Form **990** 

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

OMB No 1545-0047

2018

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

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

Open to Public

		nue Service	<u>′</u>			▶ Go	to wi	ww.irs	.gov/	Forms	990 f	or ins	struct	ions a	and t	he la	atest ir	nforr	nation.	_			nspec	tion
A	For th	e 2018 cale	enda	r year	r, or t	ax ye	ar be	ginnir	ng		01/0	)1		, 20	018, a	and	ending		1	2/31		, 20	18	
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Form 00	10 (2018)
Part	
ı aı t	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Peace House Community is a weekday gathering place for economically challenged and marginalized women and men who are
	seeking companionship, safety from the streets, conversation, and personal affirmation. PHC is a place of mutual sharing,
	respectful listening and appreciation of each person's value and worth
	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 146,690 including grants of \$ 62,800 ) (Revenue \$ 82,489 )
	Raising Awareness of Homelessness Issues Facility is open to homeless street people and poor of the area from 10am to 3pm
	Monday through Friday Over 60 people per day use the facility
	······································
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	\\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

146,690

4e Total program service expenses ▶

ABDD

# Part IV Checklist of Required Schedules

			res	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	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		,
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		,
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		,
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? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		٧
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		•
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
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		/
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		~
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		•
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		/
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		<u> </u>
		_	$\alpha \alpha \alpha$	

Part	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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
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	]	~
	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		<u> </u>
	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		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
	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		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	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		<u> </u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	
Part \				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	· ·	
4 -	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not englishle	2,922	Yes	No
b	Enter the number reported in Box 3 of 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		
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Pari	Statements Regarding Other IRS Filings and Tax Compliance (continued)		r <del>v.</del> -	T
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a  9			]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			ŀ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\vdash$	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
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		~
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			
b	and services provided to the payor?	7a 7b		<del></del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>'''</del>		<b>—</b> —
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\dashv$	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-	$\rightarrow$	
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?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	. 1	1	ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	.		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		- 1	
a b	Gross income from other sources (Do not net amounts due or paid to other sources			,
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	
	Note. See the instructions for additional information the organization must report on Schedule O.	İ		
þ	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	1		ļ
С	the organization is licensed to issue qualified health plans	- 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	<u>'</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	$\overline{}$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\overline{}$	
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			آـــــ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>~</u>
	If "Yes," complete Form 4720, Schedule O	Eare	990	(2010)
		i Oilli		12010)

Par	Governance, Management, and Disclosure For each "Yes" response to response to line 8a, 8b, or 10b below, describe the circumstances, processes, Check if Schedule O contains a response or note to any line in this Part V	or changes in Schedule O.	See in	for a	tions.
Sect	ction A. Governing Body and Management				
10	Enter the number of voting members of the governing hady at the and of the tax up	4		Yes	No
Id	Inter the number of voting members of the governing body at the end of the tax years if there are material differences in voting rights among members of the governing if the governing body delegated broad authority to an executive committee of committee, explain in Schedule O.	body, or			
b	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	ent . <b>1b</b> 7	1		'
2	Did any officer, director, trustee, or key employee have a family relationship or a any other officer, director, trustee, or key employee?		2		· ·
3	supervision of officers, directors, or trustees, or key employees to a management comp  Did the organization make any significant changes to its governing documents since the pi	pany or other person? . rior Form 990 was filed?	3 4		V
5	, , , , , , , , , , , , , , , , , , , ,	•	5	↓	1
6			6	<b>├</b> ──	~
7a	one or more members of the governing body?	·	7a	<u> </u>	1
b	stockholders, or persons other than the governing body?		7b		,
8	the year by the following:	actions undertaken during			
a			8a	V	<del> </del>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,		8b		
Section	the organization's mailing address? If "Yes," provide the names and addresses in Section B. Policies (This Section B requests information about policies not requi		9	ode )	<u> </u>
Secti	ction b. Folicies (This Section b requests information about policies not requi	red by the internal never	iue C	Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?		10a	103	1
b			10b		<u> </u>
11a			11a	~	$\vdash$
b					1
12a			12a	~	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could give rise to conflicts?	12b	~	
С	c Did the organization regularly and consistently monitor and enforce compliance describe in Schedule O how this was done	with the policy? If "Yes,"	12c		,
13	Did the organization have a written whistleblower policy?		13		~
14	· ·		14	<u> </u>	·
15	independent persons, comparability data, and contemporaneous substantiation of the	deliberation and decision?	<u></u> -		
a	• • • • • • • • • • • • • • • • • • • •		15a	~	<del></del>
b	b Other officers or key employees of the organization		15b	~	. 1
16a	a Did the organization invest in, contribute assets to, or participate in a joint ventu with a taxable entity during the year?		16a		7
ь	b If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and ta organization's exempt status with respect to such arrangements?	ke steps to safeguard the	16b	, 	
Secti	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► MN				
18		eck all that apply. Dlain in Schedule O)	·		.,
19	Describe in Schedule O whether (and if so, how) the organization made its governin financial statements available to the public during the tax year.				, and
20	State the name, address, and telephone number of the person who possesses the claim Stillman, (763)242-5993	organization's books and re	cords	<b>&gt;</b>	

