	Form	99	0	Retu	rn of Organization	n Exempt Fr	om Inco	me Tax			
(Rev January 2020)				Undermostion F01/	a) 527 or 4047/a)/4) of the	Internal Payanus	Cada lavaant	private found	dations)	2019	
Y	(Rev J	anuary	2020)		c), 527, or 4947(a)(1) of the					Open to Public	
		epartment of the Treasury		o not enter social security numbers on this form as it may be made public.  Go to www.irs.gov/Form990 for instructions and the latest information.					1910	Inspection	
,					rear of tax year beginning , 2019, and ending						
			**				<del></del>	naing		, 20	
	$\Box$	eck if ap			ACKSON HOUSE CRISI	S INTERVENTI	ION INC		1	er identification number	
	鬲	ldress ch	_	Doing business as					71-0526262  E Telephone number		
	一	ime chan	_								
	_	tial return	n n/terminated	705 MALVERN A	vence, country, and ZIP or foreign po	antal ando			G Gross r	(501) 623-4048	
	$\equiv$	nended r		HOT SPRINGS,		ostal code			\$	446,787	
~	Ħ		pending		onncipal officer JANIE SMTH	·		H(a) is this a	group return for		
02	⊔ ~	piication	pending	SAME AS C ABO				′ <u></u> l	subordinates		
1/	I Ta	x-exemp	t status X 50	11(c)(3) 501(c) (		a)(1) or 527	0/	<del>/</del>		(see instructions)	
b			► N/A	terter <u>Garage</u> tert	1	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			p exemption n		
				orporation Trust A	ssociation Other	L Yea	ar of formation		State of legal		
	Par		Summary								
		1	Bnefly describe	the organization's miss	sion or most significant activiti	es PROVIDI	E EMERGEN	CY ASSIST	ANCE T	CITIZENS OF	
	a	:	THE COMMUN	IITY	1						
_	anc anc										
2	SCAINITED UCL 4 2 CUL) Revenue Activities & Governance	1									
Š	78	2	Check this box	▶ ☐ if the organization	on discontinued its operations	or disposed of mor	e than 25% of	its net assets			
G	~ຊ 3Ω	3	Number of votir	ig members of the gove	erning body (Part VI, line 1a)				. 3	18	
	es,	4	Number of Inde	pendent voting membe	ers of the governing body (Par	t VI, line 1b) •	• • • • • •	• • • • • •	. 4	18	
7	<u>ج</u> رد	5	Total number of	individuals employed i	n calendar year 2019 (Part V,	line 2a) · ·	• • • • • •		. 5	17	
C	⊃≅			volunteers (estimate if	• • •	• • • • • • • • •	• • • • • •	• • • • • •	. 6		
ç	Э΄,	1			Part VIII, column (C), line 12				· 7a	0	
֝֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡	<u>=</u>	b	Net unrelated b	usiness taxable income	from Form 990-T-Jine 39	<u> 18 04 709 -</u>	· · · · · · ·	• • • • • •	· 7b	0	
2	2		_					Prior Year		Current Year	
~	3 a			nd grants (Part VIII, line	CED U	. გ. 2020		462	2,363	441,086	
Č	วิธั	1	_	e revenue (Part VIII, lin						0_	
	e e	10	Investment inco	me (Part VIII, column (	A), lines 3, 4, and 7d ANSA	/S·CITY, MO			3,150	5,701	
	œ				ines 5, 6d, 8c, 9c, 10c, and 11					0	
		<del> </del>			(must equal Part VIII, column IX, column (A), lines 1-3)	(A), line 12) •	• • • • •	46:	5,513	446,787	
·~	_			or for members (Part I						0	
ç	7	l .			ee benefits (Part IX, column (/	Δ\ lines 5-10\		211	L,998	201,050	
ي	es i	í	•	ndraising fees (Part IX,	· · · · · · · · · · · · · · · · · · ·	A), iiiles 3-10)			1,998	201,030	
<u>د</u>	ens			g expenses (Part IX, co						<u> </u>	
C/	Expens	l.			ines 11a-11d, 11f-24e)		<del></del> . <del> </del>	23/	1,574	236,665	
	1	l			t equal Part IX, column (A), lir	ne 25)			5,572	437,715	
9	•		-	· ·	18 from line 12	•			3,941	9,072	
9 7	_ × 8	<u> </u>				<del> </del>	E	Seginning of Curr		End of Year	
2	Ssets or Balances	20	Total assets (Pa	art X, line 16)			[		7,220	792,644	
5,	ASS.		Total liabilities (	•					7,047	525	
3	Net A		•	ind balances Subtract	line 21 from line 20 · · ·				7,173	792,119	
N	Par	t II	Signature	Block							
100	Under				turn, including accompanying schedule			nowledge and beli	ef, it is		
~	1.111	ci, ar	no complete Declar	ation of preparer (other than t	officer) is based on all information of w	mich preparer has any kr	nowleage				
04		6	JANIE	SMITH >	rie Shall	<u> </u>				07-21-2020	
	3	18	Signature of	officer (	<del>-</del> · <del>-</del> · -				Date		
· / `	<b>\</b> ?	<b>N</b>	JANIE	SMITH, EXECUTI	VE DIRECTOR				<u></u>		
<b>V</b>			<u> </u>	t name and title							
			Print/Type prepar	er's name	Preparer's signature	CAA Dat		Check	if   F	TIN	
	Paid		WILLIAM	E BARNETT, CPA	Hellen Z. 12000	CPIT 108-	-07-2020		ployed	P01360032	
	Prep		Firm's name		AND ASSOCIATES LT	TD		Firm's EIN			
	Use	Only	Firm's address		CHANGE STREET			Phone no			
			1		rings National AR 7		-		501-3	18-0003	
	May th	ne IRS	discuss this ret	urn with the preparer sl	hown above? (see instructions	s) • • • • • •	· · · · · · ·			Yes X No	

