |   |                     | Firm's EIN 🕨                           | 44-01602            |                   |
| May          | / the          |                           | ddress ▶ 250 E. 200 S., SUITE 1200 SALT LAKE CITY, UT 84111<br>cuss this return with the preparer shown above? See instructions . |                     | Phone no.                              | 801-531-            |                   |
|              |                |                           | eduction Act Notice, see the separate instructions.   | <u></u>             | <u> </u>                               | . X Ye              |                   |
|              | . ape          | - HOIR A                  | outon Act notice, see the separate instructions.  |                     |  | Form                | 990 (2021)        |

|      | PEACE HOUSE, INC.   | 87-0500067               |
|------|---|--------------------------|
|      | n 990 (2021)  | Page 2                   |
| Ра   | rt III Statement of Program Service Accomplishments   | []                       |
|      | Check if Schedule O contains a response or note to any line in this Part III  | X                        |
| 1    | Briefly describe the organization's mission:  |                          |
|      | PEACE HOUSE IS DEDICATED TO ENDING INTERPERSONAL VIOLENCE AND ABUSE   |                          |
|      | BY EMPOWERING SURVIVORS TO HEAL AND THRIVE AND PROVIDING SUPPORT  |                          |
|      | SERVICES, SAFE HOUSING, AND PREVENTION EDUCATION.   |                          |
|      |   |                          |
|      | Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ? | on the Yes X No          |
|      | If "Yes," describe these new services on Schedule O.  |                          |
|      | Did the organization cease conducting, or make significant changes in how it conducts, any p                                    | rogram                   |
|      | services?   | Yes X No                 |
|      | If "Yes," describe these changes on Schedule O.   |                          |
|      | Describe the organization's program service accomplishments for each of its three largest program                               | services, as measured by |
|      | expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants                         |                          |
|      | the total expenses, and revenue, if any, for each program service reported.   |                          |
|      |   |                          |
| 40   | (Code: ) (Expenses \$ 1,135,648. including grants of \$ 37,991. ) (Revenue \$   | )                        |
| 4a   |   | )                        |
|      | SEE SCHEDULE O.   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
| 4h   | (Code: ) (Expenses \$ 513,602. including grants of \$ ) (Revenue \$   | )                        |
|      | SEE SCHEDULE 0.   | /                        |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
| 4c   | (Code: ) (Expenses \$ 305,787. including grants of \$ 78,648. ) (Revenue \$   | )                        |
|      | SEE SCHEDULE O.   | ,                        |
|      |   |                          |
|      | · · · · · · · · · · · · · · · · · · ·   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
|      |   |                          |
| 4d   | Other program services (Describe on Schedule O.) SEE SCHEDULE O   |                          |
|      | (Expenses \$ 547,871. including grants of \$ ) (Revenue \$ )  |                          |
|      | Total program service expenses ► 2,502,908.   |                          |
| JSA  |   | Form <b>990</b> (2021)   |
| 1E10 | 120 1.000   |                          |

PEACE HOUSE, INC.

|            | 990 (2021)   |           | F   | Page 3      |
|------------|--|-----------|-----|-------------|
| Part       | IV Checklist of Required Schedules   |           |     |             |
|            |  |           | Yes | No          |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |           |     |             |
| •          | complete Schedule A.   | 1         | X   |             |
| 2          | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | 2         | Х   | <u> </u>    |
| 3          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |           |     | 37          |
|            | candidates for public office? If "Yes," complete Schedule C, Part I  | 3         |     | X           |
| 4          | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  | 4         |     | 37          |
| 5          | election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i><br>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,      | 4         |     | X           |
| 5          | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5         |     | x           |
| 6          | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  | <b>-5</b> |     |             |
| U          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |           |     |             |
|            | "Yes," complete Schedule D, Part I.  | 6         |     | x           |
| 7          | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | <b>–</b>  |     |             |
| •          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7         |     | x           |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  | <u> </u>  |     |             |
| Ū          | complete Schedule D, Part III  | 8         |     | x           |
| 9          | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |           |     |             |
| •          | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |           |     |             |
|            | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9         | 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        |     | x           |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |           |     |             |
|            | VII, VIII, IX, or X, as applicable.  |           |     |             |
| а          | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |           |     |             |
|            | complete Schedule D, Part VI   | 11a       | Х   |             |
| b          | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more  |           |     |             |
|            | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b       |     | Х           |
| С          | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more   |           |     |             |
|            | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c       |     | Х           |
| 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           |
| е          | 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  |           |     |             |
|            | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |     | Х           |
| 12 a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |           |     |             |
|            | Schedule D, Parts XI and XII.  | 12a       | Х   |             |
| b          | Was the organization included in consolidated, independent audited financial statements for the tax year? If   |           |     |             |
|            | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b       |     | X           |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.   | 13        |     | X           |
|            | 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  |           |     |             |
| <i>.</i> – | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       |     | X           |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |           |     |             |
|            | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        |     | X           |
| 16         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |           |     |             |
|            | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16        |     | X           |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |           |     |             |
|            | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17        |     | X           |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |           |     |             |
|            | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18        | Х   | <u> </u>    |
| 19         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |           |     |             |
| 00         | If "Yes," complete Schedule G, Part III  | 19        |     | X           |
|            | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | 20a       |     | X           |
|            | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b       |     | <u> </u>    |
| 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 12 /f "Yes " complete Schedule / Parts / and // | 21        |     | v           |
| JSA        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | -         | aan | X<br>(2021) |
| 1E1021     | 1.000  | F.OUII    | 220 | (2021)      |

7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526

Part IV Checklist of Required Schedules (continued)

Form 990 (2021)

|               |   |            | 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      |
|               | 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   | 24-        |      |        |
| h             | to defease any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24c<br>24d |      |        |
|               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 24u        |      |        |
| zJa           | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |      | х      |
| b             | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  | 2.54       |      |        |
|               | 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        |      | Х      |
| 26            | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |            |      |        |
|               | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |      |        |
|               | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26         |      | Х      |
| 27            | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   |            |      |        |
|               | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |            |      |        |
|               | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |            |      |        |
|               | persons? If "Yes," complete Schedule L, Part III  | 27         |      | X      |
| 28            | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,   |            |      |        |
|               | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |            |      |        |
| а             | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |            |      |        |
|               | "Yes," complete Schedule L, Part IV   | 28a        |      | X      |
|               | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  | 28b        |      | X      |
| С             | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  |            |      |        |
| ~~            | "Yes," complete Schedule L, Part IV   | 28c        |      | X      |
| 29            | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | 29         | X    |        |
| 30            | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  | 20         |      | 37     |
| 31            | conservation contributions? <i>If "Yes," complete Schedule M</i><br>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 30<br>31   |      | X<br>X |
| 32            | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   | 51         |      |        |
| 52            | complete Schedule N, Part II.   | 32         |      | Х      |
| 33            | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 52         |      |        |
|               | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |      | Х      |
| 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         |      | Х      |
| 35 a          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |      | Х      |
| b             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |            |      |        |
|               | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |      |        |
| 36            | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  |            |      |        |
|               | related organization? If "Yes," complete Schedule R, Part V, line 2.  | 36         |      | X      |
| 37            | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |      |        |
|               | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |      | X      |
| 38            | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and  |            | _    |        |
| Dem           | 19? Note: All Form 990 filers are required to complete Schedule O.  | 38         | Х    |        |
| Part          |   |            |      |        |
|               | Check if Schedule O contains a response or note to any line in this Part V  |            | Yes  | <br>No |
| 1 9           | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |            | . 03 |        |
|               | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |            |      |        |
|               | Did the organization comply with backup withholding rules for reportable payments to vendors and  |            |      |        |
| 5             | reportable gaming (gambling) winnings to prize winners?   | 1c         |      |        |
| JSA<br>1E1030 |   |            | 990  | (2021) |

1E1030 1.000 7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526 PEACE HOUSE, INC.

Form 990 (2021)

Page 5

| Par   | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          | Yes      | No       |
|-------|--|----------|----------|----------|
| 2a    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          |          |          |
|       | Statements, filed for the calendar year ending with or within the year covered by this return 2a 41  |          |          |          |
| 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.  |          |          |          |
|       | 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       |          |          |
| 4a    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |          |          |          |
|       | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |          | x        |
| b     | If "Yes," enter the name of the foreign country  |          |          |          |
|       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | 50       |          | v        |
|       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a<br>5b |          | X<br>X   |
|       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 50<br>50 |          | <u> </u> |
|       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |          |          |          |
| Ua    | 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   |          |          |          |
| D.    | 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  |          |          |          |
|       | and services provided to the payor?  | 7a       | х        |          |
| b     | 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       |          | X        |
| d     | 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       |          | X        |
| f     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |          | X        |
| g     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |          |          |
| h     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |          |          |
| 8     | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |          |          |
|       | sponsoring organization have excess business holdings at any time during the year?   | 8        |          |          |
|       | 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:<br>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  |          |          |          |
| D.    | 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  |          |          |          |
| 13    | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |          |          |
| а     | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |          |          |
|       | Note: See the instructions for additional information the organization must report on Schedule O.  |          |          |          |
| b     | Enter the amount of reserves the organization is required to maintain by the states in which   |          |          |          |
|       | the organization is licensed to issue qualified health plans   |          |          |          |
| С     | Enter the amount of reserves on hand   |          |          |          |
| 14a   | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |          | X        |
| b     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b      |          |          |
| 15    | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          |          |          |
|       | excess parachute payment(s) during the year?   | 15       |          | X        |
|       | If "Yes," see the instructions and file Form 4720, Schedule N.   | 10       |          | V        |
| 16    | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | 16       |          | <u>X</u> |
| 17    | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17       |          |          |
| JSA   | If "Yes," complete Form 6069.  |          | 000      | (0.02.1) |
| 1E104 | 7936PI X52V <b>05/01/2023 14:54:47</b> V21-7.15 1190526  |          | 990<br>7 | (2021)   |
|       | ······································   |          | •        |          |

| Form 9        | 90 (202 | PEACE HOUSE, INC.   | 87-0500           | 067        | F         | Page 6 |
|---------------|---------|---|-------------------|------------|-----------|--------|
| Part          | VI      | Governance, Management, and Disclosure. For each "Yes" response to lines 2 th   | rough 7b below,   | and        | for a     | "No"   |
|               |         | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes  |                   |            |           | tions. |
|               |         | Check if Schedule O contains a response or note to any line in this Part VI   | <u></u>           |            |           | Х      |
| Sect          | ion A.  | Governing Body and Management   |                   |            |           |        |
|               |         |   | 1 1               |            | Yes       | No     |
| 1a            |         | the number of voting members of the governing body at the end of the tax year   | <b>1a</b> 17      |            |           |        |
|               | If ther | e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar                                   |                   |            |           |        |
|               | comm    | ittee, explain on Schedule O.   |                   |            |           |        |
| b             |         | the number of voting members included on line 1a, above, who are independent  | <b>1b</b> 17      |            |           |        |
| 2             | Did ar  | ny officer, director, trustee, or key employee have a family relationship or a business rel   | lationship with   |            |           |        |
|               | any ot  | her officer, director, trustee, or key employee?  |                   | 2          |           | X      |
| 3             |         | e organization delegate control over management duties customarily performed by or ur   |                   |            |           |        |
|               | -       | <i>v</i> ision of officers, directors, trustees, or key employees to a management company or other p  |                   | 3          |           | X      |
| 4             |         | organization make any significant changes to its governing documents since the prior Form 990 was fi  |                   | 4          | X         |        |
| 5             |         | e organization become aware during the year of a significant diversion of the organization's a  |                   | 5          |           | X      |
| 6             |         | e organization have members or stockholders?  |                   | 6          |           | X      |
| 7a            |         | e organization have members, stockholders, or other persons who had the power to el   |                   | -          |           |        |
|               |         | more members of the governing body?   |                   | 7a         |           | X      |
| b             |         | ny governance decisions of the organization reserved to (or subject to approval   | • /               | <b>-</b> L |           | 77     |
| _             |         | nolders, or persons other than the governing body?  |                   | 7b         |           | X      |
| 8             |         | e organization contemporaneously document the meetings held or written actions under  | ertaken during    |            |           |        |
|               | -       | ar by the following:  |                   | 0-         | 37        |        |
| а             | 0       | overning body?  |                   | 8a<br>8b   | X         |        |
|               |         | committee with authority to act on behalf of the governing body?  |                   | do         | X         |        |
| 9             |         | e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>            |                   | 9          |           | v      |
| Socti         |         | Policies (This Section B requests information about policies not required by the Inte   |                   | -          | )         | X      |
| Jecu          | UILD.   | Toncies (This Section D requests information about policies not required by the line  |                   |            | .)<br>Yes | No     |
| 40.           |         | a second the stand share the stand has a stand or a stand stand   |                   | 10a        |           | X      |
|               |         | e organization have local chapters, branches, or affiliates?  |                   | TVa        |           |        |
| D             |         | s," did the organization have written policies and procedures governing the activities of a   |                   | 10b        |           |        |
| 11.0          |         | es, and branches to ensure their operations are consistent with the organization's exempt pu  |                   | 11a        | х         |        |
| 11a<br>⊾      |         | e organization provided a complete copy of this Form 990 to all members of its governing body before fi<br>ibe on Schedule O the process, if any, used by the organization to review this Form 990. | ling the form?    | 114        |           |        |
| b             |         |   |                   | 12a        | х         |        |
| 12a           |         | e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>  | that could give   |            |           |        |
| b             |         | conflicts?  | .nat could give   | 12b        | х         |        |
| ~             |         | e organization regularly and consistently monitor and enforce compliance with the p   | oliov? If "Vos."  |            |           |        |
| U             |         | be on Schedule O how this was done  | -                 | 12c        | х         |        |
| 13            |         | e organization have a written whistleblower policy?   |                   | 13         | Х         |        |
| 14            |         | e organization have a written document retention and destruction policy?  |                   | 14         | Х         |        |
| 15            |         | e process for determining compensation of the following persons include a review ar   |                   |            |           |        |
| 10            |         | endent persons, comparability data, and contemporaneous substantiation of the deliberation  |                   |            |           |        |
| а             |         | ganization's CEO, Executive Director, or top management official  |                   | 15a        | Х         |        |
| b             |         | officers or key employees of the organization   |                   | 15b        |           | Х      |
| ~             |         | " to line 15a or 15b, describe the process on Schedule O. See instructions.   |                   |            |           |        |
| 16a           |         | e organization invest in, contribute assets to, or participate in a joint venture or simila   | r arrangement     |            |           |        |
|               |         | taxable entity during the year?   | -                 | 16a        |           | Х      |
| b             |         | s," did the organization follow a written policy or procedure requiring the organization  |                   |            |           |        |
|               |         | pation in joint venture arrangements under applicable federal tax law, and take steps to  |                   |            |           |        |
|               |         | zation's exempt status with respect to such arrangements?   |                   | 16b        |           |        |
| Secti         |         | Disclosure  |                   |            |           |        |
| 17            | List th | e states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ $_{ m UT}$ ,  |                   |            |           |        |
| 18            |         | n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),   | , 990, and 990-T  | - (sec     | tion 5    | 01(c)  |
| -             |         | hly) available for public inspection. Indicate how you made these available. Check all that ap  |                   |            | 2         | (-)    |
|               | X (     | Dwn website 🔟 Another's website 🔟 Upon request 🗌 Other <i>(explain on Sc</i>  | hedule O)         |            |           |        |
| 19            | Descr   | be on Schedule O whether (and if so, how) the organization made its governing docum   | nents, conflict o | f inter    | est p     | olicy. |
|               |         | nancial statements available to the public during the tax year.   |                   |            | -         | ς,     |
| 20            |         | the name, address, and telephone number of the person who possesses the organization's t  | books and record  | s 🕨        |           |        |
|               |         | RA WYCKOFF 700 ROUND VALLEY DR #115 PARK CITY, UT 84060   |                   |            |           |        |
| 164           | 435-    | 658-4739  |                   | Form       | 990       | (2021) |
| JSA<br>1E1042 | 1.000   |   |                   |            |           |        |
|               |         | PI X52V <b>05/01/2023 14:54:47</b> V21-7.15 1190526   |                   |            | 8         |        |

