efile	e GR		orint - DO NOT PROCESS As Filed Data -		DLN	l: 93	493225015271			
(Form	00	20	Return of Organization Exempt From	Income	Тах	4	DMB No. 1545-0047			
	33	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			s)	2019			
<u>م</u>			Do not enter social security numbers on this form as it ma							
Departi Treasui Interna	у	of the enue Service	▶ Go to <u>www.irs.gov/Form990</u> for instructions and the land th	atest informa	ation.		Open to Public Inspection			
			alendar year, or tax year beginning 10-01-2019 ,and ending 09-30	-2020						
		pplicable:	C Name of organization SOJOURNER FAMILY PEACE CENTER INC		D Employer i	dentif	ication number			
		change nange			39-127621	0				
🗆 Ini			Doing business as							
		n/terminated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephone n	umber				
		on pending	619 W WALNUT STREET		(414) 276-	1911				
			City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53212		G Gross receip	ts \$ 7	.134.329			
			F Name and address of principal officer:	H(a) Is this	a group returi					
			CARMEN PITRE 619 W WALNUT STREET	subord	linates?		🗌 Yes 🗹 No			
			MILWAUKEE, WI 53212	H(b) Are all include	subordinates ed?		Yes No			
_		mpt status:	✓ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527	01(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527 If "No," attach a list. (se						
JW	ebsit	te:► WW	W.FAMILYPEACECENTER.ORG	H(c) Group	exemption nu	mber	▶			
K Form	n of o	rganization:	☑ Corporation □ Trust □ Association □ Other ►	L Year of forma	tion: 1978 M	State	of legal domicile: WI			
Pa	rt I	Sum	nary							
		Briefly des	cribe the organization's mission or most significant activities:							
ce	-	TRANSFOR	MING LIVES IMPACTED BY DOMESTIC VIOLENCE.							
nan	-									
Governance	2	Check thi	s box \blacktriangleright if the organization discontinued its operations or disposed of m	ore than 25%	of its net asse	te				
3			f voting members of the governing body (Part VI, line 1a)	· · · ·		3	24			
×র্ব জু		Number o	4	24						
Activities &		5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)					92			
Acti		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12				6 7a	297 0			
			ated business taxable income from Form 990-T, line 39			7a 7b	0			
			,		or Year		Current Year			
Q,	8	Contribut	ions and grants (Part VIII, line 1h)		5,197,133		5,886,305			
enneven	9	Program	service revenue (Part VIII, line 2g)		5,086		2,791			
Ρşν			nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,009		722			
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,008,967 6,213,195		1,244,511 7,134,329			
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1–3)		214,278		52,868			
			baid to or for members (Part IX, column (A), line 4)		0		0			
¥.			other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,773,506		5,070,907			
Expenses	16 a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0		0			
xpe	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶778,802							
ш			eenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,609,094		2,828,886			
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,596,878		7,952,661			
~ ~	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning	-383,683 of Current Year		-818,332 End of Year			
Net Assets or Fund Balances										
Bali	20	⊤otal asse	ets (Part X, line 16)		19,240,836		18,996,344			
Ind			lities (Part X, line 26)		21,519,351		22,093,191			
			s or fund balances. Subtract line 21 from line 20		-2,278,515		-3,096,847			
Under		alties of pe	erjury, I declare that I have examined this return, including accompanying s							
knowl any k			f, it is true, correct, and complete. Declaration of preparer (other than office	er) is based or	n all informatio	n of v	vhich preparer has			
Cia-		Signatu	re of officer	2021 Date	1-08-12 e					
Sign Here	1	1								

Here		MEN PITRE PRESIDENT & CHIEF EXEC e or print name and title	CUTIVE OFFICER				
Paid	•	Print/Type preparer's name	Preparer's signature	Date 2021-08-12	Check if self-employed	PTIN P00187863	
Prepare		Firm's name 🕨 BAKER TILLY US L		Firm's EIN 🕨 39-0859910			
Use Onl	У	Firm's address ► 777 E WISCONSIN	AVENUE 32ND FLOOR		Phone no. (414) 777-5500	
		MILWAUKEE, WI					
May the IRS	5 discu	ss this return with the preparer :	shown above? (see instructions)			. 🗹 Yes 🗌 No	

For Paperwork Reduction	Act Notice,	see the se	eparate instru	ictions.
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Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2						
Pa	nt III Statement	of Program Servic	e Accomplis	hments								
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III 🔒		🗹						
1	Briefly describe the c	organization's mission:										
TRAN	SFORMING LIVES IMP	ACTED BY DOMESTIC V	IOLENCE.									
2	Did the organization	undertake any significa	nt program ser	vices during the year whic	h were not listed on							
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on Sch	edule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					🗌 Yes 🗹 No						
	If "Yes," describe the	ese changes on Schedul	e O.									
4	Section 501(c)(3) an		ns are required	to report the amount of g	gest program services, as meas grants and allocations to others,							
4a	(Code:) (Expenses \$	1,664,653	including grants of \$	19,984) (Revenue \$)						
	See Additional Data											
4b	(Code:) (Expenses \$	1,402,942	including grants of \$	2,170) (Revenue \$)						
	See Additional Data											
4c	(Code:) (Expenses \$	1,168,645	including grants of \$	13,778) (Revenue \$)						
	See Additional Data											
	(Code:) (Expenses \$	1,899,654	including grants of \$	16,936) (Revenue \$	2,791)						
	SIDE-BY-SIDE WITH MP VICTIMS, ASSIST THEM ACCOMPANY THEM TO C AND FREEDOM FROM AF MILWAUKEE COUNTY CC ALLWAUKEE COUNTY CC PLANNING AND FILING CHILDREN, TEENS AND AGE-APPROPRIATE SAND PROGRAM STATISTICS: STRUCTURED 30-WEEK LEARN SKILLS TO EXPR INCLUDES OUTREACH S VICTIMS WHO ARE SEE RIGHTS, NAVIGATE THF ASSISTANCE WILL ALSC STATISTICS: 936 CLIEN THE COMMUNITY, EDUC BUREAU CONDUCTS PRI AND UNDERSTANDING - CENTER - THE FAMILY F	2D OFFICERS WHO ARE RES IN OBTAINING RESTRAINI COURT HEARINGS, AND LIN BUSE. PROGRAM STATISTIC OUTHEN SERVICES THAT WI AT LEAST ONE RESTRAININ FAMILIES WHO HAVE WITH FAMILIES WHO HAVE WITH STATIS KING PROTECTIONS THROL NOUGH THE COMPLEX LEGA D BE PROVIDED TO VICTIMA TS SERVED; 1,686 CONTAG CATING YOUTH ABOUT HEAI ESENTATIONS FOR WORKPI OF FAMILY VIOLENCE ISSU!	PONDING TO DOI NG ORDERS, CON K THEM TO SOJO 25: 4,488 CLIENT: ICTIMS WITH FILI IL SUPPORT THEI IG ORDER; 3,819 JESSED DOMESTI ALTHY CONFLICT 93 CONTACTS.BE IELPING BATTERE NON-ABUSIVE MA STICS: 262 CLIEN JGH THE MILWAU L SYSTEM AND OI S WHO ARE SEKK. CTS. COMMUNITY ITHY RELATIONSI- LACES, THE INTER ES IN OUR COMM DNTAINS FIVE ME	MESTIC VIOLENCE CALLS FOR NECT THEM TO RESOURCES F URNER AND OTHER COMMUNI S SERVED; 7,079 CONTACTS. NG RESTRAINING ORDERS, D R SAFETY AND WELL-BEING. I CLIENTS SERVED; 9,099 CON C VIOLENCE TO UNDERSTAND RESOLUTION SKILLS THEY CA YOND ABUSE - SOJOURNER C R'S ACCEPT RESPONSIBILITY NNRR, AND MAKE A COMMITM ITS SERVED; 1,742 CONTACTS KEE COUNTY CRIMINAL, CIVIL BTAIN LEGAL REPRESENTATIO ING TO PROTECT THEIR CHILL EDUCATION - THE FOCUS IS IFFAITH COMMUNITY AND FOR UNITY. PROGRAM STATISTICS	'EN MILWAUKEE POLICE DEPARTMEN' SERVICE. THEY WILL CONDUCT SAFE OR HOUSING, FOOD, CLOTHING AND TY-BASED SERVICES THAT WILL HEL COURTHOUSE - ADVOCATES PROVID EVELOPING PERSONAL SAFETY PLANS PROGRAM STATISTICS: 3,396 CLIENT TACTS.CHILDREN - INDIVIDUAL AND THAT DOMESTIC VIOLENCE IS NEVE N USE IN THEIR OWN INTERPERSON. ONDUCTS ONGOING BATTERER'S EDI FOR THEIR BEHAVIOR, IDENTIFY TRIL IENT TO REMAIN VIOLENCE-FREE IN 'S. DOMESTIC ABUSE VICTIM ADVOCA', FAMILY AND CHILDREN'S COURTS T N. IN PARTNERSHIP WITH LEGAL AC' NEEN FROM WITNESSING OR EXPERING ON INCREASING AWARENESS ABOUT NDERS TO TAKE ACTION TO SUPPORI COMMUNITY BASED ORGNIZATIONS : 76 PRESENTATIONS; 2,876 TOTAL A (AILABLE TO NON-PROFIT ORGANIZA HE COMMUNITY.	TY PLANNING WITH OTHER BASIC NEEDS, P THEM ACHIEVE SAFETY E ASSISTANCE AT THE S, AND LINKING THEM TO S ASSISTED WITH SAFETY GROUP SUPPORT TO HELP R THEIR FAULT, DEVELOP AL RELATIONSHIPS. JCATION PROGRAMS (A GGERS FOR THEIR ABUSE, THE FUTURE. ALSO THES - SOJOURNER ASSISTS TO UNDERSTAND THEIR FION OF WISCONSIN, ENCING ABUSE. PROGRAM DOMESTIC VIOLENCE IN T VICTIMS. THE SPEAKERS S TO INCREASE AWARENESS ATTENDEES.EDUCATION						
4d		ces (Describe in Schedu				2 704)						
	(Expenses \$		uding grants of	, ,	6) (Revenue \$	2,791)						
4e	Total program serv	vice expenses >	6,135,8	94								