Рα		

Form 990 (2018)

Dort VIII	Compensation of Officers, D	Directors Trustees	Key Employees	Highest Compensated	Employees and
Part VII	Compensation of Officers, L	Jirectors, Trustees,	Key Elliployees,	, mgnest compensated	Linployees, and
	Independent Contractors				

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	,	Ĭ			C)			<u> </u>		
(A) Name and Title	(B) Average hours per	box	unles	neck ss pe	rson	than on the thick the thic	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Paul Tatro	4 00									
Board Member	0 00	~						0	0	_ (
Ginger Hedstrom	4.00	]								:
Board Member	0.00	1						0	0	C
David Scott	8 00	ļ								
Board Member		"			<u> </u>		L	0	0	<u> </u>
Gwen Martin	4 00									
CO-Chair	0 00			"	<u> </u>			0	0	
Mary Cassioppi	8 00						Į			
CO-Chair	0 00			"			<u> </u>	0	0	C
John Gries				l .						
Treasurer	0 00			~	L		<u> </u>	0	0	
Ed Hasselman	8 00									
Secretary	0 00			"	L.,			0	0	
Susan Oeffling	8 00			l						
Vice Chair	0.00		L	~				0	0	C
		_	. !							

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	compensated E	mployees	(continu	ied)	_
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than i is both or/trus	n an	(D) Reportable compensation	(E) Reportati compensatio	n from	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizativ (W-2/1099-N	ons	other compensation from the organization and related organizations	•
										]			
1b c	Sub-total	VII, Sectio					•	<b>* * *</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited	to the	ose	list	ed a	above	) wi		ore than \$1		of	
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mp	loyee, or high	est compe	nsated	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual											4	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.												
	(A) Name and business addr	ess	<u> </u>						(B) Description of se	ervices		(C) Compensation	
None													_
						_							_
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who	er t		Š