| PEACE | HOUSE, | INC |
|-------|--------|-----|

Page 7

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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

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

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

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

| (A)<br>Name and title | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | box,<br>office<br>or direct | not ch<br>unless<br>er and | s pe | ition<br>more<br>rson | e than c<br>is both<br>cor/trust<br>employee<br>enter | an | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-2/<br>1099-MISC/<br>1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|-----------------------|--|-----------------------------|----------------------------|------|-----------------------|---|----|--|---|--|
| (1) KENDRA WYCKOFF    | 40.00  |                             |                            |      |                       |   |    |  |   |  |
| EXECUTIVE DIRECTOR    | NONE   |                             |                            | x    |                       |   |    | 108,348.   | NONE  | 9,561.   |
| (2) JULIE JOYCE       | 10.00  |                             |                            |      |                       |   |    |  |   |  |
| SECRETARY             | NONE   | x                           |                            | x    |                       |   |    | NONE   | NONE  | NONE   |
| (3) KATE MARGOLIS     | 4.00   |                             |                            |      |                       |   |    |  |   |  |
| VICE CHAIRPERSON      | NONE   | Х                           |                            | Х    |                       |   |    | NONE   | NONE  | NONE   |
| (4) RICHARD URANKAR   | 12.00  |                             |                            |      |                       |   |    |  |   |  |
| CHAIRPERSON           | NONE   | Х                           |                            | Х    |                       |   |    | NONE   | NONE  | NONE   |
| (5) SUE PROCTOR       | 2.00   |                             |                            |      |                       |   |    |  |   |  |
| GOVERNANCE OFFICER    | NONE   | Х                           |                            | Х    |                       |   |    | NONE   | NONE  | NONE   |
| (6) JIM SMITH         | 4.00   |                             |                            |      |                       |   |    |  |   |  |
| PAST CHAIR            | NONE   | Х                           |                            | Х    |                       |   |    | NONE   | NONE  | NONE   |
| (7) WILLIAM BENZ      | 4.00   |                             |                            |      |                       |   |    |  |   |  |
| TREASURER             | NONE   | Х                           |                            | Х    |                       |   |    | NONE   | NONE  | NONE   |
| (8) HARRIET BERG      | 3.00   | -                           |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | Х                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (9) DEBRA BUMP        | 2.00   | -                           |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | Х                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (10) ROBERT DILLON    | 3.00   |                             |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | X                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (11) ANITA LEWIS      | 2.00   |                             |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | X                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (12) KAREN MARRIOTT   | 3.00   | -                           |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | X                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (13) JUSTIN MARTINEZ  | 2.00   | -                           |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | X                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |
| (14) ELANA SPITZBERG  | 3.00   | -                           |                            |      |                       |   |    |  |   |  |
| BOARD MEMBER          | NONE   | Х                           |                            |      |                       |   |    | NONE   | NONE  | NONE   |

| Form 990 (2021)   | K  |             |                       |                      |              |                                  |        |  |   |                      | Page 8  |
|---|--|-------------|-----------------------|----------------------|--------------|----------------------------------|--------|--|---|----------------------|---|
| Part VII Section A. Officers, Directors, T<br>(A)   |  | ey ⊵n       | npic                  |                      |              | and F                            | lig    | (D)                                      |   | (continue            |   |
| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week (list any                  | box,        | unles                 | Pos<br>heck<br>ss pe | erson        | e than o<br>is both<br>tor/trust | an     | Reportable<br>compensation<br>from       | (E)<br>Reportable<br>compensation fror<br>related | n am                 | (F)<br>stimated<br>nount of<br>other                        |
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | or director | Institutional trustee | Officer              | Key employee | Highest compensated<br>employee  | Former | - the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC                   | ) fro<br>orga<br>and | pensation<br>om the<br>anization<br>d related<br>anizations |
| 15) POLLY STRASSER  | 8.00   | _           |                       |                      |              |                                  |        |  |   |                      |   |
| BOARD MEMBER  | NONE   | X           | -                     |                      |              |                                  |        | NONE                                     | NON   | E                    | NONI  |
| 16) BETSY WALLACE   | <u>2.00</u>  |             |                       |                      |              |                                  |        | NONE                                     | NON   | -                    | NTONT   |
| BOARD MEMBER  | <u>NONE</u><br>5.00  | X           |                       |                      |              |                                  |        | NONE                                     | NON   | E                    | NONI  |
| 17) MARY WIELER   | -+   | v           |                       |                      |              |                                  |        | NONE                                     | NON   | T                    | NONT  |
| BOARD MEMBER  | NONE 6 00  | X           |                       |                      |              |                                  |        | NONE                                     | NON   | <u>ь</u>             | NONI  |
| 18) LAURA ARNOLD  | <u>6.00</u> -  |             |                       |                      |              |                                  |        | NONE                                     | NON   | -                    | NONT  |
| BOARD MEMBER  | NONE   | X           |                       |                      |              |                                  |        | NONE                                     | NON   | E                    | NONI  |
|   |  |             |                       |                      |              |                                  |        |  |   |                      |   |
|   |  |             | -                     |                      |              |                                  |        |  |   |                      |   |
|   |  |             |                       |                      |              |                                  |        |  |   |                      |   |
|   |  | -           | -                     |                      |              |                                  |        |  |   |                      |   |
|   |  |             |                       |                      |              |                                  |        |  |   |                      |   |
|   |  |             |                       |                      |              |                                  |        |  |   |                      |   |
|   |  | -           |                       |                      |              |                                  |        |  |   |                      |   |
| 1b Sub-total  |  |             |                       |                      |              |                                  |        | 108,348.                                 | NON   | Е                    | 9,561   |
| c Total from continuation sheets to Part VII,   | Section A  |             |                       |                      |              |                                  | ►      | NONE                                     | NON   | Е                    | NONI  |
| d Total (add lines 1b and 1c)   | t limited to t   | <u></u>     | licto                 | <br>                 | •••          | ••••                             |        | 108,348.                                 | NON   | E                    | 9,561   |
| reportable compensation from the organizati   |  | 1036        | liste                 | ua                   | 000          | 2                                |        | ceived more man                          | φ100,000 OI                                       |                      |   |
|   |  |             |                       |                      |              |                                  |        |  |   |                      | Yes No  |
| 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche                                   |  |             |                       |                      |              |                                  |        |  |   | 3                    | X   |
| 4 For any individual listed on line 1a, is the organization and related organizations of <i>individual</i> .              | greater than   | \$15        | 50,0                  | 00?                  | ? //         | ' "Yes                           | ,"     | complete Schedu                          | le J for such                                     | 4                    | X   |
| 5 Did any person listed on line 1a receive of for services rendered to the organization? If '                             | or accrue co   | mper        | sati                  | on                   | fron         | n any                            | un     | related organization                     | on or individual                                  | 5                    | x   |
| Section B. Independent Contractors  | · •  |             |                       |                      |              |                                  |        |  |   |                      |   |
| <ol> <li>Complete this table for your five highest co<br/>compensation from the organization. Report<br/>year.</li> </ol> |  |             |                       |                      |              |                                  |        |  |   |                      |   |
| (A)<br>Name and business a  | ddress   |             |                       |                      |              |                                  |        | <b>(B)</b><br>Description of se          | rvices  | (C)<br>Compens       |   |
|   |  |             |                       |                      |              |                                  |        |  |   |                      |   |
|   |  |             |                       |                      |              |                                  | +      |  |   |                      |   |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

| Form  | 990 (2         |  | , INC.          |                              |                                       | 87-05000                      | 67 Page <b>9</b>                                       |
|---|----------------|--|-----------------|------------------------------|---------------------------------------|-------------------------------|--|
| Par   | t VII          |  |                 |                              |                                       |                               |  |
|   |                | Check if Schedule O contains a respons   | e or note to an | y line in this Part V<br>(A) | (B)                                   | (C)                           |  |
|   |                |  |                 | Total revenue                | Related or exempt<br>function revenue | Unrelated<br>business revenue | Revenue excluded<br>from tax under<br>sections 512-514 |
| nts<br>nts  | 1a             | Federated campaigns 1a   |                 |                              |                                       |                               |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b              | Membership dues  |                 |                              |                                       |                               |  |
| S, C  | c              | Fundraising events 1c  | 899,867.        |                              |                                       |                               |  |
| lar<br>Iar  | d              | ° – – –  |                 |                              |                                       |                               |  |
| imi,  | e              | Government grants (contributions) . 1e   | 1,175,206.      |                              |                                       |                               |  |
| ar S  | t              | All other contributions, gifts, grants,<br>and similar amounts not included above 1 1f | 1,294,433.      |                              |                                       |                               |  |
| the   | g              | Noncash contributions included in  | 1,251,1551      |                              |                                       |                               |  |
| dutr  | 5              | lines 1a-1f  | 184,305.        |                              |                                       |                               |  |
| a C   | h              | Total. Add lines 1a-1f   | ►               | 3,369,506.                   |                                       |                               |  |
|   |                |  | Business Code   |                              |                                       |                               |  |
| /ice  | 2a             |  |                 |                              |                                       |                               |  |
| Serv  | b              |  |                 |                              |                                       |                               |  |
| с п<br>Кел  | С              |  |                 |                              |                                       |                               |  |
| Program Service<br>Revenue                                | d              |  |                 |                              |                                       |                               |  |
| Pro   | e              |  |                 |                              |                                       |                               |  |
|   | f<br>g         | All other program service revenue L<br>Total. Add lines 2a-2f                          |                 | NONE                         |                                       |                               |  |
|   | 3              | Investment income (including dividends, i  |                 |                              |                                       |                               |  |
|   |                | other similar amounts)   | •               | 80.                          |                                       |                               | 80   |
|   | 4              | Income from investment of tax-exempt bond p  | proceeds 🛛 🕨    | NONE                         |                                       |                               |  |
|   | 5              | Royalties  |                 | NONE                         |                                       |                               |  |
|   |                | (i) Real   | (ii) Personal   |                              |                                       |                               |  |
|   | 6a             | Gross rents 6a 14,472.   |                 |                              |                                       |                               |  |
|   | b              | Less: rental expenses <b>6b</b><br>Rental income or (loss) <b>6c</b> 14,472.           | NONE            |                              |                                       |                               |  |
|   | c<br>d         | Rental income or (loss)       6c       14,472.         Net rental income or (loss)     |                 | 14,472.                      |                                       |                               | 14,472.  |
|   | 7a             | Gross amount from (i) Securities   | (ii) Other      |                              |                                       |                               | 11/1/2   |
|   |                | sales of assets  |                 |                              |                                       |                               |  |
|   |                | other than inventory <b>7a</b> 64,103.   |                 |                              |                                       |                               |  |
| ne  | b              | Less: cost or other basis  |                 |                              |                                       |                               |  |
|   |                | and sales expenses 7b 66,432.  |                 |                              |                                       |                               |  |
| Rev   | с              | Gain or (loss) 7c -2,329.  |                 |                              |                                       |                               |  |
| Other Reven   | d              | Net gain or (loss)   | <u> ▶</u>       | -2,329.                      |                                       |                               | -2,329.  |
| oth   | 8a             | Gross income from fundraising  |                 |                              |                                       |                               |  |
|   |                | events (not including \$899,867.   |                 |                              |                                       |                               |  |
|   |                | of contributions reported on line<br>1c). See Part IV, line 18                         | 8,750.          |                              |                                       |                               |  |
|   | b              | Less: direct expenses  | 61,182.         |                              |                                       |                               |  |
|   | c              | Net income or (loss) from fundraising events   | ►               | -52,432.                     |                                       |                               | -52,432.   |
|   | 9a             | Gross income from gaming   |                 |                              |                                       |                               |  |
|   |                | activities. See Part IV, line 19 9a  | NONE            |                              |                                       |                               |  |
|   | b              | Less: direct expenses  | NONE            |                              |                                       |                               |  |
|   | c              | Net income or (loss) from gaming activities.   | ►               | NONE                         |                                       |                               |  |
|   | 10a            | Gross sales of inventory, less   | NONE            |                              |                                       |                               |  |
|   | L              | returns and allowances   | NONE            |                              |                                       |                               |  |
|   | b<br>c         | Net income or (loss) from sales of inventory   |                 | NONE                         |                                       |                               |  |
| s   |                |  | Business Code   |                              |                                       |                               |  |
| Miscellaneous<br>Revenue                                  | 11a            |  |                 |                              |                                       |                               |  |
| llan<br>ent   | b              |  |                 |                              |                                       |                               |  |
| Rev   | с              |  |                 |                              |                                       |                               |  |
| Miš   |                | All other revenue  |                 |                              |                                       |                               |  |
|   | <u>е</u><br>12 | Total. Add lines 11a-11d         Total revenue. See instructions                       |                 | NONE 3,329,297.              |                                       |                               | -40,209.   |
| JSA   | 1 1 000        |  | · · · · ·       |                              |                                       | 1                             | Form <b>990</b> (2021)                                 |