Form	990 (2019)			Page 3
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Page **3**

Form	990 (2019)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 👝 😒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		Yes	No
	Enter the number reported in Box 3 or Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (20) (2)
		F	orm 99	0 (2019)

Part V

	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 92							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
	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		No				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as							
	required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand	.						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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		No				
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		No				

Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and

Page **5**

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Form **990** (2019)

orm 990 (2019)
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Par	and for a "No" resp tions.	onse to i	lines V						
Se	Section A. Governing Body and Management								
			Yes	No					
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	24							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	24							
2				No					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	as filed? . 4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		No					
6	Did the organization have members or stockholders?	6		No					
7a	'a Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?			No					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh persons other than the governing body?	olders, or 7b		No					
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the following:	the year by							
а	a The governing body?	. 8a	Yes						
b	b Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at the 9		No					
Se	Section B. Policies (This Section B requests information about policies not required by the Inter	nal Revenue Code	e.)						
			Yes	No					
10a	a Did the organization have local chapters, branches, or affiliates?	. 10a		No					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with the organization's exempt purposes?	s, affiliates, 10b							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body befor form?	re filing the 11a	Yes						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	Yes						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could conflicts?	give rise to	Yes						
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," d Schedule O how this was done	escribe in 12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by in persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dependent							
а	a The organization's CEO, Executive Director, or top management official	15a	Yes						
b	b Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	with a 16a		No					
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements?								
Se	Section C. Disclosure	_							
17	List the states with which a copy of this Form 990 is required to be filed WI								
18	only) available for public inspection. Indicate how you made these available. Check all that apply.	J1(c)(3)s							
	☑ Own website	6 • • • • • • •							
19	 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o policy, and financial statements available to the public during the tax year. 	it interest							

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►JACK LEFF 619 W WALNUT STREET MILWAUKEE, WI 53212 (414) 810-3639

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related	Positic than o is b	ne bo	ox, u n ofi	t che Inles ficer	s pers and a	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
See Additional Data Table	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(Ŵ-2/1099- MISC)	related organizations
See Additional Data Table										
				•						Earm 000 (2010)

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Pa	rt VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	loye	es,	and	High	nest Compens	ated Employees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, u n off tor/ti	t che Inles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W-2/1099-	from related organization	n 1 s	(F) Estima amount c compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1035- MISC)	MISC		relat organiza	ed
See	Additional Data Table												
с	Sub-Total	nt VII, Section		 			•		429,149		0		41,746
2	Total number of individuals (including of reportable compensation from the c			e liste	ed al	bove	e) who	rece	eived more than	\$100,000			
												Yes	No
3	Did the organization list any former or list any former or line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey er •	mplo •	oyee, d	or hig •	ghest compensa	ted employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations												
	individual		• •	•	•	•	• •	•		• • • •	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?									individual for	5		No
Se	ection B. Independent Contract												
1	Complete this table for your five highe from the organization. Report compen	sation for the c								tion's tax year.	mpen		
		(A) nd business addre	ess							(B) Description of services		(C Comper	
US SI	ECURITY ASSOCIATES								ON PREF	MISES SECURITY SERV	ICES		242,002
	MANSELL COURT VELL, GA 30076												
	L ACTION OF WISCONSIN								SUBCON	ITRACTED LEGAL SER	/ICES		223,671
	E WELLS STREET /AUKEE, WI 53203												
	ENTERPRISES								CLEANIN	NG SERVICES			179,179
	0 W LISBON												
BROC	DKEFIELD, WI 53005												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

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Part VIII Statement of Revenue

		Check if Sched	dule	O contains a	respo	nse or note to any l	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1;	a Federated campa	aigns		1a	I	L			
ants unt	1	b Membership due	s.	•	1b					
u C		c Fundraising even	nts .	•	1c					
٦ ۾		d Related organiza	tions	;	1d	3,991,620				
ija ij		e Government grants	(con	tributions)	1e	1,797,717				
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributio and similar amounts above			1f	96,968				
ntribu d Oth	!	g Noncash contributio lines 1a - 1f:\$	ons in	cluded in	1g	56,205				
aŭ Co		h Total. Add lines	1a-1	f		🕨	5,886,305			
	_					Business Code				
ue	2a	BEYOND ABUSE PRO	GRAM	1		624100	2,791	2,791		
Program Service Revenue	b									
ice	С									
Serv										
ц.	d									
ogra	е	•								
Ĕ										
		All other program								
		Total. Add lines 2				2,791	1	1	1	1
	3	Investment income similar amounts)	(inc	luding divide	nds, ii •	nterest, and other	72:	2		722
		Income from invest			npt bo	ond proceeds				
	5	Royalties	_ ·		•	🕨				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	44	40,412					
	b	Less: rental								
		expenses	6b		0					
	С	Rental income or (loss)	6c	44	40,412					
	c	l Net rental income	e or ((loss)		· · · •	440,412	2		440,412
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or								
		Less: cost or other basis and sales expenses	7b							
	с	Gain or (loss) 7c								
	c	l Net gain or (loss)	•			• • • •				
e	8a	Gross income from fu (not including \$	undra	ising events of						
nue		contributions reporte	d on I	line 1c).						
eve		See Part IV, line 18	•	• • •	8a					
Other Revenue		Less: direct expen			8b		J			
th€	C	: Net income or (los	55) Tr	om tundraisir	ig eve	ents 🕨	r			
	9a	Gross income from								
		See Part IV, line 19			9a					
		Less: direct expen			9b]			
	C	: Net income or (los	s) fr	om gaming a	ctiviti	es 🕨	r			
	10;	aGross sales of inve	entor	ry, less						
		returns and allowa	ances	5	10a					
	b	Less: cost of good	s sol	ld	10 b]			
	c	Net income or (los			nvent					ļ
	11	Miscellaneo SOJOURNER FOU			CS	Business Code 900099	775,489	9		775,489
		JUJUUNINER FUU		TON DEV 3V						
	ŀ	OTHER				900099	28,610	D		28,610
		UTTER								
	c							+		
		-								
		All other revenue	_							
		Total. Add lines 1					I	+		
		Total revenue. S			-		804,099	9		
	12	- iotai revenue. S	ee Ir	isu uculons .	•	• • • •	7,134,329	9 2,791	. c	1,245,233