	1 990 (2019) JACKSON HOUSE CRISIS INTERVENTION INC 71-0526262 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission
	PROVIDE EMERGENCY ASSISTANCE TO CITIZENS OF THE COMMUNITY
2	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 by
	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 \$ 409,602 including grants of \$ ) (Revenue \$)
	ORGANIZATION PROVIDED EMERGENCY FOOD, SHELTER, TRANSPORTATION, CLOTHING AND MEDICAL HELP FOR THE
	NEEDY OF THE COMMUNITY
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program conject (Posserba on Schadula ())
4d	Other program services (Describe on Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )
	(
<u>4e</u>	Total program service expenses ► 409,602 Form 990 (2019)
EEA	Form <b>350</b> (2013)

Part IV

Checklist of Required Schedules

CA C 1-0526262

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 candidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X 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 ............ 6 Х "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in guasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 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 Х 13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ....... X Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 14a 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 Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III x 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X

Form 990 (2019)

JACKSON HOUSE CRISIS INTERVENTION INC

Part 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			}
	employees? If "Yes," complete Schedule J	_ 23		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		-	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		х
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		х
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	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	
		Earm.	000/2	040

Part V

71-0526262 Pa

Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a 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 ь 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 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods а 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was c 7c Х If "Yes," indicate the number of Forms 8282 filed during the year .......... d 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? x If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х g x h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h Section 501(c)(7) organizations. Enter 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ь Section 501(c)(12) organizations. Enter-11 а Gross income from other sources (Do not net amounts due or paid to other sources b 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans ........... Enter the amount of reserves on hand ....................... C 14a X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Form 990 (2019) JACKSON HOUSE CRISIS INTERVENTION INC Page 6 71-0526262 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent ь 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . . 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Did the organization have local chapters, branches, or affiliates? x b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement ............ with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) X Upon request Another's website Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

20

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JANIE SMTH (501) 623-4048, 705 MALVERN AVENUE, HOT SPRINGS, AR 71901

Form 990 (20	<u></u>									71-0526	
Part VII	Compensation of Officers, Dire Independent Contractors	ctors, Tru	istee	s, F	(ey	/ Er	nplo	yee	s, Highest Co	mpensated Er	nployees, and
	Check if Schedule O contains a response o	r note to any	line in	this	Part	VII					n
Section A.	Officers, Directors, Trustees, Key Emplo								<del></del>		
1a Complete t	his table for all persons required to be listed Ri	eport compen	sation	for th	ne c	alen	dar yea	ar en	iding with or within t	he	
organization's	tax year.										
<ul> <li>List all c</li> </ul>	of the organization's current officers, directors,	trustees (whe	ther in	dıvıdı	uals	or o	rganıza	ation	s), regardless of am	ount of	
compensation	Enter -0- in columns (D), (E), and (F) if no or	ompensation	was p	aıd							
<ul> <li>List all c</li> </ul>	if the organization's <b>current</b> key employees, if a	any See instr	uctions	for o	defin	ution	of "ke	y em	ployee "		
	organization's five current highest compensate		•							• •	
	reportable compensation (Box 5 of Form W-2	and/or Box 7	of Fo	rm 1	099	-MIS	iC) of i	more	than \$100,000 fro	m the	
-	nd any related organizations if the organization's former officers, key emplo	voor and high	nost or	mno	nca	tod c	mploy	000 1	who received more	than	
	eportable compensation from the organization	,		•			ыпрюу	ccs ·	who received more	ulali	
	of the organization's former directors or truste	•					as a fo	rmei	r director or trustee	of the	
	nore than \$10,000 of reportable compensation					•					
See instruction	ns for the order in which to list the persons ab	ove.									
_	s box if neither the organization nor any relate		n com	pens	atec	any	y curre	nt of	ficer, director, or tru	istee	
					i	(C)					
	(A)	(B)				sition			(D)	(E)	(F)
	Name and title	Average	hours officer and a director/trustee) compensation					n	I	Reportable	Estimated amount
		hours per week						compensation from the	compensation from related	of other compensation	
		(list any	0 7	=	0				organization	organizations (W-2/1099-MISC)	from the organization and
		hours for related	divid r dire	Institutional	Officer	ଫୁ	mploy	Former	(W-2/1099-MISC)	(VV-2/1099-IVII3C)	related organizations
		organizations	ctor	onal	·	Key employee	/ee on	,			
		below	Individual trustee or director	trustee		ê	npen				
		dotted line)		8			Highest compensated employee				
(1) TANTE	CMMU	40.00				-	-				
(1) JANIE :	DIRECTOR	40.00			х		x		58,500	o	o
(2)									30,300		
(3)			<u></u>								
<u>(4)</u>											
<u>(5)</u>											
<u>(6)</u>									<u> </u>		
<u>(7)</u>											<del>  </del>
(8)											