#### 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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic 116,639. 116,639. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 118,675. 104,860. 9,133. 4,682. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,514,267 1,347,948. 107,354. 58,965. 29,292. 25,567. 2,339. 1,386. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 186,971 163,323 16,552 7,096. 9,016. <u>4,9</u>06. 125,786. 111,864. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 19,432 15,679. 2,431. 1,322. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 55,883 50,653. 5,076. 154. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,830 1,830. 57,322. 33,728. 17,502. 6,092. 13 Office expenses 42,648. 14 Information technology 132,542. 79,953. 9,941. NONE 15 Royalties 104,120 Occupancy 132,859 25,099 3,640. 16 7,582. 6,362. 160. 1,060. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 Interest 13,013. 13,013. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 170,221 133,628. 35,402 1,191. 22 31,261. 16,651. 13,555. 1,055. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOOD & HOUSEHOLD 188,558 178,485 10,065 8. OTHER FUNDRAISING COSTS 867 435 432 b С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,903,000. 2,502,908. 296,764. 103,328. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

JSA 1E1052 1.000 93,050.

1,238,255

961,925

183,280

fundraising solicitation. Check here 🕨 🛛 🛛 if

following SOP 98-2 (ASC 958-720)

PEACE HOUSE, INC.

| Pane  | 1 | 1 |  |
|-------|---|---|--|
| Page. |   |   |  |

| rm 990                                   |  |                                 | 07-0 | Page <b>11</b>                      |
|--|--|---------------------------------|------|-------------------------------------|
| Part X                                   |  |                                 |      |                                     |
|  | Check if Schedule O contains a response or note to any line in this P                            |                                 |      |                                     |
|  |  | <b>(A)</b><br>Beginning of year |      | <b>(B)</b><br>End of year           |
| 1  | Cash - non-interest-bearing  | 2,025,948.                      | 1    | 2,315,964                           |
| 2  | Savings and temporary cash investments.  | 182,508.                        | 2    | 182,553                             |
| 3  | Pledges and grants receivable, net   | 430,998.                        | 3    | 333,927                             |
| 4  | Accounts receivable, net   | NONE                            |      | NON                                 |
| 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                                       | NONE                            | 5    | NON                                 |
| 6  | Loans and other receivables from other disqualified persons (as defined                          |                                 |      |                                     |
|  | under section $4958(f)(1)$ , and persons described in section $4958(c)(3)(B)$ .                  | NONE                            | 6    | NON                                 |
| 2 7                                      | Notes and loans receivable, net  | NONE                            |      | NON                                 |
| 2007<br>80<br>80<br>80<br>80<br>80<br>80 | Inventories for sale or use  | NONE                            |      | NON                                 |
| ξ 9                                      | Prepaid expenses and deferred charges  | 24,011.                         | 9    | 27,764                              |
| -  | Land, buildings, and equipment: cost or other  | 21,011.                         | 5    | 27,701                              |
| liva                                     | basis. Complete Part VI of Schedule D 10a 10,800,806.  |                                 |      |                                     |
| h  | Less: accumulated depreciation <b>10b</b> 470,656.   | 10,412,269.                     | 100  | 10,330,150                          |
| 11                                       | Investments - publicly traded securities   | 10,412,209.<br>NONE             |      | 10,550,150<br>NON                   |
| 12                                       | Investments - other securities. See Part IV, line 11   | NONE                            |      | NON                                 |
| 13                                       | Investments - program-related. See Part IV, line 11  | NONE                            |      |                                     |
|  |  |                                 |      | NON                                 |
| 14<br>15                                 | Intangible assets  | NONE                            |      | NON                                 |
|  | Other assets. See Part IV, line 11   | NONE                            |      | NON                                 |
| 16                                       | Total assets. Add lines 1 through 15 (must equal line 33)  | 13,075,734.                     | 16   | 13,190,358                          |
| 17                                       | Accounts payable and accrued expenses  | 118,975.                        | 17   | 158,397                             |
| 18                                       | Grants payable   | NONE                            |      | NON                                 |
| 19                                       |  | NONE                            |      | 20,000                              |
| 20                                       | Tax-exempt bond liabilities  | NONE                            |      | NON                                 |
| 21                                       | Escrow or custodial account liability. Complete Part IV of Schedule D                            | 1,057.                          | 21   | 10,255                              |
| 22                                       | Loans and other payables to any current or former officer, director,                             |                                 |      |                                     |
|  | trustee, key employee, creator or founder, substantial contributor, or 35%                       |                                 |      |                                     |
|  | controlled entity or family member of any of these persons                                       | NONE                            |      | NON                                 |
| 23                                       | Secured mortgages and notes payable to unrelated third parties                                   | 380,293.                        |      | NON                                 |
| 24                                       | Unsecured notes and loans payable to unrelated third parties                                     | NONE                            | 24   | NON                                 |
| 25                                       | Other liabilities (including federal income tax, payables to related third                       |                                 |      |                                     |
|  | parties, and other liabilities not included on lines 17-24). Complete Part X                     |                                 |      |                                     |
|  | of Schedule D  | NONE                            |      | NON                                 |
| 26                                       | Total liabilities. Add lines 17 through 25   | 500,325.                        | 26   | 188,652                             |
|  | Organizations that follow FASB ASC 958, check here ► X<br>and complete lines 27, 28, 32, and 33. |                                 |      |                                     |
| 27                                       | Net assets without donor restrictions  | 11,999,214.                     | 27   | 12,440,598                          |
| 28                                       | Net assets with donor restrictions   | 576,195.                        | 28   | 561,108                             |
|  | Organizations that do not follow FASB ASC 958, check here ►<br>and complete lines 29 through 33. |                                 |      | ,                                   |
| 29                                       | Capital stock or trust principal, or current funds   |                                 | 29   |                                     |
| 30                                       | Paid-in or capital surplus, or land, building, or equipment fund                                 |                                 |      |                                     |
| 2 31                                     | Retained earnings, endowment, accumulated income, or other funds                                 |                                 | 30   |                                     |
| •  | Total net assets or fund balances  | 10 575 400                      | 31   | 12 001 706                          |
| 32                                       |  | 12,575,409.                     | 32   | 13,001,706                          |
| 33                                       | Total liabilities and net assets/fund balances   | 13,075,734.                     | 33   | 13,190,358<br>Form <b>990</b> (2021 |

Form **990** (2021)

|         | PEACE HOUSE, INC. 8   | 7-050      | 0067      | 7   |     |     |              |
|---------|---|------------|-----------|-----|-----|-----|--------------|
| Form 99 | 90 (2021)   |            |           |     |     | Pa  | ge <b>12</b> |
| 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         | 3   | , 3 | 29, | <u>297</u> . |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  |            | 2         | 2   | ,9  | 03, | 000.         |
| 3       | Revenue less expenses. Subtract line 2 from line 1  |            | 3         |     | 4   | 26, | 297.         |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       |            | 4         | 12  | , 5 | 75, | 409.         |
| 5       | Net unrealized gains (losses) on investments  |            | 5         |     |     |     |              |
| 6       | Donated services and use of facilities  |            | 6         |     |     |     |              |
| 7       | Investment expenses   |            | 7         |     |     |     |              |
| 8       | Prior period adjustments  |            | 8         |     |     |     |              |
| 9       | Other changes in net assets or fund balances (explain on Schedule O)                            |            | 9         |     |     |     |              |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X,       | line       |           |     |     |     |              |
|         | 32, column (B))   |            | 10        | 13  | ,0  | 01, | 706.         |
| Part    |   |            |           |     |     |     |              |
|         | 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 "Ot           | ner," exp  | plain o   | n   |     |     |              |
|         | Schedule O.   |            |           |     |     |     |              |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accourt     |            |           |     | 2a  |     | X            |
|         | If "Yes," check a box below to indicate whether the financial statements for the year we        | ere com    | piled o   | r   |     |     |              |
|         | reviewed on a separate basis, consolidated basis, or both:                                      |            |           |     |     |     |              |
|         | Separate basis Consolidated basis Both consolidated and separate basis                          | sis        |           |     |     |     |              |
| 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 we        | e audite   | ed on a   | a   |     |     |              |
|         | separate basis, consolidated basis, or both:  |            |           |     |     |     |              |
|         | X Separate basis Consolidated basis Both consolidated and separate basis                        |            |           |     |     |     |              |
| C       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility   |            | -         |     | _   |     |              |
|         | the audit, review, or compilation of its financial statements and selection of an independent a |            |           |     | 2c  | Χ   |              |
|         | If the organization changed either its oversight process or selection process during the tax    | year, ex   | plain o   | n   |     |     |              |
|         | Schedule O.   |            |           |     |     |     |              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as  | s set fort | th in the |     |     |     |              |
|         | Single Audit Act and OMB Circular A-133?  |            | • • • •   | • – | 3a  |     | X            |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did    |            | •         |     | .   |     |              |
|         | required audit or audits, explain why on Schedule O and describe any steps taken to undergo     | such au    | dits      |     | 3b  |     | <u> </u>     |

Form **990** (2021)

| SCHEDU    | JLE / | ١ |
|-----------|-------|---|
| (Form 990 | D)    |   |

# **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.

OMB No. 1545-0047 6 Open to Public

Inspection

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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

| Name   | of th         | ne organizati                       | ion   |  |  |  |                                   | Employer identif  | ication number                      |
|--|---------------|-------------------------------------|---|--|--|--|-----------------------------------|---|-------------------------------------|
| PEA  | CE            | HOUSE,                              | INC.  |  |  |  |                                   | 87-0  | 500067                              |
| Par  | τI            | Reaso                               | n for Public Cha  | rity Status. (All  | organizations must   | comple                                       | te this pa                        | art.) See instruction   | S.                                  |
| The  | orga          | anization is                        | s not a private fou   | ndation because it   | is: (For lines 1 throu   | gh 12, ch                                    | eck only                          | one box.)   |                                     |
| 1  |               | A church                            | , convention of ch  | urches, or associa   | tion of churches desc  | ribed in <b>s</b>                            | 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).)                             |   |                                     |
| 3  |               |                                     |   |  | rganization described  | -  |                                   | (1)(A)(iii).  |                                     |
| 4  |               | •                                   |   | •  | conjunction with a ho  |  | • • •                             |   | (iii). Enter the                    |
|  |               |                                     | s name, city, and s   |  | ,  |  |                                   |   | (,                                  |
| 5  |               | •                                   |   |  | a college or universit   | v owne                                       | d or ope                          | rated by a governme   | ental unit described in             |
| •  |               | 0                                   | 70(b)(1)(A)(iv). (0   |  |  | .,   | a e. epe                          |   |                                     |
| 6  |               |                                     |   |  | rnmental unit describe   | d in sect                                    | ion 170(                          | h(1)(A)(y)  |                                     |
| <ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>X An organization that normally receives a substantial part of its support from a governmental unit of the support from a g</li></ul> |               |                                     |   |  |  | om the general public                        |                                   |   |                                     |
| •  |               |                                     |   | )(1)(A)(vi). (Compl  |  | ipport in                                    | oni a go                          |   | oni the general public              |
| 0  |               |                                     |   |  | o)(1)(A)(vi). (Complete  | Dort II.)                                    |                                   |   |                                     |
| 8<br>9   |               |                                     |   |  | ed in section 170(b)(1   |  |                                   | in conjunction with a   | land grant college                  |
| 9  |               |                                     |   |  |  |  |                                   |   |                                     |
|  |               |                                     |   | grant college of ac  | griculture (see instruc  | lions). E                                    | nter the r                        | ame, city, and state o  | i the college of                    |
|  |               | university                          |   |  |  |  | (                                 | Collection of a second second                                   | <u>.</u>                            |
| 10<br>11   |               | receipts f<br>support f<br>acquired | from activities rela<br>rom gross investn<br>by the organizatic | ited to its exempt f<br>nent income and u<br>on after June 30, 1 | pre than 331/3 % of its<br>functions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b><br>usively to test for publ | ertain ex<br>able inco<br>( <b>a)(2).</b> (0 | ceptions<br>ome (less<br>Complete | ; and (2) no more that<br>s section 511 tax) from<br>Part III.) | n 331/3 % of its                    |
| 12   |               | •                                   | •   | •  | •  |  |                                   |   | rry out the purposes of             |
| 12   |               | •                                   | •   | •  | •  |  |                                   |   | ction 509(a)(3). Check              |
|  |               |                                     |   | -  | es the type of support   |  |                                   |   |                                     |
|  |               |                                     | -   |  |  |  |                                   | ·   |                                     |
| а  |               |                                     |   |  | , supervised, or contr   | •  |                                   | • • • •   |                                     |
|  |               | -                                   |   |  | regularly appoint or e   |  | ajority of                        | the directors or truste   | es of the                           |
| _  |               |                                     |   |  | e Part IV, Sections A  |  |                                   |   | <i>.</i>                            |
| b  |               |                                     |   |  | ed or controlled in co   |  |                                   |   |                                     |
|  |               |                                     | -   |  | organization vested in   | the sam                                      | e person                          | s that control or mar   | hage the supported                  |
|  | _             |                                     |   | •  | , Sections A and C.  |  |                                   |   |                                     |
| С  |               |                                     | -   |  | ng organization opera  |  |                                   |   | lly integrated with,                |
|  | _             |                                     | -   |  | ns). You must comple   |  |                                   |   |                                     |
| d  |               |                                     | -   |  | porting organization of  | -  |                                   |   |                                     |
|  |               | that is r                           | not functionally inte   | egrated. The organ   | nization generally mus   | st satisfy                                   | a distrib                         | ution requirement an  | d an attentiveness                  |
|  | _             | _ require                           | ment (see instruct  | ions). <b>You must co</b>  | omplete Part IV, Sect  | ions A a                                     | nd D, and                         | d Part V.   |                                     |
| е  |               |                                     | •   |  | a written determinatio   |  |                                   | •• ••   | II, Type III                        |
|  |               | functior                            | nally integrated, or  | Type III non-funct   | ionally integrated sup   | porting of                                   | organizat                         | ion.  |                                     |
| f  |               |                                     |   | organizations  |  |  |                                   |   |                                     |
| g  | Pro           | ovide the f                         | ollowing informati  | on about the suppo   | orted organization(s).   |  |                                   |   |                                     |
|  | <b>(i)</b> Na | ame of supp                         | orted organization  | <b>(ii)</b> EIN  | (iii) Type of organization   |  | organization                      | (v) Amount of monetary  | (vi) Amount of                      |
|  |               |                                     |   |  | (described on lines 1-10<br>above (see instructions))  |  | ur governing<br>ment?             | support (see<br>instructions)                                   | other support (see<br>instructions) |
|  |               |                                     |   |  |  | Yes  | No                                | ,   |                                     |
| (  |               |                                     |   |  |  |  |                                   |   |                                     |
| (A)  |               |                                     |   |  |  |  |                                   |   |                                     |
| (D)  |               |                                     |   |  |  |  |                                   |   |                                     |
| (B)  |               |                                     |   |  |  |  |                                   |   |                                     |
| $(\mathbf{c})$   |               |                                     |   |  |  |  |                                   |   |                                     |
| (C)  | <i>J</i>      |                                     |   |  |  |  |                                   |   |                                     |
| (D)  |               |                                     |   |  |  |  |                                   |   |                                     |
| (E)  |               |                                     |   |  |  |  |                                   |   |                                     |
| Tota   | I             |                                     |   |  |  |  |                                   |   |                                     |
| For P  | aper          | work Reduc                          | tion Act Notice. see th   | e Instructions for Form  | 990 or 990-EZ.   |  |                                   | S   | chedule A (Form 990) 2021           |
| JSA<br>1E121   | •             |                                     |   |  |  |  |                                   | Ū   |                                     |