Program Service Revenue and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f. S Total. Add lines 1a–1f	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	b c d e f g h	Membership dues	0 0 0 0 1 0 0 0 1 145,289			'5	
	c d e f	Related organizations	0 0 0 0 0 145,289 0 0			15J	
	d e f g h	Related organizations 1c Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f. S Total. Add lines 1a–1f	1 0 0 0 145,289			15.7 2	
	e f g h	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f. S Total. Add lines 1a–1f.	9 0 145,289				<b>"我"</b> "上海"
	f g h	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a–1f. S  Total. Add lines 1a–1f.	145,289				
	g h 2a	And similar amounts not included above Noncash contributions included in lines 1a–1f. S.  Total. Add lines 1a–1f	0		1		
	h 2a	Noncash contributions included in lines 1a–1f. S  Total. Add lines 1a–1f	0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	h 2a	Total. Add lines 1a-1f					
	2a		▶				
Program Service Revenue	_	Art Card		145,289			
Program Service Reve	_	Art Card	Business Code			<del></del> -	`
Program Service R	b C	Art Card	323100	15	15	0	0
Program Servic	С	***************************************					
Program Se	د ا						
Progran	d					<del></del>	<del></del>
- Prog	4	All other program service revenue .	· <del>   </del>	0	0		
_	g	Total. Add lines 2a-2f		15			0
	3	Investment income (including divi			~		<del></del>
		and other similar amounts)		217	217	, 0	l
	4	Income from investment of tax-exempt	ļ	0	0	0	0
	5			0	0	0	0
		Royalties	(II) Personal				
	6a	Gross rents					1m
	b	Less rental expenses				1	1
	C		0 0				
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other				, ,
		assets other than inventory	<del>                                     </del>		İ		
	b	Less: cost or other basis					;
		and sales expenses			1		
		` ' '	0	<del></del>			
[	d	Net gain or (loss)	····				
une	8a	Gross income from fundraising events (not including \$ 0					
Other Reve		of contributions reported on line 1c).				ļ	
ther	b	See Part IV, line 18					
١		Net income or (loss) from fundraising					
		Gross income from gaming activities. See Part IV, line 19					
	h		6	İ	i		<u>'</u>
		Net income or (loss) from gaming ac	<del></del>	<del></del>	<del></del>		<u> </u>
		Gross sales of inventory, less returns and allowances					,
į		<u> </u>	b				
Ĺ	<u>c</u>	Net income or (loss) from sales of in-					
		Miscellaneous Revenue	Business Code	<u>-</u>			<u> </u>
	11a						
				1		ı	
	b						
}	b c	All other revenue					
•	b c d	All other revenue		0			

Par	IX Statement of Functional Expenses		·		
	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, 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			4	A STATE OF THE STA
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			i i	The state of the s
4 5	Benefits paid to or for members	37,800	34,020	3,780	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		· · · · · ·	
7 8	Other salaries and wages	46,566	46,566		
9	section 401(k) and 403(b) employer contributions) Other employee benefits			<del></del>	
10	Payroll taxes	6,407	5,766	641	
11	Fees for services (non-employees):				
а	Management				
b	Legal			·	
С	Accounting	1,538		1,538	
ď	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	9,486	9,486		
12	Advertising and promotion	2,009	2,009		
13	Office expenses	716	716		· <u></u>
14	Information technology	588	588		<u> </u>
15	Royalties [				
16	Occupancy [	12,851	11,566	1,285	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization .	16,487	14,838	1,649	
23	Insurance	9,864	8,878	986	
24	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.)	i			<i>'</i>
а	Telephone, Fees	2,394	2,155	239	0
b	Community Direct Expense	1,410	1,410	0	0
C	Groceries & Supplies	5,872	5,872	0	0
d	Payroll Fees	3,133	2,820	313	0

146,690

157,121

e All other expenses

Total functional expenses. Add lines 1 through 24e

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)

25

0

10,431

P	art X	Balance Sheet			. 190
		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	31,269	1	35,954
	2	Savings and temporary cash investments	141,969	2	142,171
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
(0	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L			vija vijana
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	• • •
Assets	7	Notes and loans receivable, net		7	<del> </del>
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 487,169			
	b	Less: accumulated depreciation 10b 89,306	414,350	10c	397,863
	11	Investments—publicly traded securities		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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	587,588	16	575,988
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
ı	00	<u> </u>		25 26	
	26	Total liabilities. Add lines 17 through 25	0		0
es		complete lines 27 through 29, and lines 33 and 34.			
E	27	Unrestricted net assets	575,397	27	563,797
Sale	28	Temporarily restricted net assets	12,191	28	12,191
a l	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
85	30	Capital stock or trust principal, or current funds		30	······································
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	587,588	33	575,988
	34	Total liabilities and net assets/fund balances	587,588	34	575,988
				-	Form <b>990</b> (2018)

Form	990	(2018)

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Page 19

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_ 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	5,521
2	Total expenses (must equal Part IX, column (A), line 25)	2		15	7,121
3	Revenue less expenses. Subtract line 2 from line 1	3			1,600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58	37,588
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain 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	<b>1</b>			
	33, column (B))	10		57	5,988
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	j	i.	
	Schedule O.				
2a	······································			V	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	li -	13	
	separate basis, consolidated basis, or both:		ł		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		1.	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			1	
	the Single Audit Act and OMB Circular A-133?		3a	<u></u>	V_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	L	<u> </u>
			For	m <b>99</b> 0	(2018)