<u>(11)</u>\_\_\_

<u>(12)</u>\_\_\_

<u>(13)</u>

(14)\_\_\_\_

(10)

71-0526262 F

Part	VII   Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd H			Compe	ensa	ted Employees (co	ontinued)				
			İ			(C)					1			
	(A)	(B) Position (do not check more than one							(D)	(E)			(F)	
	Name and title	Average	box.	unle	ss pe	rson I	s both ar		Reportable	Reportable				
		hours officer and a director/trustee)					r/trustee)	)	compensation from the	compensatio from related			of othe mpensa	
		per week (list any		1	<del></del>			г -	organization	organization			rom the	
		hours for	or d	inst	Officer	<b>₹</b>	emg H	Former	(W-2/1099-MISC)	(W-2/1099-MIS		-	nization	
	•	related	Individual trustee or director	nstitutional trustee	ਫ਼ੑ	Key employee	ioye	ner			1	related	d organ	izations
		organizations	의 불	nalt		) joye	e 8				1			
		below dotted line)	stee	uste		**	pens							
		dolled line)		i it			Highest compensated employee							
(45)		-	-	-		-	-				+			
(15)			1			}								
(16)			+		-	-			·					
7,5,					İ									
(17)		<b>+</b>	<u> </u>								<del>  </del>			
7,7,7											ĺ			
(18)	· · · · · · · · · · · · · · · · · · ·		1			$\vdash$								
7.5/														
(19)			1											
<u> </u>		<b>-</b>												
(20)														
(21)														
(22)														
(23)														
(24)														
(25)		L	1								1			
		<u> </u>												
1b	Subtotal		• • •	• •	• •	• •	• • •	٠ 🕨			.			
С	Total from continuation sheets to Part VII, Secti	ion A •	• • •		• •			٠ 🕨						
d	Total (add lines 1b and 1c)		• • •	• •	• •	• •	• • •	٠ 🕨	58,500		0			0
2	Total number of individuals (including but not limite	d to those list	ted abo	ve)	who	rece	eived n	nore	than \$100,000 of					
	reportable compensation from the organization	<u> </u>												
_													Yes	No
3	Did the organization list any former officer, director,	-		ee, c										-
	employee on line 1a? If "Yes," complete Schedule J											3		X
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater than S							for :	such					
_	ındıvıdual							• •		• • • • • •		4		X.
5	Did any person listed on line 1a receive or accrue of	•		-			_	nızatı	ion or individual			_		
Cooti	for services rendered to the organization? If "Yes," c	omplete Sche	edule J	tor s	uch	pers	on		· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	• • •	5	L	X
	on B. Independent Contractors									\ . f		<del></del>		
1	Complete this table for your five highest compensa													
	compensation from the organization. Report compe	ensation for t	ne cale	ngai	r yea	ar en	aing w	ntn o		ation's tax ye	ar.	(6)		
	(A)								(B) Description of service			(C)	alian	
	Name and business addres	-						_	pescription or service	-	•	Compens	J. 10011	
				•										
							-+							
	<del> </del>	<del></del>												
2	Total number of independent contractors (including	but not limite	ed to th	OSA	liste	d ah	ove) w	ho		<del></del>				
_	received more than \$100,000 of compensation from			•			-, .,	-						

71-0526262 Form 990 (2019) JACKSON HOUSE CRISIS INTERVENTION INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (A) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a b Membership dues . 1b Contributions, Gifts Grants and Other Similar Amounts 1c Fundraising events 3,620 1d Related organizations Government grants (contributions) · · 1e 18,970 All other contributions, gifts, grants, 4f and similar amounts not included above 418,496 Noncash contributions included in lines 1a-1f · · · · · · · · · · 1g h Total. Add lines 1a-1f 441,086 **Business Code** 2a Program Service Revenue All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,701 5,701 Income from investment of tax-exempt bond proceeds (ii) Personal ба 6a Gross rents . . . . . . b Less rental expenses . . c Rental income or (loss) 6c d Net rental income or (loss) . . . . . . . . . . . . . . . . (li) Other (i) Securities 7a Gross amount from sales of assets other than inventory Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) · · · · 8a Gross income from fundraising events (not including \$ 3,620 of contributions reported on line 8a 1c) See Part IV, line 18 8b b Less direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9b **b** Less, direct expenses · · · · · · · · c Net income or (loss) from gaming activities . . . . . . . . 10a Gross sales of inventory, less 10a returns and allowances . . 10b b Less cost of goods sold c Net income or (loss) from sales of inventory . . . . . . . . **Business Code** 11a Miscellanous Revenue

446,787

5,701

0

Total revenue. See instructions

e Total. Add lines 11a-11d

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b, 7b, (C) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ...... 58,500 58,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 131,282 131,282 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11,268 11,268 11 Fees for services (nonemployees): 2,548 2,548 b Accounting 5,230 5,230 d Professional fundraising services. See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 86,371 68,820 17,551 12 5,332 5,332 13 23,646 23,646 14 15 Royalties 16 98,761 98,761 17 9,436 9,436 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,341 5,341 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) а b C All other expenses 25 Total functional expenses. Add lines 1 through 24e . . . 437,715 409,602 28,113 O 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 ▶ ∐ ıf following SOP 98-2 (ASC 958-720)