<sup>7936</sup>PI X52V 05/01/2023 14:54:47 V21-7.15 1190526

#### Schedule A (Form 990) 2021

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec    | tion A. Public Support  |                                    |                                     |                                   |                                     |                                   |                  |
|--------|---|------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|------------------|
| Cale   | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2017                    | <b>(b)</b> 2018                     | <b>(c)</b> 2019                   | (d) 2020                            | (e) 2021                          | <b>(f)</b> Total |
| 1      | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | 6,907,604.                         | 4,305,827.                          | 2,741,772.                        | 3,549,067.                          | 3,369,506.                        | 20,873,776.      |
| 2      | Tax revenues levied for the<br>organization's benefit and either paid to<br>or expended on its behalf   |                                    |                                     |                                   |                                     |                                   | NONE             |
| 3      | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   | 42,000.                            | 32,800.                             | 24,000.                           | 24,000.                             | 24,000.                           | 146,800.         |
| 4<br>5 | <b>Total.</b> Add lines 1 through 3 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  | 6,949,604.                         | 4,338,627.                          | 2,765,772.                        | 3,573,067.                          | 3,393,506.                        | 21,020,576.      |
| _      | shown on line 11, column (f)  |                                    |                                     |                                   |                                     |                                   | 1,138,103.       |
| 6      | Public support. Subtract line 5 from line 4   |                                    |                                     |                                   |                                     |                                   | 19,882,473.      |
|        | tion B. Total Support   |                                    |                                     |                                   |                                     |                                   |                  |
| Cale   | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2017                    | <b>(b)</b> 2018                     | <b>(c)</b> 2019                   | (d) 2020                            | (e) 2021                          | (f) Total        |
| 7<br>8 | Amounts from line 4<br>Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources   | 6,949,604.<br>376.                 | 4,338,627.<br>786.                  | 2,765,772.<br>476.                | 3,573,067.                          | 3,393,506.                        | 21,020,576.      |
| 9      | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on  | 12,918.                            | 14,243.                             |                                   | 5,951.                              |                                   | 33,112.          |
| 10     | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |                                    |                                     |                                   |                                     |                                   | NONE             |
| 11     | Total support. Add lines 7 through 10   |                                    |                                     |                                   |                                     |                                   | 21,069,985.      |
| 12     | Gross receipts from related activities, etc. (s   | see instructions) .                |                                     |                                   |                                     | 12                                |                  |
| 13     | First 5 years. If the Form 990 is for organization, check this box and stop here  |                                    |                                     | d, third, fourth,                 | or fifth tax yea                    | ar as a section                   | 501(c)(3)<br>▶   |
| Sec    | tion C. Computation of Public Sup   | port Percenta                      | ge                                  |                                   |                                     |                                   |                  |
| 14     | Public support percentage for 2021 (li  |                                    |                                     |                                   |                                     | 14                                | 94.36 %          |
| 15     | Public support percentage from 2020   |                                    |                                     |                                   |                                     | 15                                | 94.72 <b>%</b>   |
|        | <b>33</b> 1/3% <b>support test - 2021.</b> If the orgoin box and <b>stop here.</b> The organization q   | ualifies as a pub                  | licly supported                     | organization .                    |                                     |                                   | ▶ X              |
|        | 331/3% support test - 2020. If the org<br>this box and stop here. The organization  | on qualifies as a                  | publicly suppor                     | rted organizatio                  | n                                   |                                   | ▶∟               |
|        | <ul> <li>a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line</li> </ul> |                                    |                                     |                                   |                                     |                                   |                  |
| 18     | 15 is 10% or more, and if the organiz<br>in Part VI how the organization meets<br>organization.<br><b>Private foundation.</b> If the organization<br>instructions   | s the facts-and<br>on did not chec | -circumstances t<br>k a box on line | est. The organi<br>e 13, 16a, 16b | ization qualifies<br>, 17a, or 17b, | as a publicly s<br>check this box | and see          |
|        |   |                                    |                                     |                                   |                                     |                                   |                  |

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec   | tion A. Public Support   |                 | r               | 1            |          |          |                       |
|-------|--|-----------------|-----------------|--------------|----------|----------|-----------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017 | (b) 2018        | (c) 2019     | (d) 2020 | (e) 2021 | (f) Total             |
| 1     | Gifts, grants, contributions, and membership fees                                  |                 |                 |              |          |          |                       |
|       | received. (Do not include any "unusual grants.")                                   |                 |                 |              |          |          |                       |
| 2     | Gross receipts from admissions, merchandise  |                 |                 |              |          |          |                       |
|       | sold or services performed, or facilities  |                 |                 |              |          |          |                       |
|       | furnished in any activity that is related to the                                   |                 |                 |              |          |          |                       |
|       | organization's tax-exempt purpose  |                 |                 |              |          |          |                       |
| 3     | Gross receipts from activities that are not an                                     |                 |                 |              |          |          |                       |
|       | unrelated trade or business under section 513                                      |                 |                 |              |          |          |                       |
| 4     | Tax revenues levied for the  |                 |                 |              |          |          |                       |
|       | organization's benefit and either paid to  |                 |                 |              |          |          |                       |
|       | or expended on its behalf  |                 |                 |              |          |          |                       |
| 5     | The value of services or facilities  |                 |                 |              |          |          |                       |
|       | furnished by a governmental unit to the  |                 |                 |              |          |          |                       |
|       | organization without charge  |                 |                 |              |          |          |                       |
| 6     | Total. Add lines 1 through 5   |                 |                 |              |          |          |                       |
| 7a    | Amounts included on lines 1, 2, and 3  |                 |                 |              |          |          |                       |
| ь.    | received from disqualified persons   |                 |                 |              |          |          |                       |
| D     | Amounts included on lines 2 and 3 received from other than disgualified            |                 |                 |              |          |          |                       |
|       | persons that exceed the greater of \$5,000   |                 |                 |              |          |          |                       |
|       | or 1% of the amount on line 13 for the year  |                 |                 |              |          |          |                       |
|       | Add lines 7a and 7b  |                 |                 |              |          |          |                       |
| 8     | Public support. (Subtract line 7c from   |                 |                 |              |          |          |                       |
| Sec   | line 6.)   |                 |                 |              |          |          |                       |
|       | ndar year (or fiscal year beginning in)  | (a) 2017        | <b>(b)</b> 2018 | (c) 2019     | (d) 2020 | (e) 2021 | (f) Total             |
| 9     | 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   |                 |                 |              |          |          |                       |
|       | (Explain in Part VI.)  |                 |                 |              |          |          |                       |
| 13    | Total support. (Add lines 9, 10c, 11,  |                 |                 |              |          |          |                       |
|       | and 12.)   |                 |                 |              |          |          |                       |
| 14    | First 5 years. If the Form 990 is for  | -               |                 |              | •        |          |                       |
|       | organization, check this box and stop here.  |                 |                 |              |          |          | <u></u> ▶             |
|       | tion C. Computation of Public Supp   |                 |                 | (1)          |          | 1 1      |                       |
| 15    | Public support percentage for 2021 (line 8,  |                 |                 |              |          | 15       | %                     |
| 16    | Public support percentage from 2020 Sche   |                 |                 |              |          | 16       | %                     |
|       | tion D. Computation of Investment  |                 |                 | 10. anti (1) |          | 47       | 0/                    |
| 17    | Investment income percentage for 2021 (lin   |                 |                 |              |          | 17       | %                     |
| 18    | Investment income percentage from 2020 \$  |                 |                 |              |          | 18       | %                     |
| ıэа   | 331/3% support tests - 2021. If the or   | -               |                 |              |          |          |                       |
| ۴     | 17 is not more than 331/3%, check this<br>331/3% support tests - 2020. If the orga |                 | -               |              |          |          |                       |
| u     | line 18 is not more than 331/3%, check   |                 |                 |              |          |          |                       |
| 20    | <b>Private foundation.</b> If the organization of                                  |                 | •               | •            |          |          |                       |
| JSA   |  |                 |                 | ,,           | ,        |          | lle A (Form 990) 2021 |
| 1E122 | 1.000<br>7936PI X52V <b>05/01/2023</b> 14  | 4:54:47 V2      | 1-7.15 119      | 0526         |          |          | 17                    |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

JSA 1E1229 1.000 Schedule A (Form 990) 2021

| Part  | V Supporting Organizations (continued)   |     |     |    |
|-------|--|-----|-----|----|
|       |  |     | Yes | No |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?                        |     |     |    |
| а     | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and |     |     |    |
|       | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b     | A family member of a person described on line 11a above?   | 11b |     |    |
| С     | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,     |     |     |    |
|       | provide detail in <b>Part VI.</b>  | 11c |     |    |
| Secti | on B. Type I Supporting Organizations  |     |     |    |
|       |  |     | Yes | No |

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

# Section C. Type II Supporting Organizations

 Yes
 No

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

# Section D. All Type III Supporting Organizations

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously |   |     |    |
|   | provided?  |   |     |    |
| 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 <b>Part VI</b> how   |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).  |   |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

# Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).        |     |   |  |  |  |  |
|---|--|-----|---|--|--|--|--|
| а | The organization satisfied the Activities Test. Complete line 2 below.   |     |   |  |  |  |  |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>                                     |     |   |  |  |  |  |
| С | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions). |     |   |  |  |  |  |
| • |  | Yes | N |  |  |  |  |
| 2 | Activities Test. Answer lines 2a and 2b below.   |     |   |  |  |  |  |

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," explain in *Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

JSA 1E1230 1.000

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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 3b 2021 Schedule A (Form 990) 2021

2a

2b

3a

7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526

1

2

|                                 |   | Page   |  |  |
|---------------------------------|---|--|--|--|
|                                 |   | in in Part VI). See  |  |  |
| •                               |   | ,  |  |  |
| Section A - Adjusted Net Income |   |  |  |  |
| 1                               |   |  |  |  |
| 2                               |   |  |  |  |
| 3                               |   |  |  |  |
| 4                               |   |  |  |  |
| 5                               |   |  |  |  |
| 6                               |   |  |  |  |
| 7                               |   |  |  |  |
| 8                               |   |  |  |  |
|                                 | (A) Prior Year  | (B) Current Year<br>(optional)   |  |  |
|                                 |   |  |  |  |
|                                 |   |  |  |  |
| 1a                              |   |  |  |  |
| 1b                              |   |  |  |  |
| 1c                              |   |  |  |  |
| 1d                              |   |  |  |  |
|                                 |   |  |  |  |
| 2                               |   |  |  |  |
| 3                               |   |  |  |  |
| 4                               |   |  |  |  |
| 5                               |   |  |  |  |
| 6                               |   |  |  |  |
| 7                               |   |  |  |  |
| 8                               |   |  |  |  |
|                                 |   | Current Year   |  |  |
| 1                               |   |  |  |  |
| 2                               |   |  |  |  |
| 3                               |   |  |  |  |
| 4                               |   |  |  |  |
| 5                               |   |  |  |  |
| 6                               |   |  |  |  |
| ĺ                               | ing trust on<br>nizations r<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>6<br>7<br>8<br>6<br>7<br>8<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 2         3         4         5         6         7         8         (A) Prior Year         1a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         1         2         3         4         5         3         4         5         1         2         3         4         5 |  |  |