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Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must (-		ımn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			<u> 🗆</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	52,868	52,868		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	470,895	193,067	145,977	131,851
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,811,010	2,878,953	610,419	321,638
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	109,231	70,450	28,300	10,481
9	Other employee benefits	451,164	408,013	6,380	36,771
10	Payroll taxes	228,607	197,259		31,348
11	Fees for services (non-employees):				
ä	Management				
I	Legal				
	Accounting	50,348	37,952	8,935	3,461
0	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	732,657	612,229	39,187	81,241
12	Advertising and promotion				
13	Office expenses	417,618	341,089	25,140	51,389
14	Information technology	109,643	58,454	29,902	21,287
	Royalties				
	Occupancy	338,285	296,843	27,014	14,428
17	Travel	31,100	26,993	3,423	684
	Payments of travel or entertainment expenses for any federal, state, or local public officials		71.000		
	Conferences, conventions, and meetings	115,983	71,032	32,343	12,608
	Interest	246,036	224,181	14,228	7,627
	Payments to affiliates	641 520	F72 722	E1 521	16.266
	Depreciation, depletion, and amortization	641,520	573,733	51,521	16,266
	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	56,053	45,005	7,233	3,815
	a MISCELLANEOUS	57,330	47,773	7,963	1,594
	b FUNDRAISING	32,313			32,313
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,952,661	6,135,894	1,037,965	778,802
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX .			<u> U</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			73,465	1	291,416
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		. –	593,740	3	660,981
	4	Accounts receivable, net	[4		
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial co entity or family member of any of these persons Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	ontribu s fied pe	tor, or 35% controlled		5	
Ś	7	Notes and loans receivable, net				7	
et	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		–	193,027	9	138,423
٩	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	20,792,159			
	Ь	Less: accumulated depreciation	10b	3,063,192	18,074,128	10c	17,728,967
	11	Investments—publicly traded securities	L			11	
	12	Investments-other securities. See Part IV, line	11 .	🗧		12	
	13	Investments—program-related. See Part IV, line	11.	. –		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			306,476	15	176,557
	16	Total assets. Add lines 1 through 15 (must equ	ual line	. 34)	19,240,836	16	18,996,344
	17	Accounts payable and accrued expenses			835,626	17	1,402,943
	18	Grants payable			18		
	19	Deferred revenue		3,725	19	10,248	
	20	Tax-exempt bond liabilities	· ·		20		
s	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	20,680,000	25	20,680,000
	26	Total liabilities. Add lines 17 through 25 .			21,519,351	26	22,093,191
Fund Balances	22	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	ieck h	ere ▶ ☑ and	-2,988,966	27	-3,694,642
Bal	27 28	Net assets with donor restrictions	•	· · · · · · [710,451	27	597,795
P	20		• •	· · · · · · [_	710,431	20	037,735
r Fur	20	Organizations that do not follow FASB ASC complete lines 29 through 33.			20		
5 0	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building or eq				30	
As	31	Retained earnings, endowment, accumulated inc			0.070 - 1-	31	
Net Assets or	32	Total net assets or fund balances	•••		-2,278,515	32	-3,096,847
~	33	Total liabilities and net assets/fund balances .	•		19,240,836	33	18,996,344

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					rage 12
Pa	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,134,329
2	Total expenses (must equal Part IX, column (A), line 25)	2			,952,661
3	Revenue less expenses. Subtract line 2 from line 1	3			818,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		-2	,278,515
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-3	,096,847
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb	Yes	

Additional Data

Software ID: Software Version: EIN: 39-1276210

Name: SOJOURNER FAMILY PEACE CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SHELTER - PROGRAMS INCLUDE A DOMESTIC ABUSE HOTLINE, CRISIS HOUSING AND BASIC NEEDS ASSISTANCE. THE SOJOURNER DOMESTIC ABUSE HOTLINE OFFERS 24/7 ACCESS TO TRAINED VOLUNTEERS AND ADVOCATES WHO WILL PROVIDE CRISIS INTERVENTION TO VICTIMS, INFORMATION AND REFERAL TO THE PUBLIC, ASSIST LAW ENFORCEMENT OFFICERS WHO ARE RESPONDING TO DOMESTIC VIOLENCE CALLS FOR SERVICE, AND NOTIFY VICTIMS WHEN THEIR ABUSERS HAVE BEEN RELEASED FROM JAIL. THROUGH THE 54-BED SOJOURNER TRUTH HOUSE EMERGENCY SHELTER, ADULTS AND THEIR CHILDREN HAVE ACCESS TO SAFE SHELTER, NUTRITIOUS MEALS, CHILD CARE, CLOTHING AND PERSONAL HYGIENE ITEMS. WHILE RESIDING IN THE SHELTER, MOTHERS WORK WITH ONSITE MPS SOCIAL WORKER TO ARRANGE TRANSPORTATION TO SCHOOL TO ENSURE THAT THEIR CHILDREN'S EDUCATION IS NOT DISRUPTED. CHILDREN RESIDING IN THE SHELTER WILL CONTINUE TO RECEIVE TUTORING FOCUSED ON ACADEMIC ENRICHMENT. VICTIMS WHO ARE TAKING THEIR FIRST STEPS TOWARD INDEPENDENCE WHEN LEAVING THE SHELTER RECEIVE BASIC NEEDS ASSISTANCE WITH SECURING SAFE HOUSING, FOOD, CLOTHING, TRANSPORTATION, HOUSEHOLD ITEMS AND SCHOOL SUPPLIES. PROGRAM STATISTICS: 15,470 CALLERS TO THE DOMESTIC ABUSE HOTLINE; 13,976 NIGHTS OF CRISIS HOUSING PROVIDED TO 625 HOMELESS WOMEN AND CHILDREN WHO WERE FLEEING ABUSE.



FAMILY PEACE CENTER - THIS 72,000 SQUARE FOOT FACILITY, WHICH OPENED IN NOV, 2015, PROVIDES CO-LOCATED SERVICES WITH 14 CO-LOCATED PARTNERS AND 4
VISITING PARTNER AGENCIES. ORGANIZATIONS REPRESENTED INCLUDE AURORA HEALTHCARE, CHILDREN'S HOSPITAL OF WISCONSIN, DISTRICT ATTORNEY'S OFFICE,
MILWAUKEE POLICE DEPARTMENT, MILWAUKEE PUBLIC SCHOOLS, CORE EL/CENTRO, GOODWILL INDUSTRIES, JEWISH FAMILY SERVICES, MILWAUKEE COUNTY WRAP
AROUND AND SOJOURNER FAMILY PEACE CENTER.