71-0526262

33

807,220

792,644

Form 990 (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 79,918 78,956 2 275,120 258,520 2 3 3 Pledges and grants receivable, net .......... 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D ..... ь Less accumulated depreciation . . . . . . . . . . . 10b 452,182 10c 455,168 11 11 Investments - publicly traded securities ........ 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets .............. 14 14 15 15 Other assets See Part IV, line 11 ....... 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 807,220 792,644 Accounts payable and accrued expenses ....... 27,047 17 17 525 18 18 19 19 Deferred revenue 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 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 25 26 525 27,047 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **▶** |**x**| **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 27 792,119 Net assets without donor restrictions 780,173 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 780,173 792,119 32

Total liabilities and net assets/fund balances ......

33

Form	990 (2019) JACKSON HOUSE CRISIS INTERVENTION INC 71-052626	.2	Pa	ige 12
Par	rt 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)		446,	787
2	Total expenses (must equal Part IX, column (A), line 25)		437,	715
3	Revenue less expenses Subtract line 2 from line 1		9,	072
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		780,	173
5	Net unrealized gains (losses) on investments		2,	874
6	Donated services and use of facilities			
7	Investment expenses			
8	Pnor period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		792,	119
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			$\cdot \square$
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both	'		
	Separate basis X Consolidated basis Doth consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	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 oversight of	İ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			,
	Schedule O	İ		_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		<u>x</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA.		Form	990 (2	2019)

EEA

#### **SCHEDULE A**

**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.

OMB No 1545-0047

2019 Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

Inspection

Name	me of the organization						Employer identification number					
		N HOUSE CRISIS INTERVENT					71-052626					
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete	this part.	) See instructions.					
The d	orgar	nization is not a private foundation becai	use it is. (For lines 1	1 through 12, check only	one box.)			1				
1		A church, convention of churches, or as	sociation of churche	es described in section 17	'0(b)(1)(A)	(i).						
2		A school described in section 170(b)(1	)(A)(ii). (Attach Sch	edule E (Form 990 or 990	)-EZ).)		/	) <i>X</i>				
3	$\overline{\Box}$	A hospital or a cooperative hospital serv	rice organization des	scribed in section 170(b)	(1)(A)(iii).			<b>'</b>				
4	ī	A medical research organization operati	ed in conjunction wit	th a hospital described in s	section 17	)(b)(1)(A)(i	ii). Enter the	l				
	_	hospital's name, city, and state:	•			\-/\-/\-/\-/\-/\-/\-						
5	$\Box$	An organization operated for the benef	it of a college or un	versity owned or operate	d by a nov	emmental i	unit described in					
-	_	section 170(b)(1)(A)(iv). (Complete Pa		ivoloky ownou or operate			arm accorda ar					
6	П	A federal, state, or local government or	•	escribed in section 170/h	.)/1)/A)/ <sub>(A</sub> )							
7	$\mathbf{Z}$	An organization that normally receives	-	·			the general public					
•	E)	-	•	irits support iroin a gover	iriirieritai ui	int or ironii i	ine general public					
0	$\Box$	described in section 170(b)(1)(A)(vi).		Samuelata Dant II V								
8 9	$\mathbb{H}$	A community trust described in section										
9	Ш	An agricultural research organization de										
		or university or a non-land-grant colleg	e or agriculture (see	e instructions) Enter the	name, city,	and state (	or the college or					
10	П	university.	(4) 15 22 4	1/20/				·····				
10	Ш	An organization that normally receives		* *			•					
		receipts from activities related to its ex	•	•								
		support from gross investment income		,		11 tax) fror	n businesses					
		acquired by the organization after June	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•							
11	$\Box$	An organization organized and operated	•	•								
12		An organization organized and operate	•									
		of one or more publicly supported organ										
		Check the box in lines 12a through 12d	that describes the	type of supporting organi	ization and	complete i	ines 12e, 12f, and 12g					
	а	Type I. A supporting organization o	perated, supervised	, or controlled by its suppo	orted organ	ization(s), ty	pically by giving					
		the supported organization(s) the p	power to regularly a	ppoint or elect a majority	of the dire	ctors or true	stees of the					
		supporting organization You must	complete Part IV,	Sections A and B.								
	b	Type II. A supporting organization s	supervised or contro	lled in connection with its	supported o	organization	n(s), by having					
		control or management of the supp	porting organization	vested in the same pers	ons that co	ntrol or ma	nage the supported					
		organization(s). You must comple	te Part IV, Section	s A and C.								
	C	Type III functionally integrated. A	A supporting organiz	ation operated in connect	ion with, an	d functiona	lly integrated with,					
		its supported organization(s) (see in	nstructions). You mi	ust complete Part IV, Se	ctions A, (	D, and E.						
	d	Type III non-functionally integrate	ted. A supporting or	ganization operated in cor	nnection wit	th its suppo	rted organization(s)					
		that is not functionally integrated. I	The organization ge	nerally must satisfy a dist	tribution red	guirement a	and an attentiveness					
		requirement (see instructions). You	ı must complete Pa	art IV, Sections A and D	, and Part	V.						
	е	Check this box if the organization i	•	•	=		pe II, Type III					
		functionally integrated, or Type III r										
	f	Enter the number of supported organiz	•									
	g	Provide the following information about		anization(s)				L.,				
		Name of supported organization	(ii) EIN	(lii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	•		(.,	(described on lines 1-10	listed in you	-	support (see	other support (see				
				above (see instructions))	docum	ent?	instructions)	instructions)				
					Yes	No						
(A)												
—		· · · · · · · · · · · · · · · · · · ·			<del> </del> -							
(B)		ļ				1						
					<del> </del>							
(C)					1							
—		<del></del>		····	<del> </del>							
(D)						· ·						
				<del></del>		<del> </del>	<del></del>	<u> </u>				
(E)					1							
								<del> </del>				
Total					1	I						