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |  |                                    |                                       |    |   |  |  |  |
|--|--|------------------------------------|---------------------------------------|----|---|--|--|--|
| Secti  | Section D - Distributions Current Year   |                                    |                                       |    |   |  |  |  |
| 1  | Amounts paid to supported organizations to accomplish ex                                 |                                    | 1                                     |    |   |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exer                             | ed                                 |                                       |    |   |  |  |  |
|  | organizations, in excess of income from activity   | 2                                  |                                       |    |   |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purpo                                  | ses of supported organi            | zations                               | 3  |   |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets  |                                    |                                       | 4  |   |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required - p                             | rovide details in <b>Part VI</b> ) |                                       | 5  |   |  |  |  |
| 6  | Other distributions (describe in Part VI). See instructions.                             |                                    |                                       | 6  |   |  |  |  |
| 7  | Total annual distributions. Add lines 1 through 6.                                       |                                    |                                       | 7  |   |  |  |  |
| 8  | Distributions to attentive supported organizations to which                              | the organization is resp           | onsive                                |    |   |  |  |  |
|  | (provide details in <b>Part VI</b> ). See instructions.                                  |                                    |                                       | 8  |   |  |  |  |
| 9  | Distributable amount for 2021 from Section C, line 6                                     |                                    |                                       | 9  |   |  |  |  |
| 10   | Line 8 amount divided by line 9 amount   |                                    |                                       | 10 |   |  |  |  |
| Secti  | on E - Distribution Allocations (see instructions)                                       | (i)<br>Excess Distributions        | (ii)<br>Underdistribution<br>Pre-2021 | IS | (iii)<br>Distributable<br>Amount for 2021 |  |  |  |
| 1  | Distributable amount for 2021 from Section C, line 6                                     |                                    |                                       |    |   |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2021                                      |                                    |                                       |    |   |  |  |  |
|  | (reasonable cause required - <i>explain in <b>Part VI</b>).</i> See                      |                                    |                                       |    |   |  |  |  |
|  | instructions.  |                                    |                                       |    |   |  |  |  |
| 3  | Excess distributions carryover, if any, to 2021  |                                    |                                       |    |   |  |  |  |
| a  | From 2016  |                                    |                                       |    |   |  |  |  |
| b  |  |                                    |                                       |    |   |  |  |  |
| <u> </u>   | From 2018  |                                    |                                       |    |   |  |  |  |
| d  | From 2019  |                                    |                                       |    |   |  |  |  |
| e  | From 2020  |                                    |                                       |    |   |  |  |  |
| f  | Total of lines 3a through 3e   |                                    |                                       |    |   |  |  |  |
| <u>g</u>   | Applied to underdistributions of prior years   |                                    |                                       |    |   |  |  |  |
| <u>h</u>   | Applied to 2021 distributable amount   |                                    |                                       |    |   |  |  |  |
| i  | Carryover from 2016 not applied (see instructions)                                       |                                    |                                       |    |   |  |  |  |
|  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                   |                                    |                                       |    |   |  |  |  |
| 4  | Distributions for 2021 from  |                                    |                                       |    |   |  |  |  |
|  | Section D, line 7: \$  |                                    |                                       |    |   |  |  |  |
|  | Applied to underdistributohs of prior years  |                                    |                                       |    |   |  |  |  |
|  | Applied to 2021 distributable amount<br>Remainder. Subtract lines 4a and 4b from line 4. |                                    |                                       |    |   |  |  |  |
| <u>с</u>   | Remaining underdistributions for years prior to 2021, if                                 |                                    |                                       |    |   |  |  |  |
| 5  | any. Subtract lines 3g and 4a from line 2. For result                                    |                                    |                                       |    |   |  |  |  |
|  | greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.                   |                                    |                                       |    |   |  |  |  |
| 6  | Remaining underdistributions for 2021. Subtract lines 3h                                 |                                    |                                       |    |   |  |  |  |
| 0  | and 4b from line 1. For result greater than zero, <i>explain in</i>                      |                                    |                                       |    |   |  |  |  |
|  | Part VI. See instructions.   |                                    |                                       |    |   |  |  |  |
| 7  | Excess distributions carryover to 2022. Add lines 3j                                     |                                    |                                       |    |   |  |  |  |
| ,  | and 4c.  |                                    |                                       |    |   |  |  |  |
| 8  | Breakdown of line 7:   |                                    |                                       |    |   |  |  |  |
| a  | Excess from 2017   |                                    |                                       |    |   |  |  |  |
| <br>b  | Excess from 2018   |                                    |                                       |    |   |  |  |  |
|  | Excess from 2019   |                                    |                                       |    |   |  |  |  |
| d  | Excess from 2020   |                                    |                                       |    |   |  |  |  |
| e  | Excess from 2021   |                                    |                                       |    |   |  |  |  |
| — Ŭ  |  |                                    |                                       |    |   |  |  |  |

Schedule A (Form 990) 2021

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

| PEACE HOUSE, INC.              |  | 87-0500067 |
|--------------------------------|--|------------|
| Organization type (check one): |  |            |
| Filers of:                     | Section:   |            |
| Form 990 or 990-EZ             | X 501(c)( 3 ) (enter number) organization                                  |            |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four | ndation    |
|                                | 527 political organization   |            |
| Form 990-PF                    | 501(c)(3) exempt private foundation  |            |
|                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation      | ion        |
|                                | 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**

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

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

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

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

7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526

|     |                            | \$110,000.          | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
|-----|----------------------------|---------------------|--|
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 4   | <u>N/A</u>                 | \$96,690.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contributior   |
| 5_  | N/A                        | \$100,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contributior   |

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

Schedule B (Form 990) (2021) Name of organization PEACE HOUSE, INC.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

1

(a) No.

2

(a)

No.

3

N/A

N/A

N/A

Employer identification number 87-0500067

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

Х

Х

Х

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

100,000.

101,000.

|                    |   | · · · · · · · · · · · · · · · · · · · | (Complete Part II for<br>noncash contributions.)                                   |
|--------------------|---|---------------------------------------|--|
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                       | (c)<br>Total contributions            | (d)<br>Type of contribut   |
| 6                  | N/A   | \$354,912.                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| JSA                |   |                                       | Schedule B (Form 9   |
| 1E1253 2.000<br>79 | °<br>36PI X52V <b>05/01/2023 14:54:47</b> V21-7.15 1190 | )526                                  | 23   |

dule B (Form 990) (2021)

| Page | 2 |
|------|---|
| Fage | ~ |

| (a) | (b)                        | (c)                 | (d)  |  |
|-----|----------------------------|---------------------|--|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
| 7   | N/A                        | \$384,525.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a) | (b)                        | (c)                 | (d)  |  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
| 8   | <u>N/A</u>                 | \$83,722.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a) | (b)                        | (c)                 | (d)  |  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
| 9   | <u>N/A</u>                 | \$180,317.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |

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

|            |                                   |                            | noncash contributions.)  |
|------------|-----------------------------------|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (202 |
| JSA        |                                   |                            | Зспецие в (Form 990) (202  |

21)

24

Employer identification number

87-0500067

Schedule B (Form 990) (2021) Name of organization

Part I

PEACE HOUSE, INC.

| ame of organizat          | PEACE HOUSE, INC.                                      |   | Employer identification number 87-0500067 |  |  |
|---------------------------|--|---|---|--|--|
| Part II None              | cash Property (see instructions). Use duplicate copies | of Part II if additional space is ne            | eded.                                     |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | \$  |   |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | \$  |   |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | \$  |   |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | \$  |   |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | \$  |   |  |  |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                      |  |  |
|                           |  | <br>  \$  |   |  |  |

Schedule B (Form 990) (2021)

JSA 1E1254 2.000

Schedule B (Form 990) (2021)

Page 3

|                           | (Form 990) (2021)   |   |  | Page 4  |  |  |
|---------------------------|---|---|--|---|--|--|
| Name of o                 | -   |   |  | Employer identification number  |  |  |
| Part III                  | (10) that total more than \$1,000 for<br>the following line entry. For organizat<br>contributions of \$1,000 or less for th | the year from any one<br>ions completing Part III, one year. (Enter this inform | contributor. Contributor. Contributor. | omplete columns (a) through (e) and of exclusively religious, charitable, etc., |  |  |
| ( . ) N .                 | Use duplicate copies of Part III if addit   |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gi   | ift                                    | (d) Description of how gift is held   |  |  |
|                           |   |   |  |   |  |  |
|                           | Transferee's name, address,   | (e) Transfer of<br>and ZIP + 4  | -                                      | hip of transferor to transferee   |  |  |
|                           |   |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gi   | ift                                    | (d) Description of how gift is held   |  |  |
|                           |   |   |  |   |  |  |
|                           | Transferee's name, address,   | (e) Transfer of<br>and ZIP + 4  |  | hip of transferor to transferee   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gi   | ft                                     | (d) Description of how gift is held   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
|                           | Transferee's name, address,   | (e) Transfer of   | -                                      | hip of transferor to transferee   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
|                           |   | [   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gi   | ft                                     | (d) Description of how gift is held   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
|                           | (e) Transfer of gift  |   |  |   |  |  |
|                           | Transferee's name, address,   |   |  | hip of transferor to transferee   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
|                           |   |   |  |   |  |  |
| JSA                       |   |   |  | Schedule B (Form 990) (2021)  |  |  |

| SCHEE | DULE D |
|-------|--------|
| (Form | 990)   |

Department of the Treasury

# 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.

2 **Open to Public** 

OMB No. 1545-0047

|      | al Revenue Service                         | ► Go to www.irs.gov   | /Form990 for instructions and   | I the latest inform | mation.   | Inspection                                   |
|------|--|---|---------------------------------|---------------------|---|--|
| Name | of the organization                        | •   |                                 |                     | Employer identifie                                  | cation number                                |
| PEA  | CE HOUSE, INC                              | с.  |                                 |                     | 87-0500   | 067  |
| Ра   | _  | ations Maintaining Donor Adv  |                                 |                     | r Accounts.   |  |
|      | Complete                                   | e if the organization answered  | "Yes" on Form 990, Part         | IV, line 6.         |   |  |
|      |  |   | (a) Donor advised fu            | unds                | (b) Funds an  | d other accounts                             |
| 1    | Total number at e                          | end of year   |                                 |                     |   |  |
| 2    | Aggregate value                            | of contributions to (during year)   |                                 |                     |   |  |
| 3    | Aggregate value                            | of grants from (during year)  |                                 |                     |   |  |
| 4    |  | at end of year  |                                 |                     |   |  |
| 5    | Did the organizat                          | tion inform all donors and donor  | r advisors in writing that th   | ne assets held      | in donor advised                                    |  |
|      | -  | anization's property, subject to the  | -                               | -                   |   |  |
| 6    | -  | ion inform all grantees, donors, a  |                                 |                     |   |  |
|      |  | e purposes and not for the bene   |                                 |                     |   |  |
|      |  | nissible private benefit?   | <u></u>                         |                     |   | Yes No                                       |
| Ра   |  | ation Easements.  |                                 |                     |   |  |
|      |  | e if the organization answered  |                                 |                     |   |  |
| 1    |  | nservation easements held by the  |                                 |                     | of a biotorically in                                | an arteat land area                          |
|      |  | on of land for public use (for example<br>of natural habitat  | e, recreation or education)     |                     | of a certified hist                                 | nportant land area                           |
|      |  | on of open space  |                                 | Fleseivation        | or a certined filst                                 |  |
| 2    |  | a through 2d if the organization h  | eld a qualified conservation    | contribution in     | the form of a co                                    | nservation                                   |
| 2    | -  | last day of the tax year.   |                                 | Contribution        |   | e End of the Tax Year                        |
| а    |  | conservation easements  |                                 |                     | 2a  |  |
| b    |  | stricted by conservation easement   |                                 |                     | 2b  |  |
| c    | -  | rvation easements on a certified  |                                 |                     | 2c  |  |
| d    |  | ervation easements included in (  |                                 |                     |   |  |
|      |  | listed in the National Register   |                                 |                     | 2d  |  |
| 3    |  | ervation easements modified, tra  |                                 |                     | inated by the or                                    | ganization during the                        |
|      | tax year 🕨                                 |   |                                 | ·                   |   |  |
| 4    | Number of states                           | where property subject to conse   | ervation easement is located    | ▶                   |   |  |
| 5    | Does the organiz                           | zation have a written policy re   | garding the periodic monit      | toring, inspect     | tion, handling of                                   |  |
|      | violations, and en                         | forcement of the conservation ea  | sements it holds?               |                     |   | Yes No                                       |
| 6    | Staff and volunteer                        | r hours devoted to monitoring, insp   | ecting, handling of violations, | , and enforcing     | conservation ease                                   | ments during the year                        |
| 7    | ▶\$  | ses incurred in monitoring, inspec  |                                 |                     |   |  |
| 8    |  | vation easement reported on line  |                                 |                     |   |  |
|      | and section 170(h                          | n)(4)(B)(ii)?   |                                 |                     |   | Yes No                                       |
| 9    |  | ibe how the organization reports  |                                 |                     |   |  |
|      |  | nd include, if applicable, the text of  |                                 | ization's financ    | cial statements that                                | t describes the                              |
| Pa   |  | counting for conservation easement<br>ations Maintaining Collections  |                                 | uras or Otho        | r Similar Accot                                     | <u></u>                                      |
| ı a  |  | e if the organization answered  |                                 |                     |   | 5.   |
| 1a   | If the organization<br>of art. historical  | n elected, as permitted under FA<br>treasures, or other similar asse<br>Part XIII the text of the footnote  | ASB ASC 958, not to repor       | rt in its revenu    | le statement and<br>or research in t<br>hese items. | balance sheet works<br>furtherance of public |
| b    | art, historical trea<br>provide the follow | n elected, as permitted under F<br>asures, or other similar assets he<br>ving amounts relating to these ite | ld for public exhibition, edu   | ucation, or res     | earch in furthera                                   | nce of public service                        |
|      |  | ided on Form 990, Part VIII, line <sup>2</sup>  |                                 |                     |   |  |
|      |  | ed in Form 990, Part X  |                                 |                     |   |  |
| 2    |  | on received or held works of a  |                                 |                     |   |  |
|      |  | s required to be reported under F   |                                 |                     |   |  |
| a    | Revenue included                           | l on Form 990, Part VIII, line 1 .<br>n Form 990, Part X  |                                 |                     |   | \$   |
| b    | Assets included in                         | n Form 990, Part X  |                                 |                     | 🏴   | Ъ  |