Form 990, Part III, Line 4c:

FAMILY ADVOCACY - SOJOURNER FOCUSES ON HELPING VICTIMS REGAIN THEIR SENSE OF EMPOWERMENT AND OBTAIN THE RESOURCES AND SKILLS THEY NEED TO ACHIEVE SELF-SUFFICIENCY AND INDEPENDENCE. THIS IS ACCOMPLISHED THROUGH INDIVIDUAL CASE MANAGEMENT, SUPPORT GROUPS AND LIFE SKILLS PROGRAMS. SUPPORT GROUPS HELP VICTIMS UNDERSTAND THE DYNAMICS OF ABUSE, HOW THEIR ABUSER'S USE POWER AND CONTROL TACTICS TO MANIPULATE THEM, AND HELP THEM TO REGAIN THEIR DIGNITY, HOPE AND EMPOWERMENT AS SURVIVORS OF DOMESTIC VIOLENCE. INDIVIDUAL AND GROUP SERVICES ASSIST SURVIVORS IN THEIR EFFORTS TO ACHIEVE SELE-SUFFICIENCY AND ECONOMIC EMPOWERMENT, SERVICES ASSIST SURVIVORS WITH PERSONAL GOAL SETTING AND EMPOWERMENT. PROGRAM STATISTICS: 1,486 INDIVIDUALS SERVED; 8,087 CONTACTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn on is	e bo both ecto	t che x, u n an or/tr	nless office ustee Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PITRE CARMEN PRESIDENT/CEO	40.00			x				180,078	0	13,502
LEFF JACK VICE PRESIDENT/CFO	40.00			x				130,872	0	16,771
KING NATASHA VICE PRESIDENT/CHRO	40.00					х		118,199	0	11,473
ALTENBURG JEFFREY DIRECTOR	1.00	х						0	0	0
BAUERJESSICA DIRECTOR	1.00	х						0	0	0
FARR HULYN BOARD SECRETARY	1.00	х		x				0	0	0
FERGUSON RODNEY DIRECTOR	1.00	х						0	0	0
FONS EMILY DIRECTOR	1.00	х						0	0	0
GALE THOMAS DIRECTOR	1.00	х						0	0	0
GONZALEZ SOCORRO DIRECTOR	1.00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

. (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both ecto	t che x, u n an or/tru	m ss ce Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GORE CECELIA BOARD PRESIDENT	1.00 	х		x				0	0	0
HASELEY HOLLY DIRECTOR	1.00	х						0	0	0
JOHNSON DESSA DIRECTOR	1.00	х						0	0	0
JULIUS CARLENE DIRECTOR	1.00	х						0	0	0
KOLAWOLE ABIM DIRECTOR	1.00	х						0	0	0
LAFOND KIRA BOARD VICE PRESIDENT	1.00 1.00	х		x				0	0	0
METTNER MICHELLE DIRECTOR	1.00	х						0	0	0
ORTH JIM BOARD TREASURER	1.00	х		x				0	0	0
POELLOT THOMAS DIRECTOR	1.00	х						0	0	0
SCHIRPKE MARYLOU DIRECTOR	1.00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òne on is	e bo botł ecto	t che x, u n an or/tr	nless office ustee]	er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SCHNEIDER ANDREA DIRECTOR	1.00	х						0	0	0
SCHULER MARY DIRECTOR	1.00	х						0	0	0
SIAS THELMA DIRECTOR	1.00	х						0	0	0
THOMAS J DARRELL DIRECTOR	1.00	х						0	0	0
TRAN SHARY DIRECTOR	1.00	х						0	0	0
WAGNER BENJAMIN DIRECTOR	1.00	х						0	0	0
WOODS ANTHONY BOARD VICE PRESIDENT	1.00	х		x				0	0	0

SCHEDULE A (Form 90) or 90/EZ) Perturbation Public Charity Status and Public Support Complete if the organization is a section \$31(c)(s) organization or a section \$30(c) organization described in section 170(b)(1)(1)(4)(ii)). Complete fart II) A church, convention of churches, or association of churches described in section 170(b)(1)(4)(iii)). Complete fart II) A church, convention organization operated in conjunction with a hospital described in section 170(b)(1)(4)(iii)). Complete fart II) A community trust described in section 170(b)(1)(4)(c)(c)). Complete fart II) A community trust described in 120(b)(1)(1)(4)(c)). Complete fart II) A community trust described in 120(b)(1)(1)(4)(c)). Complete fart II) A community trust described in 120(b)(1)(1)(4)(c)). Complete fart II) A community trust described in 120(b)(1)(1)(4)(c)) complete fart II) A community trust described in 120(b)(1)(1)(4)(c)). Complete fart II) A community trust described in 120(b)(1)(1)(4)(c)) complete fart II) A community trust described in 120(b)(1)(1)(4)(c)) complete fart II) A community trust described in section 120(b)(1)(1)(4)(c)) complete fart II) A community trust described in 120(b)(1)(1)(4)(c)) complete fart II) A community trust described in described in s	efile	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493225015271	
Part I Reason for Public Charter Nnc Part I Reason for Public Charter Nnc Part I Reason for Public Charter Nnc Part I Reason for Public Charter Status (All organizations must complete this part.) See instructions. The organization is not a parkate foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of described in section 170(b)(1)(A)(iii). A church, convention of churches, or association described in section 170(b)(1)(A)(iii). A church, convention of churches, or association described in section 170(b)(1)(A)(iii). A church, convention of churches, or association described in section 170(b)(1)(A)(ii)). A negatization organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 177 (b)(1)(A)(V). (Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A norganization that normally reacives a subdantial part of its support from a governmental unit of rom the general public described in angricultural research organization described in 170(b)(1)(A)(V)). (Complete Part II.) A norganization that normally receives: (1) more than 331/3% of its support from contributions, minetheratio Fee, and grass receibts from activities related to its search for college. Fart HII.) A norganization organization described in section 501(a) from basinesses action 509(a)(2). Check the is in anormally receives: (2) more than 331/3% of its support from activities related the supporting organization. Berlin 51: and from subresses action 509(a)(2). Sease the in the same persons 51: and from subresses	(For	m 990		Con							
Name of the organization SUDURING PMULT PRACT CONTRET INC Employer identification number 3-175210 2011 1 Reason for Public Charity Status (All organizations must complete this part). See instructions. 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). 3 A church, convention of churches or accoparative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hapital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization tha normally receives a substantial part of its support from any organization with a land-grant college or university or norganization that normally receives (1)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). Complete Part II.) 9 An arganization that normally receives (1) more than 33/3% of its support from contributions, membering bees, and grass receipts from activitize research organization adscribed in 13/3/3% of its support from grass and any adves of its supp					Go to <u>www.irs</u>				ormation.	Open to Public Inspection	
Base Base Base The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-E2).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). The organization that normally receives a substantial part of its support from a governmental unit or from the general public described is section 170(b)(1)(A)(V). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). A norganization the normally receives a substantial part of its support from contributions, membership fees, and grass receipts from activities related to ble swempt functions-subject to certain exceptions, and (2) no more than 33.7% of its support from goritoxiton organization after 130, 1975. See section 509(a)(2). Complete Part II.) I An organization the normality receives a substantin everefit of, to perform the functions of, the capaniza	Name	e of th	ne organiza						Employer identifie		
The organization is not a private foundation because it is: [For lines 1 through 12, check only one box.] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A check choi described in section 170(b)(1)(A)(ii). (Attach Schedule [Form 900 or 990-E2).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's mane, chy, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of from the general public described section 170(b)(1)(A)(v). (Complete Part II.) A faderal, state, or local government or governmental unit. Generated in conjunction with a land-grant college or university or nor-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or normality arealized to its exempt functions—subject to certain exceptions, and (2) on more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 590(a)(1) on areanization after 30, 1973. See section 590(a)(2). Complete Part II.) A norganization organized and operated exclusively to test for public safety. See section 590(a)(2). A norganization organized and operated exclusively for the benefit of the perform functions. Set is support for governe supervised, or controlled by apported organization described in section 590(a)(1) or section 590(a)(2). Complete Part II.) A norganization organization described in section 590(a)(1) or section 590(a)(2). Com ore than 330, 1975. See section 590(a)(3). Check the bin in line 12a through 12d that described exc	50100		-AMILI PEACE	CENTER INC					39-1276210		
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12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the b in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is r functionally integrated. The organization operated in connection with its supported organization(s) that is r instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the RS that it is a Type II, Type III functionally integrated supporting organization. f the runction of up organization security is the organization listed organization (described on lines 1-10 above (see instructions)) (v) Amount of more	10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June								
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management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is r functionally integrated. The organization generally must satify a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1-10 above (see instructions)) in your governing document? (v) Amount of monetary support (see instructions) instructions)) Yes No Instructions)	а		organizatio	n(s) the pow	er to regularly a	appoint or elect a majo					
supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is r functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) 1 · 10 above (see instructions)) (iv) Is the organization (see instructions) Yes No Total Image:	Ь		manageme	nt of the sup	porting organiz	ation vested in the sar					
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is r functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization. f Enter the number of supported organization about the supported organization(s). g Provide the following information about the supported organization (described on lines 1 - 10 above (see instructions)) instructions)) Yes No Vi Amount of the support (see instructions) Type III and the support of the organization organization (described on lines 1 - 10 above (see instructions)) In your governing document? Yes No	С									ated with, its	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No Yes No Total Image: Image	d		Type III n functionally	on-function integrated.	ally integrate The organizatio	d. A supporting organ n generally must satis	ization operated i fy a distribution i	in connection wi requirement and	th its supported organ		
f Enter the number of supported organizations	е		Check this	, box if the org	, anization recei	ved a written determir	nation from the II		ре I, Туре II, Туре II	II functionally	
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of in your governing document? (vi) Amount of monetary support (see instructions) (vi) Amount of the support (see instructions) (vi) Amount of in your governing document? (vi) Amount of monetary support (see instructions) (vi) Amount of the support (see instructions) (vi) Amount of (see instructions) (vi) Amo	f	Enter	-		,		-				
organization (described on lines 1 - 10 above (see instructions)) in your governing document? monetary support (see instructions) other support (sinstructions) Yes No No Image: see instruction (see instructions) Image: see instruction (see instructions) Total Image: see instruction (see instructi	g			.	on about the su					1	
Image: Constraint of the system Image: Consthe system Image: Constrainton <th></th> <th>(i) N</th> <th></th> <th></th> <th>(ii) EIN</th> <th>organization (described on lines 1- 10 above (see</th> <th></th> <th></th> <th>monetary support</th> <th>(vi) Amount of other support (see instructions)</th>		(i) N			(ii) EIN	organization (described on lines 1- 10 above (see			monetary support	(vi) Amount of other support (see instructions)	
							Yes	No			
	Total									+	
For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 20 Form 990 or 990-EZ.				tion Act Not	ice, see the I	nstructions for	Cat. No. 11285	F s	Schedule A (Form 9	90 or 990-EZ) 2019	

