

EXTENSION APPROVED THROUGH 5/15/2021

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization** PEACE AT HOME ADVOCACY CENTER, INC.  
**FORMERLY BATTERED PERSONS' ADVOCACY**

**D Employer identification number**  
**93-0771154**

**E Telephone number**  
**541-957-0288**

**G Gross receipts \$** **1,439,907**

**F Name and address of principal officer**  
**CHARLEY THOMPSON**  
**PO BOX 1942**  
**ROSEBURG OR 97470**

**H(a) Is this a group return for subordinates?**  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J Website** **WWW.PEACEATHOME.COM**

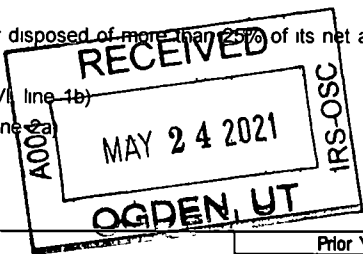
**K Form of organization**  Corporation  Trust  Association  Other

**L Year of formation** **1978**

**M State of legal domicile** **OR**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>WE ARE DEDICATED TO A COMMUNITY FREE FROM FAMILY VIOLENCE, SEXUAL ASSAULT, STALKING AND/OR HUMAN TRAFFICKING THROUGH EMPOWERMENT, SUPPORT AND EDUCATION.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 8)	5	21
	6 Total number of volunteers (estimate if necessary)	6	29
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,096,731	1,374,863
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,086	25,552
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,637	-199
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,135	-3,229
	12	1,109,319	1,396,987
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,977	787,292
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,086	438,698
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,113,063	1,225,990
	19 Revenue less expenses Subtract line 18 from line 12	-3,744	170,997
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	20	1,336,015	1,626,167
21 Total liabilities (Part X, line 26)	123,340	242,782	
22 Net assets or fund balances Subtract line 21 from line 20	1,212,675	1,383,385	



SCANNED WITH WAVE

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Melanie Taylor-Prummer Date: 05/10/2021  
**MELANIE TAYLOR-PRUMMER** EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only**  
 Preparer's name: STEVEN B. OLESON-CPA Preparer's signature: STEVEN B OLESON, CPA Date: 05/07/21 Check  if self-employed PTIN: P00294805  
 Firm's name: WICKS EMMETT LLP Firm's EIN: 93-0718861  
 Firm's address: 358 NE WINCHESTER ST - PO BOX 2350 Phone no: 541-673-4423  
ROSEBURG, OR 97470-3327

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

6.33 5

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

**WE ARE DEDICATED TO A COMMUNITY FREE FROM FAMILY VIOLENCE, SEXUAL ASSAULT, STALKING AND/OR HUMAN TRAFFICKING THROUGH EMPOWERMENT, SUPPORT AND EDUCATION.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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?

Yes  No

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 \$ **563,476** including grants of \$ ) (Revenue \$ )

**EMERGENCY SERVICES TEAM:**

- ANSWER 24-HOUR HOTLINE AND PROVIDE IN-PERSON CRISIS RESPONSE
- PROVIDE OFFICE HOURS FOR WALK-IN'S AND FOLLOW-UP APPOINTMENTS
- OFFER EMERGENCY ASSISTANCE (E.G. DOOR LOCKS, TRANSPORTATION, CLOTHING, FOOD, PHONES)
- PROVIDE RESOURCES AND REFERRALS (E.G. FOOD STAMPS, HOUSING, COUNSELING, LEGAL AID)
- OFFER SAFETY PLANNING AND DANGER ASSESSMENTS
- PROVIDE PEER SUPPORT/COUNSELING
- ASSISTANCE APPLYING FOR CRIME VICTIMS COMPENSATION

4b (Code ) (Expenses \$ **208,710** including grants of \$ ) (Revenue \$ )

**SHELTER TEAM:**

- PROVIDE EMERGENCY SHELTER INCLUDING HOTEL STAYS
- PROVIDE CASE MANAGEMENT
- DIRECT ASSISTANCE E.G. FOOD, CLOTHING, HYGIENE PRODUCTS
- SUPPORT GROUPS FOR ADULTS AND CHILDREN
- TRANSPORTATION (E.G. MEDICAL APPOINTMENTS, JOB AND HOUSING SEARCHES)
- PET FRIENDLY FACILITIES/HOMES

4c (Code ) (Expenses \$ **113,851** including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

4d Other program services (Describe on Schedule O )

(Expenses \$ **243,158** including grants of \$ ) (Revenue \$ **25,552** )