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#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	Name of the organization Employer Identification number						
	CE HOUSE COMMUNITY						40764
	t Reason for Public Cha						ons
The 6	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
5							
6 7							
8	☐ A community trust described	ın <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or
	An organization that normally receipts from activities related support from gross investment acquired by the organization as	I to its exempt fu It income and un after June 30, 19	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exe ble incon a)(2). (Coi	ceptions, ne (less s mplete Pa	and (2) no more that ection 511 tax) from art III.)	in 331/3% of its
11	An organization organized and	•	·	-			
12	An organization organized and	•	-			•	
	of one or more publicly support the box in lines 12a thro						
а	Type I. A supporting organization supporting organization. Y	nization operated n(s) the power to	i, supervised, or conti regularly appoint or e	rolled by lect a ma	its suppo	rted organization(s),	typically by giving
b	□ Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally interrequirement (see instructionally interrequirement)	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	• , ,
е	Check this box if the organ functionally integrated, or	Гуре III non-func	tionally integrated sup	oporting (	organızat	ion.	e II, Type III
f	Enter the number of supported of						· · []
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)			b		_		

(E) Total

Schedule A (Form 990 or 990-EZ) 2018

Par							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
<del></del>	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support		<del></del> -	<del></del>		<del>r -:</del>	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total/
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
_		<del></del>		<del> </del>	<del> </del>	<del> </del>	/
2	Tax revenues levied for the organization's benefit and either paid		İ			/	
	to or expended on its behalf		1				
3	The value of services or facilities		<del> </del>	<del> </del>	<del>                                     </del>	/_/	<del>                                     </del>
Ū	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3				<del>                                     </del>		<del></del>
5	The portion of total contributions by				/		
•	each person (other than a				/		
	governmental unit or publicly		}	}			
	supported organization) included on			Ì			
	line 1 that exceeds 2% of the amount				Ϊ	i	
	shown on line 11, column (f)					<u> </u>	
_ 6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	/		<u> </u>	
	on B. Total Support				T	T	<del></del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(č) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			<del>/</del>	<u> </u>	<del> </del>	
8	Gross income from interest, dividends,				ŀ	1	
	payments received on securities loans, rents, royalties, and income from			ŀ			
	similar sources					1	
9	Net income from unrelated business		<del>/ /</del>	<del></del>			
•	activities, whether or not the business						
	is regularly carried on			i			
10	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)	/_					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.		•			12	
13	First five years. If the Form 990 is for the						
Cast:	organization, check this box and stop her			<del></del>	<u> </u>	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
_	on C. Computation of Public Support Public support percentage for 2018 (line 6)			1 column (f)		14	%
14 15	Public support percentage for 2016 (interest Public support percentage from 2017/Sch					15	
16a	331/3% support test—2018. If the organi						
	box and stop here. The organization qual						▶ □
b	331/3% support test-2017. If the organiz	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a j	publicly suppo	rted organizati	ion		▶ 🗆
17a	10%-facts-and-circumstances test-20	18. If the orga	anızation did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 ıs
-	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <b>stop here.</b>	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	ts-and-circums		The organizati	on qualifies as	a publicly
40	supported organization			10-10-17-		ا با با با	<b>&gt;</b> 📙
18	Private foundation. If the organization did						
	instructions		· · · · ·	<u> </u>	<u></u> .	<u> </u>	

# 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.)

Secti	ion A. Public Support						
~	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			<u>, , , , , , , , , , , , , , , , , , , </u>			
	received. (Do not include any "unusual grants.")	111,990	119,403	131,737	118,043	145,289	626,462
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	111,990	119,403	131,737	118,043	145,289	626,462
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b			-			626,462
Secti	on B. Total Support						020,402
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	111,990	119,403	131,737	118,043	145,289	626,462
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	319	305	149	157	217	1,147
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	319	305	149	157	217	1,147
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	112,309	119,708	131,886	118.200	145,506	627,609
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	, third, fourth,	or fifth tax ye		
Section	on C. Computation of Public Support					<del></del>	
15	Public support percentage for 2018 (line 8	<del></del>		3, column (f))		15	99.82 %
16	Public support percentage from 2017 Sch	• • •	•			16	99 72 %
	on D. Computation of Investment Inc			_			
17	Investment income percentage for 2018 (li			y line 13, colur	nn (f))	17	0 18 %
18	Investment income percentage from 2017					18	0.28 %
19a	331/3% support tests-2018. If the organization						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	l not check a b	ox on line 14.	19a. or 19b. cl	heck this box a	and see instruc	tions ► $\Box$