990 or 990-EZ) 2019

JACKSON HOUSE CRISIS INTERVENTION INC

71-0526262

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

Sec	ction A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>	·· <del>·····</del>				<del></del>
	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	448,665	290,447	489,227	454,390	437,467	2,120,196
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	448,665	290,447	489,227	454,390	437,467	2,120,196
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)	•					
	Public support. Subtract line 5 from line 4				`		2,120,196
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	448,665	290,447	489,227	454,390	437,467	2,120,196
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	3,099	2,219	2,853	3,150	5,701	17,022
9	Net income from unrelated business	ļ					
	activities, whether or not the business						
	is regularly carned on						
10	3						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10			1 1	لد ا		2,137,218
	Gross receipts from related activities, etc. (se					12	<del></del>
13	First five years. If the Form 990 is for the org						_
	organization, check this box and stop here						· · · · · <b>▶</b> ∐
	ction C. Computation of Public Suppor					r	
	Public support percentage for 2019 (line 6, c					14	99.20 %
	Public support percentage from 2018 Schedu					15	99.28 %
16a	33 1/3% support test - 2019. If the organizati						
	box and stop here. The organization qualifies						
0	33 1/3% support test - 2018. If the organizati						
47-	this box and <b>stop here</b> . The organization qual						
1/a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets th						
	Part VI how the organization meets the "facts						
	organization						· · · · ▶ ∐
b	10%-facts-and-circumstances test - 2018.	-					
	15 is 10% or more, and if the organization me						al
	Explain in Part VI how the organization meet						
40	supported organization						· · · · • 📙
אר	Private foundation. If the organization did no						. □
	instructions			<u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·

Part III	Suppor	t Schedule for	Organizations	<b>Described in Section</b>	509(a)(2)

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

Sec	ction A. Public Support				-		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	L					
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		<u> </u>				<del> </del>
	unrelated trade or business under section 513 •	1	1				
4	Tax revenues levied for the						
	organization's benefit and either paid to				i		
	or expended on its behalf		1		/	ĺ	
5	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge						
	<b>Total</b> . Add lines 1 through 5		<u></u>			<u> </u>	
7a	Amounts included on lines 1, 2, and 3			,	V		,
	received from disqualified persons		<u></u>				
b	Amounts included on lines 2 and 3	1	1		į		
	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		ļ	/			
8	Public support. (Subtract line 7c from	]					1
500	tion B. Total Support	l		<u> </u>			<u> </u>
	endar year (or fiscal year beginning in) >	(a) 2015	<b>(b)</b> ∕2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2015	(6)/2016	(6) 2017	(u) 2016	(e) 2019	(i) Total
	Gross income from interest, dividends,		/				
104	payments received on securities loans, rents,	l ,	<i>Y</i>				
	royalties, and income from similar sources						
b	Unrelated business taxable income (less	<del>/</del>					
_	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
	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/	1	1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>			L	
14	First five years. If the Form 990 is for the org	janization's first	t, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3	)
			<u></u>	· · · · · · · · ·	· · · · · · · · ·	· · · · · · · · · · ·	· · · · · • []
	ction C. Computation of Public Suppor			(0)		45	
	Public support percentage for 2019 (line 8, c					15	<u>%</u>
	Public support percentage from 2018 Sched			· · · · · · · · ·		16	
	Investment income percentage for 2019 (line			13 column /f)	<u> </u>	17	%
	Investment income percentage for 2019 (line					18	<del></del>
	33 1/3% support tests - 2019. If the organiza						
130	17 is not more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2018. If the organiza						
	line 18 is not more than 33 1/3%, check this b						
<b>2</b> 0/	Private foundation. If the organization did no	-					▶ ∐
<del>-7-</del> -	The state of the s						

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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(Fo	m 990 d	or 990-E	Z) 2019

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		ļ
	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		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	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 <b>Part VI</b> 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.	_		
	organizations and what conditions of 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	l		
	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		ļ <u>.</u> _
Sec	tion 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		١.	
	the supported organization(s)	1	L	
Sec	tion D. All Type III Supporting Organizations		· · · · · ·	
		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
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		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>	ļ	
	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		
Sec	tion 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 instr	uction	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			İ
	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		- '-	
	that these activities constituted substantially all of its activities.	2a	ļ	ļ
b				Ι,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	_; -		
	activities but for the organization's involvement.	2b	<u> </u>	<b> </b>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		.	-	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	<u> </u>