Page **2**

P	art II Support Schedule for							
	(Complete only if you ch If the organization failed						quality u	nder Part III.
S	Section A. Public Support					.,		
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2010	(f) Total
	(or fiscal year beginning in) ►	(a) 2015	(b) 2010	(0) 2017	(u) 2010	(e) 2	.019	
1	Gifts, grants, contributions, and membership fees received. (Do not	4,112,059	5,778,879	6,482,362	5,197,133		5,886,305	27,456,738
	include any "unusual grant.")	4,112,039	5,770,075	0,402,502	5,197,155		5,000,505	27,430,730
2	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge.							
4	Total. Add lines 1 through 3	4,112,059	5,778,879	6,482,362	5,197,133	ļ	5,886,305	27,456,738
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5							27,456,738
	from line 4.							
3	Section B. Total Support Calendar year							
	(or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
7	Amounts from line 4.	4,112,059	5,778,879	6,482,362	5,197,133		5,886,305	27,456,738
8	Gross income from interest,							
	dividends, payments received on	6,333	3,183	3,568	2,009		722	15,815
	securities loans, rents, royalties and	,	,	,	·			
9	income from similar sources							
9	activities, whether or not the							
	business is regularly carried on.							
10		000 554	1 0 57 500	4 000 0 40	4 000 067			5 200 074
	or loss from the sale of capital assets (Explain in Part VI.).	928,554	1,067,699	1,039,343	1,008,967		1,244,511	5,289,074
11	Total support. Add lines 7 through							
	10							32,761,627
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		67,654
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3) orgar	nization,
	check this box and stop here							
S	Section C. Computation of Public						<u>··· —</u>	
	Public support percentage for 2019 (li			olumn (f))		14		83.810 %
	Public support percentage for 2018 Sc					15		78.260 %
	33 1/3% support test—2019. If the						hadi thia h	
162								
	and stop here. The organization qual 33 1/3% support test—2018. If th	ifies as a publicly s	upported organizat	tion				. 🕨 🔽
Ľ		-		•			•	
. –	box and stop here. The organization 10%-facts-and-circumstances test	i qualifies as a pub	licly supported org	anization		 		. 🕨 🗀
17a	is 10% or more, and if the organizatio	n meets the "facts	anization did not o -and-circumstance	s" test_check this	box and ston her	e. Expla	9 14 ain	
	in Part VI how the organization meets							
	organization				•	<i>,</i>		
h	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the organiz	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.		
	Explain in Part VI how the organization			-			,	
	supported organization							🕨 🗌
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see		
	instructions							🕨 🗌
	· · · · · · ·				Schedule	A (For	m 990 or	990-EZ) 2019

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

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

Se	ection A. Public Support										
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .										
2	Gross receipts from admissions,										
-	merchandise sold or services										
	performed, or facilities furnished in										
	any activity that is related to the										
3	organization's tax-exempt purpose Gross receipts from activities that are										
5	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 received from disqualified persons										
h	Amounts included on lines 2 and 3										
	received from other than disqualified										
	persons that exceed the greater of										
	\$5,000 or 1% of the amount on line										
~	13 for the year. Add lines 7a and 7b..										
8	Public support. (Subtract line 7c										
Ŭ	from line 6.)										
Se	ection B. Total Support						•				
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
_	(or fiscal year beginning in) ►	(a) 2015	(B) 2010	(0) 2017	(0) 2010	(0) 2015					
9	Amounts from line 6.						_				
L0a	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 five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,				
	check this box and stop here						► 🗆				
Se	ction C. Computation of Public										
15	Public support percentage for 2019 (lir	e 8, column (f) di	ivided by line 13,	column (f))		15					
16	Public support percentage from 2018 S	chedule A, Part II	II, line 15			16					
Se	ection D. Computation of Invest	ment Income	Percentage			1 1					
17											
18	Investment income percentage from 2	018 Schedule A,	Part III, line 17 .			18					
	331/3% support tests-2019. If the						ine 17 is not				
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
5	not more than 33 1/3%, check this box	-									
20	Private foundation. If the organization	-	-				_				
	Fireate roundation. If the organization	on all not check a	1 box on me 14, 1	.5a, or 190, check			or 990-E7) 2019				

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No	
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.				
	describe the designation. If historic and continuing relationship, explain.	1			
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).				
-		2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.				
ь.	Did the eventiation confirms that each comparison to a configuration configuration $EO(-)(4)$ (E) or (C) and estimated	3a			
D	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.	3b			
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you are taken of the second states ("foreign supported organization")?				
	checked 12a or 12b in Part I, answer (b) and (c) below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
Ū	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	(c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported				
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	_			
	amendment to the organizing document).	5a			
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?	5b			
с		5c			
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? <i>If "Yes," provide detail in Part VI.</i>				
-		6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).				
8	Did the eventiation makes loss to a discussified neuron (as defined in particul 4050) not described in line 72 If "Vec "	7			
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			
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 .				
	·	9a			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10-			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>	
U	the organization had excess business holdings. In the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b			

Schedule A (Form 990 or 990-EZ) 2019

			No
	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

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

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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- L Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer (a) and (b) below.**
 - 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? *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.*

Yes

1

2

No

No

Yes

Yes

2a

2b

3a

Зb

No

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrat	ed Type III supporting or	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions		-	Current Year				
1 Amounts paid to supported organizations to accomplish	exempt purposes						
2 Amounts paid to perform activity that directly furthers e excess of income from activity	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt pur	ons						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval require	d)						
6 Other distributions (describe in Part VI). See instructio	ns						
7 Total annual distributions. Add lines 1 through 6.							
 8 Distributions to attentive supported organizations to wh details in Part VI). See instructions 	ich the organization is respons	sive (provide					
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2019:							
a From 2014							
b From 2015. . <th< td=""><td></td><td></td><td></td></th<>							
d From 2017.							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2019 distributable amount							
 Carryover from 2014 not applied (see instructions) 							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D, line 7:							
\$							
a Applied to underdistributions of prior years							
b Applied to 2019 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 							
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2020. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2015							
b Excess from 2016							
c Excess from 2017							
d Excess from 2018							