#### Part IV

#### **Supporting Organizations**

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

	ion 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.	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
b		3a 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
Ü	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	1		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		لــــا
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł	٠.	_
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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	İ	l	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		'
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ļ
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	,		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ i	į	į l
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			<u>'</u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	<u> </u>		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	tructi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	]		.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ť	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	- 1	
	how the organization was responsive to those supported organizations, and how the organization determined			لـــــا
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Į
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		l	[
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	إحيدا		لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ئــــا
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	ist on Nov. 20, 1970 (exp tions must complete Sect	laın in Part VI). <b>See</b> tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			- "
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	-	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Pair V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D—Distributions					
1_	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations			
4						
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive			
9	Distributable amount for 2018 from Section C, line 6		<del></del>			
10	Line 8 amount divided by line 9 amount					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			. `		
3	Excess distributions carryover, if any, to 2018					
а						
b	From 2014					
С	From 2015			d* .		
d	From 2016					
е	From 2017			1		
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years			, 1		
<u>h</u> _	Applied to 2018 distributable amount					
<u>i_</u>	Carryover from 2013 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			さい は 一般を		
4	Distributions for 2018 from					
	Section D, line 7.					
<u>a</u>	Applied to underdistributions of prior years	-				
<u>b</u> _	Applied to 2018 distributable amount					
_ <u>_</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:			- # T, 23 c (		
а	Excess from 2014			• 7,5		
b	Excess from 2015			· `**•.		
C	Excess from 2016					
d	Excess from 2017					
е .	Excess from 2018					

Part VI	Ill, 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.)
	······································
<b></b>	
	······································
· • • • • • • • • • • • • • • • • • • •	

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer Identification number
PEAG	CE HOUSE COMMUNITY		41-1940764
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gran	it funds can be used
	only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	
Pai	t II Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		a historically important land area
	☐ Protection of natural habitat		a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register.		
3	Number of conservation easements modified, transtax year ▶	ferred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to conser		
5	Does the organization have a written policy regulations, and enforcement of the conservation east		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*}	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation easeme		·
Par	_		Other Similar Assets.
	Complete if the organization answered "	<del></del>	
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	assets held for public exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, edung to these items.	ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		\$
2	if the organization received or held works of art, following amounts required to be reported under Si	historical treasures, or other similar FAS 116 (ASC 958) relating to these ite	assets for financial gain, provide the ems:
a	Revenue included on Form 990, Part VIII, line 1		· · · <b>&gt;</b> \$
h	Assets included in Form 990, Part X		