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
2	Recovenes of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	<del></del>	5					
6	Portion of operating expenses paid or incurred for production or						
со	llection of gross income or for management, conservation, or						
ma	sintenance 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					
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see		<del></del> .				
ins	structions for short tax year or assets held for part of year):	1.					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
fa	ctors (explain ın detaıl in Part VI):	ļ	•	• ,			
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,						
se	e 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	Recovenes of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion 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	٠,				
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						
em	ergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting	organization (see			
	instructions).	Ū	•	- '			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exem							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity							
_3_	Administrative expenses paid to accomplish exempt purposes	s of supported organization	ons					
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·						
_5_	Qualified set-aside amounts (prior IRS approval required)							
_6	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	organization is responsi	ve					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6	<u> </u>						
10	Line 8 amount divided by line 9 amount							
S	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							
	From 2014		· · · · · · · · · · · · · · · · · · ·	•				
_	From 2015			•				
	<u>Fro</u> m 2016							
	From 2017							
	From 2018			4				
	Total of lines 3a through e							
	Applied to underdistributions of prior years	<u></u>	·	· . <del></del>				
<u>h</u>	Applied to 2019 distributable amount			- <del></del>				
<u>   i                                 </u>	Carryover from 2014 not applied (see instructions)							
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from			1 - 1 · · ·				
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7.	100		11.1				
а	Excess from 2015			1				
b	Excess from 2016	•						
C	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019			1				

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

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organ	izations Complete Part III				
Nam	ne of organization			Employer iden	tification number	
JI	ACKSON HOUSE CRISIS IN				526262	
Pa		organization is exempt under	<u></u>	<u> </u>	ganization.	
1	Provide a description of the organ	ization's direct and indirect political campa	ign activities in Pai	t IV (see instructions for		
	definition of "political campaign ac					
2	Political campaign activity expend	litures (see instructions)		· · · · · · · · · <b>▶</b> \$		
3		aign activities (see instructions) • •				_
Pa		organization is exempt under		<del></del>	·	
1		x incurred by the organization under section			<del></del>	
2	<del>-</del>	x incurred by organization managers unde				_
3		ion 4955 tax, did it file Form 4720 for this y				٩o
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	· · · 🗌 Yes 📗 🗈	٧o
b	If "Yes," describe in Part IV.					
Pa	rt I-C   Complete if the	organization is exempt under	section 501(c	), except section 501(c	<u>:)(3).</u>	
1		ed by the filing organization for section 527				
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •		
2	<b>.</b> .	inization's funds contributed to other organ				
	•			▶ \$		
3		s Add lines 1 and 2 Enter here and on Fo				
						_
4	Did the filing organization file Form	1120-POL for this year? · · · · ·		• • • • • • • • • • • • • • • • • • • •	Yes	10
5	Enter the names, addresses and	employer identification number (EIN) of all	section 527 politica	al organizations to which the filii	ng	
	organization made payments. For	each organization listed, enter the amoun	t paid from the filing	g organization's funds. Also ent	er	
	the amount of political contribution	ns received that were promptly and directly	delivered to a sep	arate political organization, suc	h	
	as a separate segregated fund or	a political action committee (PAC) If addit	ional space is need	ded, provide information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
(	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					

	dule C (Form 990 or 990-EZ) 2019 JACKSON HOUSE	CRISIS INT	ERVENTION INC		71-0526	
Pa	rt II-A Complete if the organization	is exempt ur	nder section 501	I(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
Α	Check 🕨 🔲 if the filing organization belongs to an	•		affiliated group mem	ber's name,	
	address, EIN, expenses, and share o					
<u>B</u>	Check   (if the filing organization checked box)				т	
	Limits on Lobby	ing Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opinion	on (grassroots lob	obying) · · · ·	• • • • • • • •		
b	Total lobbying expenditures to influence a legislative	body (direct lobb	yıng) · · · · ·	• • • • • • • •		·
С	Total lobbying expenditures (add lines 1a and 1b)	• • • • • • • •				
d	Other exempt purpose expenditures		• • • • • • • • •			
е	Total exempt purpose expenditures (add lines 1c an		• • • • • • • • •			
f	Lobbying nontaxable amount Enter the amount from	n the following tab	ole ın both			
	columns.	<del></del>				<del></del>
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess o	ver \$500,000		٠.
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess o	ver \$1,000,000	1	!
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				1
g	Grassroots nontaxable amount (enter 25% of line 1f	)				
h	Subtract line 1g from line 1a If zero or less, enter -0					
i	Subtract line 1f from line 1c If zero or less, enter -0-	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
j	If there is an amount other than zero on either line 1		•			
						Yes No
			ing Period Under			
	(Some organizations that made a sec					below.
	See 1	the separate in	nstructions for lin	es 2a through 2f.	)	
						<del> </del>
	Lobbyir	ng Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)	` '	, ,	`,		. ,
				_		
2a	Lobbying nontaxable amount					
				<u> </u>		<del></del>
b	, , , ,				,	
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			•		
f	Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2019