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

Page 8

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

Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCH A:	THE ORGANIZATION CHANGED ITS FISCAL YEAR FROM JANUARY 1ST THROUGH DECEMBER 31ST TO OCTOBER 1ST THROUGH SEPTEMBER 30TH, EFFECTIVE JANUARY 1, 2019. THE 2019 FISCAL YEAR IS SHORTENED (1/1/19 TO 9/30/19) TO ACCOMMODATE THIS CHANGE. THE SHORT YEAR (1/1/19-9/30/19) IS LISTED IN COLUMN 2018 WHILE THE FULL YEAR (10/1/19-9/30/20) IS REPRESENTED IN 2019. THE REMAINING YEARS HAVE BEEN SHIFTED OVER: 2018 IS REPRESENTED IN 2017, 2017 IS REPRESENTED IN 2016 AN D 2016 IS REPRESENTED IN 2015.

		int - DO NOT PROCESS As Fil	ed Data -			DL		225015271
	HEDULE D m 990)	Supplemen	ntal Financi	al Statements				o. 1545-0047
Depai	tment of the Treasury al Revenue Service	Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c ► Attach to Form	990.	on.	2019 Open to Public Inspection		
Na	me of the organ				Em	ployer ide	entification	
50.	OURNER FAMILY PEA	ACE CENTER INC			39-1	1276210		
Pa		zations Maintaining Donor Advi			or Ace	counts.		
	Complet	te if the organization answered "Ye		Part IV, line 6.	-	(h) Fund	s and other a	
1	Total number at	end of year				(D) Fund		accounts
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do uses and not for the benefit of the donor	or donor advisor,	or for any other purpose			- missible	Yes 🗌 No
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990.	Part IV, line 7.				
1		onservation easements held by the organ						
	Preservatio	on of land for public use (e.g., recreation	n or education)	Preservation of a	n histoi	rically imp	ortant land a	irea
	Protection	of natural habitat		Preservation of a	certifie	d historic	structure	
	Preservatio	on of open space						
2	Complete lines 2	2a through 2d if the organization held a e last day of the tax year.	qualified conserva	tion contribution in the fo	orm of a		ition It the End o	f the Year
а		conservation easements			2a	i i i ciu u		
b	Total acreage re	stricted by conservation easements			2b			
с	Number of conse	ervation easements on a certified histori	c structure include	d in (a)	2c			
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06,	and not on a historic	2d			
3	Number of conse tax year ►	ervation easements modified, transferre	ed, released, extin <u>c</u>	juished, or terminated by	/ the or	ganization	during the	
4	Number of state	s where property subject to conservatio	on easement is loca	ated 🕨				
5		zation have a written policy regarding th t of the conservation easements it holds			g of viol	— ations,	🗌 Yes	
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of v	iolations, and enforcing o	conserv	ation ease		
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violati	ons, and enforcing conse	rvation	easement	s during the	year
8	P * Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?							
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the 's accounting for conservation easemen	footnote to the or				and	
Pai		zations Maintaining Collections te if the organization answered "Ye			her Si	milar As	sets.	
1a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	.6 (ASC 958), not t public exhibition, e	o report in its revenue s education, or research in	further			
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub nts relating to these items:						
((i) Revenue includ	ed on Form 990, Part VIII, line 1				▶ \$		
		in Form 990, Part X						
2	If the organizati	on received or held works of art, histori Its required to be reported under SFAS	cal treasures, or ot	her similar assets for fin		-		
а	Revenue include	ed on Form 990, Part VIII, line 1						
b		in Form 990, Part X						

Schedule D (Form 990) 2019

e Other

Par	t III	Organizations Main	taining Colle	ctions of A	rt. Histor	rical T	reasi	ures. or	r Othe	r Similar A	ssets (co	ntinued)	
3	Using	the organization's acquisit (check all that apply):											
а		Public exhibition	d Loan or exchange programs										
b		Scholarly research			e		Othe	er					
С		Preservation for future ge	nerations										
4	Provid Part >	de a description of the orga (III.	anization's collec	tions and ex	plain how th	ney furtl	her th	e organiz	ation's	exempt purpo	ose in		
5		g the year, did the organiz s to be sold to raise funds i									🗌 Yes	– –	lo
Pa	rt IV	Escrow and Custodi Complete if the organ X, line 21.			n Form 99	0, Part	: IV,	ine 9, oi	r repoi	rted an amou	unt on Fo	orm 990,	Part
1 a		e organization an agent, tru led on Form 990, Part X? .									🗌 Yes	– r	10
b	If "Ye	es," explain the arrangeme	nt in Part XIII ar	nd complete i	the followin	a table:				A	mount		_
с		ning balance				-			1c				
d	-	ions during the year							1d				
е		butions during the year							1e				
f		g balance							1f				_
2a		ne organization include an a								liability?			
		-											10
b		s," explain the arrangemer Endowment Funds.	nt in Part XIII. C	heck here if	the explana	ition has	s beer	n provide	d in Pai	t XIII			
Pa	rt V	Complete if the organ	ization answer	red "Yes" or	n Form 99	0. Part	IV.	ine 10.					
			L	(a) Current ye	1	Prior yea		(c) Two y	ears bao	ck (d) Three ye	ars back 🕻	e) Four yea	ars back
1a	Beginn	ing of year balance	L	-2,278	5,515	-1,80	7,782	-	-1,125,1	32 -	403,529	1	,070,159
b	Contrib	outions		7,755	,293	6,364	4,884		7,988,1	34 7,	359,552	5	,504,312
с	Net inv	estment earnings, gains, a	and losses		722	1	2,009		3,5	68	3,183		6,333
d	Grants	or scholarships											
e		expenditures for facilities		6,268	5,718	5,452	2,285		7,078,8	.08 7,	.010,560	5	,422,920
f	Admini	strative expenses		2,305	,629	1,385	5,341		1,595,5	44 1,	.073,778	1	,561,413
g	End of	year balance 🛛 . 🔹 .	[-3,096	6,847	-2,278	8,515	-	-1,807,7	82 -1,	125,132		-403,529
2	Provid	de the estimated percentag	je of the current	: year end ba	lance (line	1g, colu	mn (a	a)) held a	s:				
а	Board	l designated or quasi-endo	wment 🕨 76	5.000 %									
b	Perma	anent endowment 🕨											
с	Temp	orarily restricted endowme	ent 🕨 24.000)%									
	The p	ercentages on lines 2a, 2b	, and 2c should	equal 100%.									
3a		nere endowment funds not	in the possessio	on of the orga	anization th	at are h	eld ar	nd admini	istered	for the			
	-	ization by:										Yes	No
	• •	related organizations		· · ·		• •	• •	• •			3a(No
b		elated organizations s" on 3a(ii), are the related	d organizations l	listed as requ	uired on Sch	• • Adula R		• •			3a(3		No
4		ibe in Part XIII the intende	-					• •	• •				
	rt VI	Land, Buildings, and		-									
		Complete if the organ			<u>n Form 9</u> 9	0, Part	<u>IV,</u>	<u>ine 11a</u> .	See F	<u>orm 990, P</u> a	<u>rt X, lin</u> e	e 10	
	Descri	ption of property	(a) Cost or other (investment)) Cost or othe	er basis (other)	(c) Acc	umulate	d depreciation	(d) Book valı	le
1a	Land					8	09,226	,					809,226
		gs				18,6	57,114			2,535,264		1	6,121,850
		old improvements											
		nent				1,0	66,324			527,928			538,396

259,495

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

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259,495

17,728,967

Schedule D (Part VII	Form 990) 2019 Investments—Other Securities.					Page 3
	Complete if the organization answered "Yes" on Form 990,		e 11b.Se			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of		
	I derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
-	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11c. S	ee Form 990,	Part X	, line 13.
	(a) Description of investment		(b) Book value		Method of valuation: or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		►			
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, line	11d. Se	e Form 990, Par	t X, lin	
(1)						(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
					►	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11e or	11f.See Form	990, I	Part X, line 25.
1.	(a) Description of liability					Book lue
	income taxes RKET TAX CREDIT NOTES PAYABLES, COMMUNITY DEVELOPMENT E	NTITIES			20,68	0.000
(3)					20,00	<u>,,,,,,</u>
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum	n (b) must equal Form 990. Part X. col.(B) line 25.)				20.68	0.000

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

Sche	dule D (Form 990) 2019				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme			eturn	•
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements			1	Τ
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	· · ·		2e	
3	Subtract line 2e from line 1			3	
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.)	4b			
с	Add lines 4a and 4b	· · ·		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)) -		5	
Par	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	· · ·		2e	
3	Subtract line 2e from line 1			3	
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.)	4b			
с	Add lines 4a and 4b			4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.) .		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)									
Return Reference	Explanation								

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version: EIN: 39-1276210 Name: SOJOURNER FAMILY PEACE CENTER INC

Supplemental Information

Return Reference	Explanation						
PART V, LINE 4:	THE ORIGINAL CONTRIBUTIONS ARE KEPT IN PERPETUITY. EARNINGS ARE USED TO SUPPORT THE MISSION.						

