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/ erminated	City or town, state or province, country, and ZIP or foreign postal code				
	ле	mended sturn	PARK CITY, UT 84060		G Gross receipts	\$ 3	,456,911.
	A	pplication 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? 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 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) 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 21 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 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)

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	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.	
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PEACE HOUSE, INC.

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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> 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	-5		
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,	–		
•	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 (2021)
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Part IV Checklist of Required Schedules (continued)

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			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? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 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> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X 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	 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		
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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 5b		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 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: 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? 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)
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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	1a 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	1b 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	• /	- 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 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			.) 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 ⊾		e organization provided a complete copy of this Form 990 to all members of its governing body before fi 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 1E1042	1.000					
		PI X52V 05/01/2023 14:54:47 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s pe	ition more rson	e than c is both cor/trust employee enter	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and 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 (A)		ey ⊵n	npic			and F	lig	(D)		(continue	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	(E) Reportable compensation fror related	n am	(F) stimated nount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) fro orga and	pensation om the anization d related 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> 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	 	•••	••••		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	· •										
 Complete this table for your five highest co compensation from the organization. Report year. 											
(A) Name and business a	ddress							(B) Description of se	rvices	(C) 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 9
Par	t VII						
		Check if Schedule O contains a respons	e or note to an	y line in this Part V (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, C	c	Fundraising events 1c	899,867.				
lar Iar	d	° – – –					
imi,	e	Government grants (contributions) . 1e	1,175,206.				
ar S	t	All other contributions, gifts, grants, 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 Кел	С						
Program Service Revenue	d						
Pro	e						
	f g	All other program service revenue L 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 6b Rental income or (loss) 6c 14,472.	NONE				
	c 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 7a 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 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 c	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a						
llan ent	b						
Rev	с						
Miš		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		NONE 3,329,297.			-40,209.
JSA	1 1 000		· · · · ·			1	Form 990 (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 11
Part X				
	Check if Schedule O contains a response or note to any line in this P			
		(A) Beginning of year		(B) 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 80 80 80 80 80 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 10b 470,656.	10,412,269.	100	10,330,150
11	Investments - publicly traded securities	10,412,209. NONE		10,550,150 NON
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		
				NON
14 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 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 ► 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 Form 990 (2021

Form **990** (2021)

	PEACE HOUSE, INC. 8	7-050	0067	7			
Form 99	90 (2021)					Pa	ge 12
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 s	ection 1	70(b)(1)(A)(i).	
2		A school	described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
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)	
 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit of the support from a g						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 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 11		receipts f support f acquired	from activities rela rom gross investn by the organizatic	ited to its exempt f nent income and u on after June 30, 1	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publ	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	; and (2) no more that s section 511 tax) from 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). You must co	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).				
	(i) Na	ame of supp	orted organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see 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 1E121	•							Ū	

⁷⁹³⁶PI 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) 🕨	(a) 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.")	6,907,604.	4,305,827.	2,741,772.	3,549,067.	3,369,506.	20,873,776.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge	42,000.	32,800.	24,000.	24,000.	24,000.	146,800.
4 5	Total. 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) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,949,604. 376.	4,338,627. 786.	2,765,772. 476.	3,573,067.	3,393,506.	21,020,576.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	12,918.	14,243.		5,951.		33,112.
10	Other income. Do not include gain or loss from the sale of capital assets (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) ▶
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 %
	33 1/3% support test - 2021. If the orgoin box and stop here. The organization q	ualifies as a pub	licly supported	organization .			▶ X
	331/3% support test - 2020. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatio	n		▶∟
	 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. b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 						
18	15 is 10% or more, and if the organiz in Part VI how the organization meets organization. Private foundation. If the organization instructions	s the facts-and on did not chec	-circumstances t k a box on line	est. The organi e 13, 16a, 16b	ization qualifies , 17a, or 17b,	as a publicly s 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) 🕨	(a) 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) 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 331/3% support tests - 2020. If the orga		-				
u	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA				,,	,		lle A (Form 990) 2021
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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 Part VI.	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 Part VI 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 Part VI 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 Part VI 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.*

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- **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

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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 (optional)		
1a				
1b				
1c				
1d				
2				
3				
4				
5				
6				
7				
8				
		Current Year		
1				
2				
3				
4				
5				
6				
ĺ	ing trust on nizations r 1 2 3 4 5 6 7 6 7 8 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 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 Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). 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) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable 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 Part VI).</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 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 Part VI.</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							
 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 not 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).

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		\$110,000.	Payroll Noncash (Complete Part II for 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributior
5_	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for 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 noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
6	N/A	\$354,912.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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dule B (Form 990) (2021)

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

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

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

Schedule B (Form 990) (2021)

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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 the following line entry. For organizat contributions of \$1,000 or less for th	the year from any one 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. from 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 and ZIP + 4	-	hip of transferor to transferee		
(a) No. from 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 and ZIP + 4		hip of transferor to transferee		
(a) No. from 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. from 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 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 ations Maintaining Collections		uras or Otho	r Similar Accot	<u></u>
ı a		e if the organization answered				5.
1a	If the organization of art. historical	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repor	rt in its revenu	le statement and or research in t hese items.	balance sheet works furtherance of public
b	art, historical trea provide the follow	n elected, as permitted under F asures, or other similar assets he 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 ²				
		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 . 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 2
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) Prio		(c) Two yea		years back (e) Four	years back
1.0	Beginning of year balance	., ,						
1a b	Contributions							
c	Net investment earnings, gains,							
U	and losses							
А								
d	Grants or scholarships							
e	Other expenditures for facilities							
£	and programs							
י מ	End of year balance							
g	Provide the estimated percentage	of the ourrest ve	ar and balance			hold as:		
2 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 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 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 (including name of security)	(b) Book value	(c) Method of valuation: 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: Cost or end-of-year market value	
<u>(1)</u>				
(2) (3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
(7)				
<u>(8)</u> (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 4
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 organization entered n				9, or if the	2021		
Department of the Treasury	b a) or Form 99			Open to Public		
Internal Revenue Service 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 es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be		
(i) Name and addi or entity (fu		(ii) Activity	custody of	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
5									
4									
5									
6									
7									
8									
9									
10									
10									
				>					
 List all states in registration or lic 	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. (a) through
			(event type)	(event type)	(total number)	col. (c))
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			(a) 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% 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)	>	

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 > \$			
Par				

			Assistance t				OMB No. 1545-0047		
	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Com	plete if the o	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public		
Department of the Treasury 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							
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proceed 	s or assistand lures for mor	ce? 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.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)									
(2)	_								
_(3)	-								
(4)									
(5)	_								
(6)	_								
_(7)	-								
(8)	-								
(9)	-								
(10)	-								
(11)	+								
(12)									
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					· · ·		

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 cash grant	(d) Amount of non-cash assistance	(e) 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) 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							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or 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					A - - - -		
• -	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. 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

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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

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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,

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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

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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

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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 2
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.	