Sexprition of the follobying activity:   Sexprition of the follobying activity:   No   Amount	Eor	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detaıled	(	a)		(b)	
legislation, including any attempt to influence public opinion on a legislative matter or referencym, through the use of a Volunteers?		· · · · · · · · · · · · · · · · · · ·	Yes	No	An	nount	
legislation, including any attempt to influence public opinion on a legislative matter or referencym, through the use of a Volunteers?	1	During the year, did the filing organization attempt to influence foreign, national, state or local	†	$\vdash$			
referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  C Publications, or published or broadcast statements?  C Publications, or published or broadcast statements?  D C President with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  X							
a Volunteers? b Part staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? c Publications, or published or broadcast statements? d Mailings to members, legislators or the public? c Publications, or published or broadcast statements? d Farti to other organizations for lobbying purposes? d ST ST ST ST ST ST ST ST ST ST ST ST ST		· · · · · · · · · · · · · · · · · · ·					
c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  x h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  J Total Add lines 1 cit through 11  2 bid the activities in the 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  if the filling organization incurred a section 4912  if the filling organization incurred a section 4912 at the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred as extending the filling organization incurred the filling organization incurred the filling organization incurred the filling organization incurred the f	а		Ì	x			
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  k Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  y Cother activities?  J Total Add lines 1c through 11  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did if lie Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pnor year?  1 Dues, assessments and similar amounts from members  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expensions and similar amounts from members  2 Carryover from last year  5 Total  Carryover from last year  6 Carryover from last year  7 Call Add Ines 1 and 2 and political expenditures (see instructions)  Fart IV Supplemental Information  Frowde the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х			
Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, specches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 11  Differ activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred is section 4912 tax, did fille Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization are to carry over lobbying and political campaign activity expenditures from the pnor year?  Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expendent or section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section	C	Media advertisements?		х			
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b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pnor year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  2 Carryover from last year  c Total  4 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Frowde the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	-	•		<u> </u>			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?    Part III-A		-		х			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes No  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and		•	1				
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).      Yes   No   No   No   No   No   No   No   N							
Solicities   Sol			V/5\ c	Vr soc	tion		
Vere substantially all (90% or more) dues received nondeductible by members?   1	<u> </u>		дэ, с	) 3 <del>C</del> C	lion		
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Did the organization agree to carry over fobbying and political campaign activity expenditures from the prior year?					1		_
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members	3				<del> </del>		
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Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year		answered "Yes."					
political expenses for which the section 527(f) tax was paid).  a Current year	1	Dues, assessments and similar amounts from members	• •	1			
a Current year	2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
b Carryover from last year		political expenses for which the section 527(f) tax was paid).					
c Total	a	Current year	• •	2a			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	þ	<b>,</b>	• •	2b			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	¢		• •	2c			
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	3		• •	3			
and political expenditure next year?	4	•					
5 Taxable amount of lobbying and political expenditures (see instructions)							
Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	_						
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and			• •	5			
		<u></u>	4 .				
E (decentistications), and it at the part of any additional minormation			1 and				
	_ (00	e instructions, and rearting, line in 7450, complete this partion any additional information					
							_
							_

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization			Employer identification number				
JAC	KSON HOUSE CRISIS INTERVENTION INC			71-0526262				
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fu	inds or Accoun	its.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised	funds	(b) Funds and other accounts				
1	*Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in do	onor advised					
	funds are the organization's property, subject to the organization	s exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant fund	ds can be used	_				
	only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any o	ther purpose					
	conferring impermissible private benefit?							
Pa	rt II Conservation Easements.							
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	7					
1	Purpose(s) of conservation easements held by the organization	(check all that apply)						
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education)	ation)	Preservation of a	a historically important land area				
	Protection of natural habitat		Preservation of a	e certified historic structure				
	Preservation of open space	_						
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in t	he form of a conse	ervation				
	easement on the last day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			. 2a				
ь	Total acreage restricted by conservation easements · · ·			. 2b				
С	Number of conservation easements on a certified historic struct	ure included in (a) · ·		. 2c				
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a						
	• • •			. 2d				
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or termina	ated by the organiz	ation during the				
	tax year 🕨			·				
4	Number of states where property subject to conservation easen	nent is located						
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, ha	ndling of					
	violations, and enforcement of the conservation easements it has	- ·	_					
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enfor	cing conservation	easements during the year				
	<b>•</b>							
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing	conservation ease	ements during the year				
	▶\$	-						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of se	ection 170(h)(4)(B)	)(1)				
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation	easements in its revenue an	d expense statem	ent, and				
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financia	al statements that	describes the				
_	organization's accounting for conservation easements.							
Pa	rt III Organizations Maintaining Collections	of Art, Historical Tre	asures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	8					
1a	If the organization elected, as permitted under FASB ASC 958, i	not to report in its revenue st	atement and balan	ce sheet works				
	of art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtherand	e of public				
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describes	these items					
b	If the organization elected, as permitted under FASB ASC 958, i	to report in its revenue stater	nent and balance s	sheet works of				
	art, historical treasures, or other similar assets held for public ex							
	provide the following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1 · · ·			▶ \$				
	(ii) Assets included in Form 990, Part X · · · · · · · ·							
2	If the organization received or held works of art, historical treasu							
	following amounts required to be reported under FASB ASC 958		<b>3</b>					
а	Revenue included on Form 990, Part VIII, line 1			▶ \$				
b	Assets included in Form 990, Part X							