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	SFPC AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF TH E INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS WHEREBY ONLY UNRELATED BUSINESS INCOME , AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE ORGAN IZATION CURRENTLY HAS NO UNRELATED BUSINESS NET INCOME OR UNCERTAIN TAX POSITIONS. ACCORDI NGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. ON JANUARY 1, 2019, THE BOARD OF DI RECTORS ELECTED AND AMENDED ITS GOVERNANCE DOCUMENTS TO CHANGE THE FISCAL YEAR YEAR END OF SFPC AND THE FOUNDATION TO SEPTEMBER 30 FROM CALENDAR YEAR END. SFPC AND THE FOUNDATION A RE NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS FOR YEARS ENDING BEFORE DECEM BER 31, 2017. SFPC AND THE FOUNDATION ARE NO LONGER SUBJECT TO WISCONSIN INCOME TAX EXAMIN ATIONS FOR YEARS ENDING ON OR BEFORE DECEMBER 31, 2016.

efile GRAPHIC p	rint - DO	NOT PROCESS	As Filed Data -					DLN	I: 9349322501	5271
	the full c	ontent of this d	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.			MB No. 1545-0047	
Schedule I (Form 990)	2019									
Department of the Treasury Internal Revenue Service				ation answered "Yes," (► Attach to Form <u>w.irs.gov/Form990</u> for	990.				Open to Public Inspection	
Name of the organization SOJOURNER FAMILY F		ER INC						oyer identifica 276210	ition number	
Part I Genera	al Inform	ation on Grants	and Assistance							
the selection cr 2 Describe in Part Part II Grants a	iteria used t IV the org and Other a	to award the grants anization's procedur Assistance to Dom	or assistance? res for monitoring the us restic Organizations a	e of grant funds in the Ur nd Domestic Governme	nited States.	for the grants or assistan •••••• rganization answered "Yes		Part IV, line		No
(a) Name and ad organizatio or governme	dress of n	(b) EIN	can be duplicated if add (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) Descr noncash as		(h) Purpose of g or assistance	rant
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
			-							

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

Schedule I (Form 990) 2019									Page 2
Part III Grants and Other Ass Part III can be duplicat				the organiz	zation answered "Yes"	on Forr	n 990, Part IV, line 22.		
(a) Type of grant or assistan		(b) Number o recipients	f (c)) Amount o ash grant	of (d) Amoun noncash assis		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
See Additional Data Table								,	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental I	nformatio	on. Provide the ir	formation requi	ired in Par	rt I, line 2; Part III,	colum	n (b); and any other	additiona	I information.
Return Reference	Explanation								
	APPROVED IN THE FOR	BY THEIR RESPECT: M OF GIFT CARDS,	IVE MANAGER ON BUS TICKETS OR	A CASE BY DIRECT PA	CASE BASIS BASED (AYMENT TO VENDORS)	ON THE PROVID	INDIVIDUAL NEEDS OF DING CLIENT ASSISTANC	THE RECIA	DMMENDED BY STAFF PERSONNEL AND PIENT. 2. GRANT FUNDS ARE DISTRIBUTED ARDS ARE RECONCILED ON A MONTHLY NG THE WEEKLY CHECK WRITING PROCESS. Schedule I (Form 990) 2019

Additional Data

Software ID: Software Version: EIN: 39-1276210 Name: SOJOURNER FAMILY PEACE CENTER INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

	, ,					
CLIENT ASSISTANCE - CLOT GIFT CARDS	THING & FOOD	250	6,255	,	ACTUAL	GIFT CARDS ISSUED
CLIENT ASSISTANCE - CLOT GIFT CARDS	THING & FOOD	250	6,255	,	ACTUAL	GIFT CARDS ISSUED
CLIENT ASSISTANCE - EMER HOUSING/HOTEL	RGENCY	6	1,269	, 	ACTUAL	CHECKS WRITTEN
CLIENT ASSISTANCE - FUNE	IERAL SERVICES	<u> </u>	2,500	,	ACTUAL	CHECK WRITTEN
CLIENT ASSISTANCE - LANG INTERPRETER	GUAGE	41	2,380		ACTUAL	CHECKS WRITTEN
CLIENT ASSISTANCE - LOCK	K CHANGES	21	3,229		ACTUAL	CHECKS WRITTEN

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

CLIENT ASSISTANCE - OTHER	45	6,841	ACTUAL	CHECKS WRITTEN
CLIENT ASSISTANCE - OTHER	45	6,841	ACTUAL	CHECKS WRITTEN
CLIENT ASSISTANCE - RENT ASSISTANCE/SECURITY DEPOSIT	13	8,675	ACTUAL	CHECKS WRITTEN
CLIENT ASSISTANCE - UTILITY ASSISTANCE	1	200	ACTUAL	CHECKS WRITTEN
CLIENT TRANSPORTATION - BUS TICKETS	1029	4,114	ACTUAL	BUS PASSES ISSUED
CLIENT TRANSPORTATION - GAS GIFT CARDS	96	2,405	ACTUAL	GIFT CARDS ISSUED

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

CLIENT TRANSPORTATION - OTHER	20	692		ACTUAL	CHECKS WRITTEN
CLIENT TRANSPORTATION - OTHER	20	692	,	ACTUAL	CHECKS WRITTEN
CLIENT TRANSPORTATION - OUT OF TOWN TRANSPORTATION	8	862		ACTUAL	BUS/TRAIN/AIR TICKETS
CLIENT TRANSPORTATION - TAXI RIDES	611	13,446		ACTUAL	TAXI RIDES PROVIDED