Par	Organizations Maintaining	Collections of	<u>A</u> rt, His	torical	Treasures	s, or Ot	her Similar <i>i</i>	Assets	(conti	nued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, ched	ck any of the	he follow	ving that are a	a signific	ant us	se of its
а	☐ Public exhibition		d	□ Loan	or exchan	ae proa	rams			
b	☐ Scholarly research									
c	☐ Preservation for future generation	9	•			•••••				
4	Provide a description of the organiza		and expl	ain how t	hev further	r the orc	anization's ex	emnt ni	ırnosa	in Part
•	XIII.		und oxpi	uiii 110 <b>17</b> 1	arcy rurare.	1 1110 0.5	janization 6 02	ompt pt	pose	mi ant
5	During the year, did the organization	solicit or receive	donation	ne of art	historical t	rogeliro	e or other ein	niar		
•	assets to be sold to raise funds rathe								Voc	□ No
Par				<del>part 01 art</del>	0 0.9424			<u>.                                    </u>	165	□ NO
	Complete if the organization 990, Part X, line 21.	n answered "Yes					·		on Fo	orm
1a	is the organization an agent, trustee included on Form 990, Part X?							_	Yes	☐ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	ollowing t	able:					
								Amount	1	
С	Beginning balance					10	:			
d	Additions during the year					_1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodial	account liabil	ity? 🔲	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has beer	provide	ed on Part XIII	<u> </u>		
Par	V Endowment Funds.									
	Complete if the organization	n answered "Yes	" on For	m 990, f	Part IV, lin	e 10.				
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ack (e) F	our year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		_							
d	Grants or scholarships									
е	Other expenditures for facilities and									_
	programs					1				
f	Administrative expenses									
g	End of year balance			-				_+_		
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1a	. column (a	a)) held a	ns:			
a	Board designated or quasi-endowme		%	· (	, ••••••	-,,				
b	Permanent endowment ▶	%	••							
	Temporarily restricted endowment ▶	'								
_	The percentages on lines 2a, 2b, and		00%.							
За	Are there endowment funds not in the			zation tha	at are held	and adr	ministered for	the		
	organization by	- <b>,</b> -							Yes	s No
	(i) unrelated organizations							. За		1
	(ii) related organizations							. 3a		+-
b	If "Yes" on line 3a(ii), are the related o							. 31		+-
4	Describe in Part XIII the intended uses							·		J
Part			ir o criac	WITHCHT IC						
rait	Complete if the organization		on For	m 990 F	Part IV Jini	e 11a 9	See Form 990	) Part	X lıne	10
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis ther)	(c) A	accumulated preciation		Book val	
	Land		0		90,000					90,000
b	Buildings		0	-	397,169		89,306			07,863
c	Leasehold improvements	. ———	0		0		0		<del>_</del>	0
d	Equipment	. —	0		0		0			0
e	Other		0		0		0			
Total.	Add lines 1a through 1e. (Column (d) n			(, column		)c.) .			3	97,863
	1-7-									

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV. line 11b. See F	orm 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	I derivatives		
(2) Closely-l	held equity interests		
(3) Other			
(B)			
	***************************************		
(E)			
(F)			
(G)		<u> </u>	<u> </u>
(H)		<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>	L
Part VIII	Investments—Program Related.	V 1 44 - 0 E	000 D . W . '
	Complete if the organization answered "Yes" on Form 990, Part I		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		·	
_(2)			
_(3)			
(4)			
(5)			
(6)	<del></del>		
(7)	<del></del>		
(8)		<u> </u>	
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		<del></del>
Part IX	Other Assets.		L
T GIT IV	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11d. See Fe	orm 990. Part X. line 15.
	(a) Description	<u> </u>	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	·		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · ·	<u> </u>
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		<del></del>
(2)			
(3)		<del></del>	
(4)			
(5)	- <del></del>	<del></del>	<del></del>
(6)			<del></del>
(7)		<del></del>	<del></del>
(8)			
	n) must equal Form 990, Part X, col. (B) line 25.) ▶		
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organi	zation's financial stat	ements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the tex		

	Complete if the organization answered "Yes" on Form 990,	Part IV line 12a	
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
		l o- 1	
a	Net unrealized gains (losses) on investments	<del></del>	<del></del>
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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		
b	Other (Describe in Part XIII.)		
_	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
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		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 and	ne 18.)	2b; Part V, line 4; Part X, line
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.
Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	. 5   2b; Part V, line 4; Part X, line al information.

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer Identification number

PEACE HOUSE COMMUNITY	41-1940764					
Form 990, Part VI, Section B, Line 11b - Draft copy of Form 990 Issued to the Board of Directors. The f	Board reviews draft, advises on any					
changes, then at the next board meeting approves the signing and filing of the final copy/						
Form 990, Part VI, Section B, Line 15 - The Board of Directors approve the wages of the Manager, and also approves any increase to						
employee wages						
Form 990, Part VI, Section C, Line 19 - upon written request the board will approve producing the gove						
roth 790, Part VI, Section C, Line 17 - upon written request the board will approve producing the gov	erning documents					
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Schedule O, Statement 1

Form Form 990 (2018)

PEACE HOUSE COMMUNITY
EIN 41-1940764

Part I, Line 1

Page 1

**Activity Or Mission Description** 

Description

streets, conversation, and personal affirmation PHC is a place of mutual sharing, respectful listening and appreciation of each person's value and worth