Schedule D (Form 990) 2021

| Schee   | dule D (Form 990) 2021 PEAC             | CE HOUSE, II        | NC.               |               |                         |                              | 87-050006                 | 7 Page <b>2</b>                               |
|---------|---|---------------------|-------------------|---------------|-------------------------|------------------------------|---------------------------|---|
| Ра      | rt III Organizations Maintainin         | ng Collections      | of Art, Histo     | orical Tre    | easures, oi             | Other Similar                | Assets (continue          | ed)   |
| 3       | Using the organization's acquisition    | -                   |                   |               |                         |                              | •                         | ,   |
|         | collection items (check all that apply  |                     |                   |               | •                       | C C                          | •                         |   |
| а       | Public exhibition                       |                     | d                 | Loan          | or exchange             | program                      |                           |   |
| b       | Scholarly research                      |                     | e                 | Other         |                         | 1 3 5                        |                           |   |
| c       | Preservation for future gener           | ations              |                   |               |                         |                              |                           |   |
| 4       | Provide a description of the organ      |                     | ons and expl      | ain how t     | thev further            | the organization             | 's exempt purpos          | e in Part                                     |
| -       | XIII.                                   |                     |                   |               |                         |                              |                           |   |
| 5       | During the year, did the organizatio    | n solicit or receiv | e donations o     | of art, histo | orical treasu           | res, or other simi           | ilar                      |   |
| •       | assets to be sold to raise funds rath   |                     |                   |               |                         |                              |                           | No  |
| Pa      | rt IV Escrow and Custodial Ar           |                     |                   |               | organization            |                              |                           |   |
|         | Complete if the organization            | -                   | 'Yes" on For      | m 990. F      | Part IV, line           | 9. or reported a             | an amount on Fo           | rm  |
|         | 990, Part X, line 21.                   |                     |                   |               | ,                       | -,                           |                           |   |
| 1a      | Is the organization an agent, trust     | tee. custodian o    | r other interr    | nediarv fo    | or contribut            | ions or other ass            | sets not                  |   |
|         | included on Form 990, Part X?           |                     |                   | -             |                         |                              | Yes                       | X No  |
| b       | If "Yes," explain the arrangement in    | n Part XIII and co  | mplete the fo     | llowing tab   | ole:                    |                              | ••••                      |   |
|         |   |                     |                   | 5             |                         |                              | Amount                    |   |
| с       | Beginning balance                       |                     |                   |               | 1c                      |                              |                           |   |
| d       | Additions during the year               |                     |                   |               |                         |                              |                           |   |
| e       | Distributions during the year           |                     |                   |               |                         |                              |                           |   |
| f       | Ending balance                          |                     |                   |               |                         |                              |                           |   |
| 2a      | Did the organization include an amo     |                     |                   |               |                         | ustodial account lia         | ability? X Yes            | No  |
|         | If "Yes," explain the arrangement in    |                     |                   |               |                         |                              |                           |   |
|         | rt V Endowment Funds.                   |                     |                   | 1             | F                       |                              |                           | •   |
|         | Complete if the organiza                | tion answered       | "Yes" on Foi      | m 990, F      | Part IV, line           | e 10.                        |                           |   |
|         |   | (a) Current year    | <b>(b)</b> Prio   |               | (c) Two yea             |                              | years back (e) Four       | years back                                    |
| 1.0     | Beginning of year balance               | ., ,                |                   |               |                         |                              |                           |   |
| 1a<br>b | Contributions                           |                     |                   |               |                         |                              |                           |   |
| c       | Net investment earnings, gains,         |                     |                   |               |                         |                              |                           |   |
| U       | and losses                              |                     |                   |               |                         |                              |                           |   |
| А       |   |                     |                   |               |                         |                              |                           |   |
| d       | Grants or scholarships                  |                     |                   |               |                         |                              |                           |   |
| e       | Other expenditures for facilities       |                     |                   |               |                         |                              |                           |   |
| £       | and programs                            |                     |                   |               |                         |                              |                           |   |
| י<br>מ  | End of year balance                     |                     |                   |               |                         |                              |                           |   |
| g       | Provide the estimated percentage        | of the ourrest ve   | ar and balance    |               |                         | hold as:                     |                           |   |
| 2<br>a  | Board designated or quasi-endowm        |                     |                   | e (iiiie ig,  | column (a))             | neiu as.                     |                           |   |
| b       | Permanent endowment                     | %                   | /0                |               |                         |                              |                           |   |
| c       |   | %                   |                   |               |                         |                              |                           |   |
| Ŭ       | The percentages on lines 2a, 2b, a      | , •                 | al 100%           |               |                         |                              |                           |   |
| 3a      | Are there endowment funds not in t      |                     |                   | ation that    | are held an             | d administered for           | r the                     |   |
| ou      | organization by:                        |                     |                   |               |                         |                              |                           | Yes No  |
|         | (i) Unrelated organizations             |                     |                   |               |                         |                              | 3a(i)                     |   |
|         | (ii) Related organizations              |                     |                   |               |                         |                              |                           |   |
| h       | If "Yes" on line 3a(ii), are the relate |                     |                   |               |                         |                              |                           |   |
| 4       | Describe in Part XIII the intended u    | •                   | •                 |               |                         |                              |                           |   |
| _       | rt VI Land, Buildings, and Equ          | lipment.            |                   |               |                         |                              |                           |   |
| - a     | Complete if the organiza                | ation answered      | "Yes" on Fo       | rm 990, l     | Part IV, line           | e 11a. See Form              | <u>n 990, Part X, lin</u> | e 10.   |
|         | Description of property                 |                     | st or other basis |               | or other basis<br>ther) | (c) Accumulated depreciation | (d) Book va               | lue   |
| 1a      | Land                                    |                     |                   |               |                         | aoproviation                 |                           |   |
| b       | Buildings                               |                     |                   | 10 7          | 60,352.                 | 454,753.                     | 10 20                     | 5,599.  |
| c       | Leasehold improvements                  |                     |                   | ,             |                         |                              | . 10,30                   |   |
| d       | Equipment                               |                     |                   |               | 40,454.                 | 15,903.                      |                           | 4,551.  |
| e<br>e  | Other                                   |                     |                   |               | 10,101.                 | ±3,703.                      | 2                         | <u>-,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|         | I. Add lines 1a through 1e. (Column     | (d) must equal F    | orm 990 Par       | X. colum      | n (B), line 1(          | )c.)                         | 10 22                     | 0,150.  |
|         |   | 1                   |                   | .,            | (_,, io it              | - /                          |                           | -, <u>+</u> ,,                                |

Schedule D (Form 990) 2021

| Part VII          | Investments - Other Securities.   | "Vos" on Form 990   | , Part IV, line 11b. See Form 990, Part X, line 12           | <u> </u> |
|-------------------|---|---------------------|--|----------|
|                   | · •   |                     |  | <u></u>  |
|                   | (a) Description of security or category<br>(including name of security) | (b) Book value      | (c) Method of valuation:<br>Cost or end-of-year market value |          |
| • •               | al derivatives  |                     |  |          |
|                   | held equity interests   |                     |  |          |
| (3) Other _       |   |                     |  |          |
| (A)               |   |                     |  |          |
| (B)               |   |                     |  |          |
| (C)               |   |                     |  |          |
| (D)               |   |                     |  |          |
| <u>(E)</u>        |   |                     |  |          |
| (F)               |   |                     |  |          |
| (G)               |   |                     |  |          |
| (H)               |   |                     |  |          |
|                   | n (b) must equal Form 990, Part X, col. (B) line 12.)                   |                     |  |          |
| Part VIII         | Investments - Program Related.  |                     |  |          |
|                   | · •   |                     | ), Part IV, line 11c. See Form 990, Part X, line 13          | 3.       |
|                   | (a) Description of investment   | (b) Book value      | (c) Method of valuation:<br>Cost or end-of-year market value |          |
| <u>(1)</u>        |   |                     |  |          |
| (2)<br>(3)        |   |                     |  |          |
| (4)               |   |                     |  |          |
|                   |   |                     |  |          |
| <u>(5)</u>        |   |                     |  |          |
| <u>(6)</u>        |   |                     |  |          |
| (7)               |   |                     |  |          |
| <u>(8)</u><br>(9) |   |                     |  |          |
|                   | n (b) must equal Form 990, Part X, col. (B) line 13.)                   |                     |  |          |
| Part IX           | Other Assets.   |                     |  |          |
|                   |   | "Yes" on Form 990   | , Part IV, line 11d. See Form 990, Part X, line 15           | 5.       |
|                   | · · ·   | scription           | (b) Book valu  |          |
| (1)               | (0) 20  |                     |  |          |
| (2)               |   |                     |  |          |
| (3)               |   |                     |  |          |
| (4)               |   |                     |  |          |
| (5)               |   |                     |  |          |
| (6)               |   |                     |  |          |
| (7)               |   |                     |  |          |
| (8)               |   |                     |  |          |
| (9)               |   |                     |  |          |
| Total. (Colu      | umn (b) must equal Form 990, Part X, col. (B) I                         | ine 15.)            |  |          |
| Part X            | Other Liabilities.  |                     |  |          |
| r art A           |   | l "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X,            |          |
| 1.                |   | tion of liability   | (b) Book valu  | le       |
|                   | al income taxes   | •                   |  |          |
| (2)               |   |                     |  |          |
| (3)               |   |                     |  |          |
| (4)               |   |                     |  |          |
| (5)               |   |                     |  |          |
| (6)               |   |                     |  |          |
| (7)               |   |                     |  |          |
| (8)               |   |                     |  |          |
| (9)               |   |                     |  |          |
|                   | nn (b) must equal Form 990, Part X, col. (B) line 25.)                  |                     |  |          |
|                   |   |                     | the organization's financial statements that reports the     |          |
| •                 |   |                     | the text of the footnote has been provided in Part XIII .    |          |

JSA 1E1270 1.000 7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526

| Schedu | le D (Form 990) 2021 PEACE HOUSE, INC.   | 87- | -0500067 Page <b>4</b> |
|--------|--|-----|------------------------|
| Part   |  | า.  |                        |
|        | 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   | 3,431,335.             |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |     |                        |
| а      | Net unrealized gains (losses) on investments                                     |     |                        |
| b      | Donated services and use of facilities   |     |                        |
| С      | Recoveries of prior year grants  |     |                        |
| d      | Other (Describe in Part XIII.)   |     |                        |
| е      | Add lines 2a through 2d  | 2e  | 40,856.                |
| 3      | Subtract line 2e from line 1   | 3   | 3,390,479.             |
| 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.) 4b61,182.   |     |                        |
| с      | Add lines 4a and 4b  | 4c  | -61,182.               |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5   | 3,329,297.             |
| Part   |  | rn. |                        |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |     |                        |
| 1      | Total expenses and losses per audited financial statements                       | 1   | 3,005,038.             |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |     |                        |
| а      | Donated services and use of facilities   |     |                        |
| b      | Prior year adjustments   |     |                        |
| С      | Other losses   |     |                        |
| d      | Other (Describe in Part XIII.)   |     |                        |
| е      | Add lines 2a through 2d  | 2e  | 102,038.               |
| 3      | Subtract line 2e from line 1   | 3   | 2,903,000.             |
| 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   | 2,903,000.             |
| Part   | XIII Supplemental Information.   |     |                        |

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

TRANSITIONAL HOUSING ESCROW ACCOUNT ARRANGEMENT:

THE PURPOSE OF THE ESCROW ACCOUNT IS TO CAPTURE MONTHLY MOVE-IN DEPOSITS AND MONTHLY LICENSE FEES COLLECTED FROM TRANSITIONAL HOUSING PROGRAM PARTICIPANTS. ESCROW DISBURSEMENTS HELP PARTICIPANTS SAVE MONEY FOR RELOCATION TO PERMANENT HOUSING. THE LICENSE FEES AND DEPOSITS COLLECTED ARE RETURNED TO ELIGIBLE PARTICIPANTS UPON EXIT FROM THE TRANSITIONAL HOUSING PROGRAM. PARTICIPANTS WHO SUCCESSFULLY MEET CONDITIONS TO RECEIVE DISBURSEMENTS WILL RECEIVE 100% OF THEIR LICENSE PAYMENTS AND 50% OF DEPOSIT HELD IN THE ESCROW ACCOUNT.

SCHEDULE D, PART X, LINE 2

#### UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANACIAL STATEMENTS.

JSA 1E1226 2.000 7936PI X52V 05/01/2023 14:54:47 V21-7.15 1190526 PEACE HOUSE, INC.