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Data	a -	DLN: 93	49322	25015	5271	
Schedule J		Com	pensati	on Information	01	MB No.	1545-0	0047	
·	n 990) tment of the Treasury	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							
-	al Revenue Service						ectio		
	ne of the organiza OURNER FAMILY PEA				Employer identifica	tion nu	ımber		
					39-1276210				
Pa	rt I Questi	ons Regarding Compensation							
1a		piate box(es) if the organization prov ection A, line 1a. Complete Part III to					Yes	No	
	_	or charter travel		Housing allowance or residence for					
		companions		Payments for business use of perso					
		nification and gross-up payments		Health or social club dues or initiati					
	Discretion	ary spending account		Personal services (e.g., maid, chaut	ffeur, chef)				
b		kes on Line 1a are checked, did the or or provision of all of the expenses des				1b			
2		tion require substantiation prior to re				2			
	directors, truste	es, officers, including the CEO/Execut	tive Director	r, regarding the items checked on Lir	nela?				
3	Indicate which,	if any, of the following the filing organ	nization use	d to establish the compensation of t	he				
		EO/Executive Director. Check all that d organization to establish compensa			in Part III				
	_ ^	d organization to establish compensa							
	Compensa	ation committee		Written employment contract					
		ent compensation consultant		Compensation survey or study					
	└ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza	, did any person listed on Form 990, F tion:	Part VII, See	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-control pa	ayment? .			4a		No	
b		receive payment from, a supplemen	,			4b		No	
с		receive payment from, an equity-ba				4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and prov	ide the app	licable amounts for each item in Par	t III.				
F), 501(c)(4), and 501(c)(29) orga ed on Form 990, Part VII, Section A, I		-					
5		on Form 990, Part VII, Section A, I ontingent on the revenues of:	ine Ia, did i	ne organization pay or accrue any					
а	The organization	1?				5a		No	
b	-	anization?				5b		No	
		5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section A, I ontingent on the net earnings of:	ine 1a, did t	he organization pay or accrue any					
а	The organization	1?				6a		No	
b		anization?				6 b		No	
	If "Yes," on line	6a or 6b, describe in Part III.							
7	For persons liste payments not d	ed on Form 990, Part VII, Section A, I escribed in lines 5 and 6? If "Yes," de	ine 1a, did t scribe in Pa	he organization provide any nonfixe rt III .	d 	7		No	
8	subject to the ir	nts reported on Form 990, Part VII, p itial contract exception described in F	Regulations	section 53.4958-4(a)(3)? If "Yes," d					
9	If "Yes" on line	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	8		No	
	53.4958-6(c)? .	· · · · · · · · · ·		· · · · · · · · · ·		9			
For D	Paperwork Pedu	ction Act Notice, see the Instruct	ions for Fo	rm 990 Cat No 5	50053T Schedule 1	(Form	0001	2010	

Part 11 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

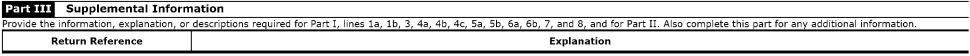
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Hote. The sum of columns (alviadai mast equal the te		Tare VII, Section A, line .					
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in		
1 PITRE CARMEN		(i) Base compensation	(ii) Bonus & incentive compensation compensati		other deferred compensation	benefits	(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990		
1 PITRE CARMEN PRESIDENT/CEO	(i)	180,078	0	0	4,896	8,606	193,580	0		
	(ii)	0	0	0	0	0	0	0		
	+									
	1									
	1									
	1									
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	1									
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Schedule J (Form 990) 2019

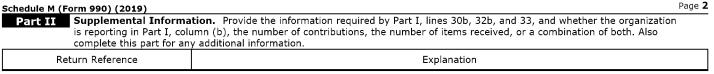








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	IEDULE M m 990)		N	Ioncash Contri	butions		OMB No. :	1545-0	047
ורטר	111 990j	 ▶Complete if the ▶ Attach to Form 	20	19)				
Intern	tment of the Treasury al Revenue Service		<u>gov/Form9</u>	1 <u>90</u> for the latest informat	tion.		Open to Inspe	o Pub ection	
Name	e of the organizat JRNER FAMILY PEAC					Employer ide	ntification n	umber	•
3010	JENER FAMILI PEAC	E CENTER INC				39-1276210			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash	(d) od of determi contribution a		s
1	Art—Works of ar	t							
2	Art—Historical tr	easures .							
3	Art—Fractional ir	nterests							
	Books and public								
5	Clothing and hou		X		56,20	5 MARKET VALU	JE		
6	goods Cars and other v	ehicles				+			
7	Boats and planes								
-	Intellectual prop								
9	Securities—Publi								
10	Securities—Close	,							
11	Securities—Partr								
	or trust interest								
	Securities—Misco					_			
13	Qualified conserv contribution—H structures	istoric							
	Qualified conserv contribution—O	ther							
	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
	Collectibles .					_			
20	Food inventory Drugs and media								
	Taxidermy .								
	Historical artifac								
	Scientific specim								
	Archeological art								
25	Other ► (
26	Other ▶ (
27	Other ► (
28	Other►()							
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
	_							Yes	No
30a	must hold for at	least three years f	rom the date	y contribution any property i e of the initial contribution, a	and which isn't required to				No
b	If "Yes," describ	e the arrangement	in Part II.				504		
31	-	-		olicy that requires the review			31	Yes	
	contributions?			or related organizations to s		ash • • • •	32a		No
	If "Yes," describ If the organizati describe in Part	ion didn't report an	amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,			





efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -		DLN: 93493225015271		
SCHEDULE O	0			OMB No. 1545-0047		
(Form 990 or 990- EZ)	Complete to pro Form 990 o	vide information for r 990-EZ or to provi ▶ Attach to Forn		2019 Open to Public		
Department of the Treasury	► Go to <u>w</u>	ww.irs.gov/Form9	90 for the latest information.	Inspection		
Namel Betherofganization	1		Employe	er identification number		
SOJOURNER FAMILY PEACE						
	10					

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, PRESIDENT/CHIEF EXECUT IVE OFFICER AND THE FINANCE COMMITTEE. IN ADDITION, THE TREASURER REVIEWS THE FORM 990 WIT H THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REGULARLY REVIEWS THE POLICY AND ANNUALLY SIGNS A STATEMENT INDICATING NO CONFLICT OF INTEREST.

Return Reference	Explanation
PART VI,	THE COMPENSATION OF ALL EMPLOYEES ARE COMPARED TO COMPARABLE DATA AND APPROVED BY THE INDE PENDENT PERSONNEL COMMITTEE. IN ADDITION, THE PRESIDENT/CHIEF EXECUTIVE'S COMPENSATION IS REVIEWED BY THE INDEPENDENT EXECUTIVE COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REPORTS ARE AVAILABLE UPON REQUEST BY THE GENERAL PUBLIC.

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 934932	25015	5271
SCHEDULE R (Form 990)		Organizations and Unrelated Partnerships						омв №. 1 20		47			
Department of the Treasury > Complete if the organization answered "Yes" on Form 990, Part IV Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the la								, 36, or	37.		Open to Inspe	Public	C
Name of the organization SOJOURNER FAMILY PEACE CENTER	INC								loyer identi 276210	ificatior	n number		
Part I Identification	of Disregarded Entities. Complete i	f the orgar	nization answe	red "Yes	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary acti	vity	(c Legal domi or foreign	cile (state	(d) Total ind	come	(e) End-of-year ;	assets	(f) Direct controlling entity		
	of Related Tax-Exempt Organization npt organizations during the tax year.	ns. Comple	ete if the orga	nization	answered	"Yes" on F	orm 990	, Part I	V, line 34 b	ecause	e it had one or	more	
	(a) EIN of related organization	Prima	(b) ry activity	Legal dor	(c) nicile (state n country)	(d) Exempt Cod		Public c (if sectio	(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	(g Section (13) cor enti	512(b) ntrolled ity?
(1)SOJOURNER FOUNDATION 619 W WALNUT STREET		SOJOURNER	G SUPPORT FOR FAMILY PEACE	WI		501(C)(3)		LINE 7		SOJOUR CENTER	RNER FAMILY PEACE	Yes Yes	No
MILWAUKEE, WI 53212 46-5489434		CENTER, INC											
												┨──┤	
For Paperwork Reduction Ac	t Notice, see the Instructions for Form §	990			t. No. 5013	 5Y				Sch	edule R (Form 9	90) 20	19

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropi allocai	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	aging	(k) Percentage ownership
				514)			Yes	No		Yes	No	
Part IV Identification of Polated Organizations Taxable as a Co	monstion		+ Complete	if the oreani	ation anou	vered "Ve	-" on E	orm (line	24	

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

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

Schedule R (Form 990) 2019

Page	3
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Pa	t V Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35t	o, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in	Parts II-IV?				
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
с	Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r	Yes	
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount i	nvolved	ł
(1)SC	JOURNER FOUNDATION	С	3,991,620	FMV			
(2)SC	JOURNER FOUNDATION	L	775,490	FMV			
(3)SC	JOURNER FOUNDATION - NMTC PROCEEDS FOR SHORT TERM	R	951,223	FMV			

Schedule R (Form 990) 2019

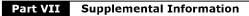
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	•	•	•							Schedul	e R (Form	00	1) 2019







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

Return Reference	Explanation