Schedu	ule D (Form 990) 2019 JACKSON HOUSE C	RISIS INTERVE	NTION I	.NC			71-052	26262	Page 2
Par		Collections of	Art, Histo	orical Tr	easures,	or Oth			tinued)
3	Using the organization's acquisition, accession,								
	collection items (check all that apply):								
а	Public exhibition		d [	Loan o	r exchange p	rograms			
b	Scholarly research		е [	Other					
С	Preservation for future generations				_				
4	Provide a description of the organization's colle-	ctions and explain ho	w they furth	er the orga	anızatıon's ex	empt pu	rpose in Part		
	XIII								
5	During the year, did the organization solicit or re								
	assets to be sold to raise funds rather than to be		of the organ	nization's c	ollection? .	• • • •		· · _ Yes	∐ No
Pai	t IV Escrow and Custodial Arrar	ngements.	C	000 D-				acust on E	
	Complete if the organization a	answered Yes	on Form	990, Pa	rt IV, line s	, or re	ported an an	iount on Fe	ווווכ
	990, Part X, line 21			<del></del>					
1a	Is the organization an agent, trustee, custodian	or other intermediary						□ v <sub>22</sub>	П №
	included on Form 990, Part X?							· · · [] Tes	Пио
ь	If "Yes," explain the arrangement in Part XIII an	a complete the follow	ing table					mount	
_	Beginning balance					1c		inount	
c d	Additions during the year					1d		·	
e	Distributions during the year					1e			
f						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21	, for escrow	or custod	al account lia	ability?		· · Yes	No
b	If "Yes," explain the arrangement in Part XIII. Cl								
Pai									
	Complete if the organization a	answered "Yes"	on Form	990, Pa	rt IV, line 1	10.		***************************************	
		(a) Current year	(b) Pno	r year	(c) Two years	back	(d) Three years bac	k (e) Four	rears back
1a	Beginning of year balance						_		
b	Contributions	· · · · · · · · · · · · · · · · ·							
C	Net investment earnings, gains, and								
	losses · · · · · · · · · · · · · · · · · ·				<u>-</u>				
d	Grants or scholarships · · · · · · ·								
e	Other expenditures for facilities and								
	programs · · · · · · · · · · · · · · · · · · ·								<u>-</u>
f	Administrative expenses · · · · · ·		•						
9	End of year balance			(-)) [		l	<del></del>		<del></del>
2	Provide the estimated percentage of the current	•	ne 1g, colui	mn (a)) nei	id as				
a	Board designated or quasi-endowment	%							
D	Permanent endowment    Term endowment    %	0							
С	The percentages on lines 2a, 2b, and 2c should	1 agust 100%							
3a	Are there endowment funds not in the possessi		n that are h	eld and add	ministered for	r the			
Ja	organization by	or the organization	. that are fit	unu au				Γ	Yes No
	(i) Unrelated organizations · · · · · ·							3a(i)	
	(ii) Related organizations · · · · · · ·							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedul	le R?	. <b></b> .			3b	
4	Describe in Part XIII the intended uses of the or	rganization's endown	ent funds.						
Pa	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other			other basis		Accumulated	(d) Book	
		(investme	ent)	(0	ther)	de	epreciation		
1a	Land				43,500				43,500
b	Buildings	• •		3	04,120			3	04,120
С	Leasehold improvements	• •					<del></del>		
d	Equipment	• •		1	.07,548			1	07,548
e	Other							ļ <u></u>	
Tota	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, c	olumn (B), l	ine 10c)	• • • • •		<b>.</b> ▶	4.	55,168

	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
1) Financial d	<b>'</b>		
•	d equity interests		
3) Other			
(A)		<del></del>	
(B) (C)			
(D)			
(E)			
(F)		···-	
(G)			
(H)			
	(b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments - Program Related.		
<del></del>	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 1	l1c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13) · · · · · ▶  Other Assets.	<u> </u>	<del></del>
Part IX		m 000 Part IV line 1	11d See Form 990 Part Y line 19
	Complete if the organization answered "Yes" on Form	11 000, 1 01111, 11110	
(1)	(a) Description	11 000, 1 01(17, 1110	(b) Book value
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description  (b) must equal Form 990, Part X, col (B) line 15)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Foriline 25.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  I. (1) Federal in (2)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) (3)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) (3) (4)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) (3) (4) (5)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) (3) (4)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of Itability (b) Book v.	m 990, Part IV, line 1	(b) Book value

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
JACKSON HOUSE CRISIS INTERVEN	TION INC	71-0526262
01. Governing body meeting do	cumentation (Part VI, line 8a)	
tax retur;n reviewed by board	hefore submitting	
tax return reviewed by board	betole Submitting	
02. Form 990 governing body r	eview (Part VI, line 11)	· · · · · · · · · · · · · · · · · · ·
THE BOARD REVIEWS THE TAX RETU	IRN BEFORE FILING	
03. Governing documents, etc,	available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ETC ARE AV	VAILABLE UPON REQUEST. governing documens avail	able for
review upon reasonable request		
04. List of other fees for se	rvices expenses (Part IX, line 11g)	
CLIENT FOOD	\$51,684	
CLIENT HOUSING & UTILITIES	5,555	
CLIENT MEDICINE AND DOCTORS	1,076	
CLITTUM MDANGDODMAMION	6. 445	
CLIENT TRANSPORTATION	6,445	
CLIENT - MISCELLANEOUS	4,060	
TOTAL OTHER FEES FOR SERVICES	\$68,820	
		<del></del>
	<u> </u>	<u> </u>