# Part XIII Supplemental Information (continued)

PART XI, LINE 4B

REVENUE ON RETURN, NOT ON BOOKS:

FUNDRAISING DIRECT EXPENSES: (61,182)

PART XII, LINE 2D

EXPENSES ON BOOKS, NOT ON RETURN:

FUNDRAISING DIRECT EXPENSES: 61,182

Schedule D (Form 990) 2021

| SCHEDULE G   |  | Information Re                                   |              |   | -  | -  | OMB No. 1545-0047                                       |  |  |
|--|--|--|--------------|---|--|--|---|--|--|
| (Form 990)   |  | he organization answei<br>organization entered n |              |   |  | 9, or if the   | 2021  |  |  |
| Department of the Treasury                                     | <b>b</b> a   |  |              | ) or Form 99                              |  |  | Open to Public  |  |  |
| Internal Revenue Service<br>Name of the organization           | G  | o to www.irs.gov/Form                            | 990 for Inst | uctions and                               | the latest information.                  | Employer identificati  | Inspection  |  |  |
| PEACE HOUSE, IN  | C  |  |              |   |  | 87-05000   |   |  |  |
|  | g Activities. Comp   | lete if the organi                               | ization ar   | swered "                                  | Yes" on Form 99                          |  |   |  |  |
|  | EZ filers are not re   |  |              |   |  | -,, -  |   |  |  |
|  | the organization rais  | · · · · · · · · · · · · · · · · · · ·            |              |   | activities. Check a                      | all that apply.  |   |  |  |
| a 📃 Mail solicita  |  |  |              |   |  |  |   |  |  |
| b Internet and   | l email solicitations  | f  | Solid        | citation of                               | government grant                         | S  |   |  |  |
| c Phone solic  | itations   | g  | Spe          | cial fundra                               | ising events                             |  |   |  |  |
| d 🔄 In-person se   | olicitations   |  |              |   |  |  |   |  |  |
| b If "Yes," list the   | tion have a written o<br>es listed in Form 990<br>10 highest paid indi<br>least \$5,000 by the   | , Part VII) or entity<br>viduals or entities     | in connec    | tion with p                               | professional fundra                      | ising services?  | Yes No<br>fundraiser is to be                           |  |  |
| <b>(i)</b> Name and addi<br>or entity (fu                      |  | (ii) Activity                                    | custody of   | draiser have<br>or control of<br>outions? | <b>(iv)</b> Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |  |  |
|  |  |  | Yes          | No  |  |  |   |  |  |
| 1  |  |  |              |   |  |  |   |  |  |
|  |  |  |              |   |  |  |   |  |  |
| 2  |  |  |              |   |  |  |   |  |  |
| 3  |  |  |              |   |  |  |   |  |  |
| 5  |  |  |              |   |  |  |   |  |  |
| 4  |  |  |              |   |  |  |   |  |  |
| 5  |  |  |              |   |  |  |   |  |  |
| 6  |  |  |              |   |  |  |   |  |  |
| 7  |  |  |              |   |  |  |   |  |  |
| 8  |  |  |              |   |  |  |   |  |  |
| 9  |  |  |              |   |  |  |   |  |  |
| 10   |  |  |              |   |  |  |   |  |  |
| 10   |  |  |              |   |  |  |   |  |  |
|  |  |  |              | <b>&gt;</b>                               |  |  |   |  |  |
| <ol> <li>List all states in<br/>registration or lic</li> </ol> | which the organization which the organization which the organization which we have a set of the organization of the organizati | tion is registered c                             | or licensed  | d to solicit                              | contributions or                         | has been notified  | it is exempt from                                       |  |  |
|  |  |  |              |   |  |  |   |  |  |
|  |  |  |              |   |  |  |   |  |  |

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

|                 |    | gross receipts greater than \$5,000 | ).                      |   |                  |  |
|-----------------|----|-------------------------------------|-------------------------|---|------------------|--|
|                 |    |                                     | (a) Event #1            | (b) Event #2                                  | (c) Other events | (d) Total events                                 |
|                 |    |                                     | SPRING LUNCHEON         | LIVEPC GIVEPC                                 | 7                | (aḋd col. <b>(a)</b> through                     |
|                 |    |                                     | (event type)            | (event type)                                  | (total number)   | col. <b>(c)</b> )                                |
| Revenue         | 1  | Gross receipts                      | 341,496.                | 200,497.                                      | 366,625.         | 908,618.   |
| R               | 2  | Less: Contributions                 | 332,746.                | 200,497.                                      | 366,625.         | 899,868.   |
|                 | 3  | Gross income (line 1 minus          | · · · · ·               |   |                  |  |
|                 |    | line 2)                             | 8,750.                  |   |                  | 8,750.   |
|                 | 4  | Cash prizes                         |                         |   |                  |  |
|                 | 5  | Noncash prizes                      |                         |   |                  |  |
| səsuə           | 6  | Rent/facility costs                 |                         |   | 1,307.           | 1,307.   |
| Direct Expenses | 7  | Food and beverages                  | 12,604.                 | 87.   | 14,099.          | 26,790.  |
| Direc           | 8  | Entertainment                       | 2,850.                  | 902.  | 3,200.           | 6,952.   |
|                 | 9  | Other direct expenses               | 6,995.                  | 589.  | 18,549.          | 26,133.  |
|                 | 10 | Direct expense summary. Add line    | es 4 through 9 in colu  | mn (d)  |                  | 61,182.  |
|                 | 11 | Net income summary. Subtract lin    | ne 10 from line 3. colu | umn (d)                                       | •••••            | -52,432.   |
| Ра              |    |                                     | anization answered ""   |   |                  |  |
| Revenue         |    |                                     | <b>(a)</b> Bingo        | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Sev             |    |                                     |                         |   |                  |  |
| <u> </u>        | 1  | Gross revenue                       |                         |   |                  |  |
| ses             | 2  | Cash prizes                         |                         |   |                  |  |
| irect Expenses  | 3  | Noncash prizes                      |                         |   |                  |  |
| Direct          | 4  | Rent/facility costs                 |                         |   |                  |  |
|                 | 5  | Other direct expenses               |                         |   |                  |  |
|                 | 6  | Volunteer labor                     | Yes %                   | │   | Yes%<br>No       |  |
|                 | 7  | Direct expense summary. Add line    | es 2 through 5 in colu  | mn (d)  | · · · · · · · ·  |  |
|                 | 8  | Net gaming income summary. Su       | btract line 7 from line | 1, column (d)                                 | <b>&gt;</b>      |  |

**9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

| 10a | Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | L | Yes | No |
|-----|---|---|-----|----|
| b   | If "Yes," explain:  |   |     |    |

JSA 1E1282 1.000

| Sched | lule G (Form 990 or 990-EZ) 2021 PEACE HOUSE, INC.  | 87-050 | 0067 | Page 3 |
|-------|---|--------|------|--------|
| 11    | Does the organization conduct gaming activities with nonmembers?  | L      | Yes  | No     |
| 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?   | L      | Yes  | No     |
| 13    | Indicate the percentage of gaming activity conducted in:  |        |      |        |
| а     | The organization's facility13   | a      |      | %      |
| b     | An outside facility   | b      |      | %      |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events books a records: |        |      |        |
|       | Name ▶  |        |      |        |
|       | Address ►   |        |      |        |
| 15 a  | Does the organization have a contract with a third party from whom the organization receives gar                | nina   |      |        |
| . e u | revenue?  |        | Yes  | No     |
| b     | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and                              |        | ][   |        |
|       | amount of gaming revenue retained by the third party ► \$   |        |      |        |
| с     | If "Yes," enter name and address of the third party:  |        |      |        |
|       |   |        |      |        |
|       | Name ▶  |        |      |        |
|       | Address ►   |        |      |        |
| 16    | Gaming manager information:   |        |      |        |
|       | Name  |        |      |        |
|       | Gaming manager compensation ► \$  |        |      |        |
|       | Description of services provided  |        |      |        |
|       | Director/officer Employee Independent contractor  |        |      |        |
| 17    | Mandatory distributions:  |        |      |        |
| a     | Is the organization required under state law to make charitable distributions from the gaming proce             | eds to |      |        |
| -     | retain the state gaming license?  |        | Yes  | No     |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt organize           |        | [    |        |
| -     | or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$                         |        |      |        |
| Par   |   |        |      |        |

|   |  |                                    | Assistance t                          |                                       |   |                                       | OMB No. 1545-0047                     |  |  |
|---|--|------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|--|
|   | (Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                                    |                                       |                                       |   |                                       |                                       |  |  |
| Com   | plete if the o   | -                                  | wered "Yes" on F<br>ttach to Form 990 |                                       | , line 21 or 22.  |                                       | Open to Public                        |  |  |
| Department of the Treasury<br>Internal Revenue Service  | ► Go   | -                                  | /Form990 for the I                    |                                       | 1.  |                                       | Inspection                            |  |  |
| Name of the organization  |  |                                    |                                       |                                       |   | Employer identifica                   |                                       |  |  |
| PEACE HOUSE, INC.   |  |                                    |                                       |                                       |   | 87-050006                             | 7                                     |  |  |
| Part I General Information on Grants and  | d Assistanc  | е                                  |                                       |                                       |   |                                       |                                       |  |  |
| <ol> <li>Does the organization maintain records to su<br/>the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proceed</li> </ol> | s or assistand<br>lures for mor  | ce?<br>nitoring the use            | of grant funds in th                  | e United States.                      |   |                                       | X Yes No                              |  |  |
| Part II Grants and Other Assistance to D  |  |                                    |                                       |                                       |   |                                       | Yes" on Form 990,                     |  |  |
| Part IV, line 21, for any recipient the   | nat received   | more than \$5                      | ,000. Part II can I                   | be duplicated if a                    | additional space is I                                       | needed.                               |                                       |  |  |
| <b>1 (a)</b> Name and address of organization<br>or government  | <b>(b)</b> EIN   | (c) IRC section<br>(if applicable) | (d) Amount of cash grant              | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |
| (1)   |  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (2)   | _  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| _(3)  | -  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (4)   |  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (5)   | _  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (6)   | _  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| _(7)  | -  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (8)   | -  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (9)   | -  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (10)  | -  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (11)  | +  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| (12)  |  |                                    |                                       |                                       |   |                                       |                                       |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>   | •  | •                                  |                                       |                                       |   |                                       | ·<br>·<br>·                           |  |  |

Schedule I (Form 990) 2021

PEACE HOUSE, INC.

87-0500067

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<br>cash grant | (d) Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|--|--|
| CLIENT ASSISTANCE               | 48                       | 116,639.                    |                                   |  |  |
|                                 |                          | 110,035.                    |                                   |  |  |
| 2                               |                          |                             |                                   |  |  |
| _                               |                          |                             |                                   |  |  |
| 3                               |                          |                             |                                   |  |  |
| 4                               |                          |                             |                                   |  |  |
|                                 |                          |                             |                                   |  |  |
| 5                               |                          |                             |                                   |  |  |
| 6                               |                          |                             |                                   |  |  |
|                                 |                          |                             |                                   |  |  |
| 7                               |                          |                             |                                   |  |  |

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 THE 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 EXPENSES.

Page 2

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>(b)</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 |
|---|---------------------------------|--------------------------|-----------------------------------|---|--|
| I   |                                 |                          |                                   |   |  |
|   |                                 |                          |                                   |   |  |
|   |                                 |                          |                                   |   |  |
| L   |                                 |                          |                                   |   |  |
|   |                                 |                          |                                   |   |  |
|   |                                 |                          |                                   |   |  |
|   |                                 |                          |                                   |   |  |
| art IV Supplemental Information. Provide information. | e the information re            | equired in Part I,       | line 2, Part III, c               | column (b); and any c                                 | other additional                       |

SCHEDULE I, PART III, LINE 1

Schedule I (Form 990) (2021)

Part III

CASH GRANTS ARE CASH PAYMENTS TO INDIVIDUALS FOR DIRECT AID INCLUDING

RENT ASSISTANCE, TRANSPORTATION COSTS, TELEPHONE AND UTILITIES.

87-0500067

Page 2

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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.

2021 **Open to Public** Inspection

| Name of the organization |
|--------------------------|
|--------------------------|

Employer identification number 87-0500067

| PEA   | PEACE HOUSE, INC. 87-0500067   |                                      |   |  |                    |                  |  |  |
|-------|--|--------------------------------------|---|--|--------------------|------------------|--|--|
| Par   | t I Types of Property  |                                      |   |  |                    |                  |  |  |
|       |  | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported or<br>Form 990, Part VIII, line | n noncash contribu | etermining       |  |  |
| 1     | Art - Works of art   |                                      |   |  |                    |                  |  |  |
| 2     | Art - Historical treasures   |                                      |   |  |                    |                  |  |  |
| 3     | Art - Fractional interests   |                                      |   |  |                    |                  |  |  |
| 4     | Books and publications   |                                      |   |  |                    |                  |  |  |
| 5     | Clothing and household   |                                      |   |  |                    |                  |  |  |
|       | goods  | Х                                    |   | 107,74   | 5. FAIR MARKET     | ' VALUE          |  |  |
| 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   | X                                    | 165   | 29,85  |                    |                  |  |  |
| 20    | Drugs and medical supplies   | X                                    | 7   | 13,04  | 9. FAIR MARKET     | ' VALUE          |  |  |
| 21    | Taxidermy  |                                      |   |  |                    |                  |  |  |
| 22    | Historical artifacts   |                                      |   |  |                    |                  |  |  |
| 23    | Scientific specimens   |                                      |   |  |                    |                  |  |  |
| 24    | Archeological artifacts  |                                      |   |  |                    |                  |  |  |
| 25    | Other ►( <u>GIFT CARDS</u> )   | X                                    | 49  |  | 5. FAIR MARKET     |                  |  |  |
| 26    | Other ►( ELECTRONICS )   | X                                    | 11  |  | 0. FAIR MARKET     |                  |  |  |
| 27    | Other ►( FURNITURE )   | X                                    | 13  |  | 0. FAIR MARKET     |                  |  |  |
| 28    | Other ►( OTHER )   | Х                                    | 16  | 4,03   | 1. FAIR MARKET     | ' VALUE          |  |  |
| 29    | Number of Forms 8283 received  |                                      |   |  |                    |                  |  |  |
|       | which the organization completed F                                   | Form 8283,                           | Part V, Donee Acknowledge                                     | ement  | 29                 |                  |  |  |
|       |  |                                      |   |  |                    | Yes No           |  |  |
| 30a   | During the year, did the organizat                                   |                                      |   |  | - 1                |                  |  |  |
|       | 28, that it must hold for at least th                                |                                      |   |  |                    |                  |  |  |
|       | to be used for exempt purposes for                                   |                                      | olding period?  |  |                    | Da X             |  |  |
|       | If "Yes," describe the arrangement i                                 |                                      |   |  |                    |                  |  |  |
| 31    | Does the organization have a   |                                      |   |  |                    | <b>A - - - -</b> |  |  |
| • -   | contributions?   |                                      |   |  |                    | 1 X              |  |  |
| 32a   | Does the organization hire or use                                    | •                                    | •   |  |                    |                  |  |  |
| -     | contributions?   |                                      |   |  |                    | 2a X             |  |  |
|       | If "Yes," describe in Part II.                                       |                                      |   | and the second states of the   |                    |                  |  |  |
| 33    | If the organization didn't report an                                 | amount in c                          | column (c) for a type of pro                                  | perty for which colum  | n (a) is checked,  |                  |  |  |
| Eor P | describe in Part II.<br>aperwork Reduction Act Notice, see the Instr | unions for For                       | rm 000  |  |                    | (Farm 000) 0001  |  |  |
|       | aper work iteration Act Notice, see the moti                         | actions for FO                       |   |  | Schedule M         | (Form 990) 2021  |  |  |

PEACE HOUSE, INC.

Part II 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.

# 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

PEACE HOUSE, INC.

Employer identification number

#### FORM 990, PART III, LINE 4A

PEACE HOUSE, INC. IS A PRIVATE, NOT-FOR-PROFIT SOCIAL SERVICES AGENCY INCORPORATED IN THE STATE OF UTAH IN 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 27 YEARS IN SUMMIT AND WASATCH COUNTIES. IN 2022, PEACE HOUSE REVISED THE MISSION AND VISION TO INCORPORATE INTERPERSONAL VIOLENCE AND ABUSE TO IDENTIFY THAT SERVICES AND PROGRAMS ARE AVAILABLE TO BOTH DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS. ALL SERVICES ARE FREE OF CHARGE.

THIS YEAR, PEACE HOUSE PROVIDED SERVICES TO 324 UNDUPLICATED INDIVIDUALS AFFECTED BY DOMESTIC VIOLENCE OR SEXUAL ASSAULT VICTIMIZATION. THOSE INDIVIDUALS RECEIVED SERVICES IN ONE OR MORE OF THE PROGRAMS PEACE HOUSE OFFERS TO SUPPORT INCREASED SAFETY, EMPOWERMENT AND SELF-SUFFICIENCY. PEACE HOUSE'S SUPPORT PRIMARILY COMES FROM GOVERNMENT AND ORGANIZATION GRANTS AND CONTRACTS, AND DONOR CONTRIBUTIONS. SOME OF OUR CURRENT PROGRAMS INCLUDE:

SHELTER - PEACE HOUSE PROVIDES EMERGENCY SHELTER FOR ADULTS AND THEIR CHILDREN WHEN THEY ARE ESCAPING DOMESTIC VIOLENCE AND NEED A SAFE PLACE. 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 157 WOMEN, MEN AND CHILDREN IN THE EMERGENCY

## 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PEACE HOUSE, INC

Employer identification number

SHELTER WITH 40% OF THOSE BEING CHILDREN. 5,511 NIGHTS OF SAFE SHELTER WERE PROVIDED TO THOSE FAMILIES AND INDIVIDUALS FLEEING ABUSE. FAMILIES STAYING IN THE SHELTER ARE PROVIDED 24/7 SUPPORT FROM TRAINED PROFESSIONAL ADVOCATES INCLUDING CRISIS INTERVENTION, EMOTIONAL SUPPORT, AND ASSISTANCE WITH BASIC NEEDS. ADVOCATES ANSWERED 1,327 CALLS TO ASSIST THOSE AFFECTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROVIDING IMMEDIATE SUPPORT WITH SAFETY PLANNING, RESOURCE AND REFERRAL AND ACCESS TO THE EMERGENCY SHELTER PROGRAM WHEN NEEDED.

TRANSITIONAL HOUSING - THE TRANSITIONAL HOUSING PROGRAM PROVIDES FAMILIES AND INDIVIDUALS AFFECTED BY DOMESTIC VIOLENCE AND ABUSE A PLACE WHERE THEY CAN HEAL AND REBUILD THEIR LIVES WITH DIGNITY FOR UP TO TWO YEARS. THE TRANSITIONAL HOUSING PROGRAM IS COMPRISED OF 12 FURNISHED APARTMENT UNITS CO-LOCATED WITH ALL OF PEACE HOUSE SUPPORT SERVICES. THE 12 UNITS HAVE BEEN ONLINE AND FULLY UTILIZED SINCE APRIL 2022. PEACE HOUSE PROVIDED 37 ADULTS AND CHILDREN A TOTAL OF 4,855 NIGHTS OF LONGER TERM, SAFE HOUSING. THE TRANSITIONAL HOUSING PROGRAM REQUIRES A SIGNED LICENSING AGREEMENT THAT INCLUDES INCOME BASED MONTHLY PAYMENTS. THOSE PAYMENTS ARE HELD IN AN ESCROW ACCOUNT AND RETURNED TO THE FAMILY UPON EXIT FROM THE PROGRAM TO SUPPORT THEIR INTEGRATION INTO PERMANENT HOUSING IN THE COMMUNITY. THIS YEAR, 14 HOUSEHOLDS WERE ABLE TO MOVE FROM TRANSITIONAL HOUSING INTO PERMANENT LONG-TERM HOUSING.

#### FORM 990, PART III, LINE 4B

CLINICAL - THE CLINICAL PROGRAM AT PEACE HOUSE OFFERS INDIVIDUAL AND GROUP THERAPY TO ADULTS AND CHILDREN IN BOTH AN OUTPATIENT SETTING AND

# 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 87-0500067

PEACE HOUSE, INC

FOR THOSE THAT ARE RESIDING IN THE RESIDENTIAL PROGRAMS OF SHELTER AND TRANSITIONAL HOUSING. 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. THIS YEAR PEACE HOUSE PROVIDED 782 HOURS OF THERAPY TO ADULTS AND CHILDREN.

#### FORM 990, PART III, LINE 4C

OUTREACH - THE OUTREACH PROGRAM HELPS TO IDENTIFY AT-RISK FAMILIES TO AVOID DOMESTIC VIOLENCE CRISIS SITUATIONS. THE PROGRAM IS DESIGNED TO BREAK THE CYCLE OF VIOLENCE AND ABUSE THROUGH UNDERSTANDING, PLANNING AND ACTION WHICH INCLUDES PSYCHOEDUCATIONAL CLASSES AND COMMUNITY RESOURCE EVENTS WITH AN EMPHASIS IN REACHING UNDERSERVED COMMUNITIES INCLUDING THOSE WHOSE PRIMARY LANGUAGE IS SPANISH. 41 SURVIVORS ATTENDED PSYCHOEDUCATIONAL CLASSES AND 1,497 ADULTS ATTENDED COMMUNITY RESOURCE EVENTS.

#### FORM 990 PART III, LINE 4D

EDUCATION/AWARENESS - PEACE HOUSE PROVIDES EDUCATION ABOUT CHILD AND FAMILY ABUSE AND HEALTHY RELATIONSHIPS TO CHILDREN IN COMMUNITY SCHOOLS FROM GRADES KINDERGARTEN THROUGH 12. THE PROGRAM ALSO PROVIDES PRESENTATIONS IN THE COMMUNITY TO CREATE AWARENESS ABOUT DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMIZATION AND THE SERVICES AVAILABLE AT PEACE HOUSE, INC. THIS YEAR, PEACE HOUSE PROVIDED 589 HOURS OF EDUCATIONAL PRESENTATIONS TO OVER 11,000 YOUTH.

VOLUNTEER - PEACE HOUSE OPERATES A VOLUNTEER PROGRAM THAT ATTRACTS,

# 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

87-0500067

PEACE HOUSE, INC

EDUCATES AND TRAINS VOLUNTEERS TO SUPPORT EACH OF THE SERVICE AREAS, INCLUDING DIRECT VICTIM SERVICES, FACILITY MAINTENANCE AND ENHANCEMENT, COMMUNITY AWARENESS INITIATIVES, PREVENTION EDUCATION, AND ON-GOING ADMINISTRATIVE, LEGAL AND TECHNICAL SUPPORT. THIS FISCAL YEAR, PEACE HOUSE HAD 106 VOLUNTEERS DONATED 2,615 HOURS TO SUPPORT OUR PROGRAMS AND PROJECTS.

CHILDCARE - THE CHILDCARE CENTER AT PEACE HOUSE WILL BE INTEGRAL TO STRENGTHENING THE COORDINATED COMMUNITY RESPONSE FOR CHILDREN IMPACTED BY DOMESTIC ABUSE. THE CHILDCARE CENTER WILL PROVIDE A SUPERVISED TRAUMA INFORMED SPACE DESIGNED FOR CHILDREN. PROGRAMMING WILL INCLUDE RESPITE CHILDCARE FOR CHILDREN LIVING ON OUR CAMPUS OR RECEIVING SERVICES ON AN OUTPATIENT BASIS AS WELL AS PREVENTION EDUCATION AND CHILDREN'S ACTIVITY AREA. THE COVID-19 PANDEMIC CAUSED DELAYS IN PILOTING THIS NEW PROGRAM. PEACE HOUSE CONTINUES TO WORK TOWARDS ITS LAUNCH IN FISCAL YEAR 2023/2024. THIS FISCAL YEAR'S ACTIVITIES AND EXPENSES HAVE BEEN TO PREPARE THE PHYSICAL SPACE WITH THE APPROPRIATE SAFETY AND SECURITY NEEDS AND EQUIPPING THE AGE CENTERED AREAS WITH EQUIPMENT AND SUPPLIES.

PROGRAM SUPPORTIVE SERVICES - THE ORGANIZATION PROVIDES WRAP AROUND SUPPORTIVE SERVICES TO SURVIVORS IN RESIDENTIAL PROGRAMS AND IN THE OUTPATIENT SETTING. CASE MANAGEMENT SERVICES ASSIST SURVIVORS TO MEET THE COMPLEX NEEDS THAT ARISE BECAUSE OF ABUSE/TRAUMA AND HELP THEM NAVIGATE SYSTEMS TO OBTAIN CRITICAL SUPPORTS SUCH AS HEALTHCARE, BENEFITS, VICTIM COMPENSATION, EMPLOYMENT ETC. SPECIALIZED SERVICES ALSO INCLUDE LEGAL

### 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PEACE HOUSE, INC

Employer identification number 87-0500067

ADVOCACY TO ASSIST CLIENTS TO OBTAIN CRIMINAL AND/OR CIVIL PROTECTIVE ORDERS, AND SEXUAL ASSAULT SERVICES THAT OFFER 24/7 HOSPITAL RESPONSE SERVICES FOR VICTIMS OF RAPE AND SEXUAL ABUSE AND CASE MANAGEMENT FOR VICTIMS OF SEXUAL ABUSE. THIS YEAR, PEACE HOUSE PROVIDED 439 HOURS OF LEGAL ADVOCACY TO 84 ADULTS AND 1,241 HOURS OF CASE MANAGEMENT TO 182 ADULTS AND CHILDREN. THE SEXUAL ASSAULT SERVICES PROGRAM RESPONDED TO 7 CALLS AT THE HOSPITAL AND PROVIDED SPECIALIZED CASE MANAGEMENT SUPPORT TO 86 ADULTS VICTIMS.

#### FORM 990, PART VI, SECTION A, LINE 4

CHANGES TO GOVERNING DOCUMENTS:

PEACE HOUSE CHANGED ITS GOVERNIGN DOCUMENTS TO MAKE STANDARD BOARD TERMS THREE YEARS INSTEAD OF TWO AND TO STAGGER THE ENDING OF BOARD MEMBER TERMS BETWEEN JUNE 30 AND DECEMBER 31.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990:

THE FINANCE COMMITTEE AND THE BOARD TREASURER REVIEW THE FORM 990 BEFORE IT IS FINALIZED AND FILED. A COPY OF THE 990 IS PROVIDED TO EACH BOARD MEMBER VIA EMAIL IN ADVANCE OF FILING. THE BOARD TREASURER PROVIDES A PRESENTATION AT A SUBSEQUENT BOARD MEETING.

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

MONITORING AND ENFORCEMENT OF CONFLICT-OF-INTEREST POLICY: EACH INDIVIDUAL (EMPLOYEE AND BOARD MEMBER) SHALL DISCLOSE TO PEACE HOUSE 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. ANY EMPLOYEE OR BOARD MEMBER OF PEACE HOUSE

# 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

87-0500067

PEACE HOUSE, INC

SHALL REFRAIN FROM OBTAINING ANY LIST OF PEACE HOUSE'S CLIENTS FOR PERSONAL OR PRIVATE SOLICITATION PURPOSES AT ANY TIME DURING AND AFTER THE TERM OF THEIR AFFILIATION.

#### FORM 990, PART VI, SECTION B, 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.

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

THE 990 IS MADE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE. CONFLICT OF INTEREST AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

| Schedule O (Form 990 or 990-EZ) 2021     |              |                    | Page <b>2</b> |
|--|--------------|--------------------|---------------|
| Name of the organization                 | Employer ide | ntification number |               |
| PEACE HOUSE, INC.                        | 87-050       | 0067               |               |
|  |              |                    |               |
|  |              |                    |               |
| FORM 990, PART III, LINE 4D - OTHER PROG | RAM SERVICES |                    |               |
|  |              |                    |               |
| DESCRIPTION                              | GRANTS       | EXPENSES           | REVENUE       |
|  |              |                    |               |
| EDUCATIONAL AWARENESS                    |              | 206,347.           |               |
| VOLUNTEER                                |              | 114,346.           |               |
| CHILDCARE                                |              | 16,582.            |               |
| PROGRAM SUPPORTIVE SERVICES              |              | 210,596.           |               |
|  |              |                    |               |
| TOTA                                     | ALS          | 547,871.           |               |
|  |              |                    |               |