4e Total program service expenses **1,129,195**

ABIDGO

**Part IV - Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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 "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**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		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
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		X
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)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	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		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
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		X
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		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	
38		X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	21	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	<b>12</b>		
Enter the number of voting members of the governing body at the end of the tax year. 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.			
<b>1b</b>	<b>12</b>		
Enter the number of voting members included on line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
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?			
<b>7b</b>			<b>X</b>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8a</b>		<b>X</b>	
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8b</b>		<b>X</b>	
a The governing body?			
b Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
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.			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</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?			
<b>11a</b>			<b>X</b>
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>12a</b>		<b>X</b>	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12b</b>		<b>X</b>	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>12c</b>		<b>X</b>	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Describe in Schedule O how this was done.			
<b>13</b>			<b>X</b>
Did the organization have a written whistleblower policy?			
<b>14</b>		<b>X</b>	
Did the organization have a written document retention and destruction policy?			
<b>15a</b>		<b>X</b>	
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?			
<b>15b</b>			<b>X</b>
a The organization's CEO, Executive Director, or top management official			
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>			<b>X</b>
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>16b</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 **OR**
- 18** 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶

**MELANIE TAYLOR-PRUMMER**  
**ROSEBURG**

**P O BOX 1942**

**OR 97470**

**541-957-0288**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CHARLEY THOMPSON</b>	2.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) <b>JORDAN JUNGWIRTH</b>	2.00									
BOARD VICE CHAIR	0.00	X		X			0	0	0	
(3) <b>TERESA DE LA CRUZ</b>	2.00									
SECRETARY	0.00	X		X			0	0	0	
(4) <b>SARAH KNUDSEN</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) <b>DEBBIE BOSWELL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>MIKE FIELDMAN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>MAUREEN HOLLANDER, M.D.</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>OLGA KEITH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>CELESTE HUFFAKER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>TRICIA SWALLOW</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>ERICA KIMREY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(12) <b>GINA STEWART</b> DIRECTOR	1.00 0.00	X						0	0	0	
(13) <b>HANNAH SPAGNOLA</b> DIRECTOR	1.00 0.00	X						0	0	0	
(14) <b>MELANIE TAYLOR-PRUMMER</b> EXECUTIVE DIRECTOR	40.00 0.00			X				66,610	0	7,662	
<b>1b Subtotal</b>								<b>66,610</b>		<b>7,662</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>								<b>66,610</b>		<b>7,662</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**



**Part VIII. Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	21,107				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	66,912				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	868,503				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	418,341				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,352				
	<b>h Total.</b> Add lines 1a-1f			1,374,863			
<b>Program Service Revenue</b>	<b>2a</b> TRANSITIONAL HOUSING	Business Code	624100	25,552	25,552		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			25,552			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			533		533	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less rental expenses	<b>6b</b>					
	<b>c</b> Rental inc or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other			187		
		<b>7a</b>			187		
	<b>b</b> Less cost or other basis and sales exps	<b>7b</b>			919		
	<b>c</b> Gain or (loss)	<b>7c</b>			-732		
<b>d</b> Net gain or (loss)				-732		-732	
<b>8a</b> Gross income from fundraising events (not including \$ 66,912 of contributions reported on line 1c) See Part IV, line 18		<b>8a</b>	18,810				
	<b>b</b> Less direct expenses	<b>8b</b>	42,001				
<b>c</b> Net income or (loss) from fundraising events				-23,191			
<b>9a</b> Gross income from gaming activities See Part IV, line 19		<b>9a</b>					
	<b>b</b> Less direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>					
	<b>b</b> Less cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code	900099	19,962	19,962		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			19,962			
<b>12 Total revenue.</b> See instructions			1,396,987	44,782	0	533	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	72,696	40,065	32,631	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	539,321	524,294	15,027	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,665	1,663	2	
<b>9</b> Other employee benefits	104,545	100,495	4,050	
<b>10</b> Payroll taxes	69,065	63,575	5,490	
<b>11</b> Fees for services (nonemployees)				
<b>a</b> Management				
<b>b</b> Legal	599		599	
<b>c</b> Accounting	14,949	9,720	5,229	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	446		446	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	5,202	4,618	584	
<b>12</b> Advertising and promotion	1,641	1,641		
<b>13</b> Office expenses	36,321	30,140	6,181	
<b>14</b> Information technology	6,900	6,373	527	
<b>15</b> Royalties				
<b>16</b> Occupancy	89,488	82,435	7,053	
<b>17</b> Travel	11,373	9,886	1,487	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	55,203	43,796	11,407	
<b>23</b> Insurance	16,506	15,614	892	
<b>24</b> 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 )				
<b>a</b> PASS-THROUGH SUB-CONTRACT	100,568	100,000	568	
<b>b</b> SPECIFIC ASSISTANCE	56,668	56,668		
<b>c</b> TRAINING AND RECOGNITION	26,734	25,596	1,138	
<b>d</b> EQUIP. PURCHASE/REPAIRS	7,365	5,807	1,558	
<b>e</b> All other expenses	8,735	6,809	1,926	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,225,990	1,129,195	96,795	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>246,641</b>	<b>1</b>	<b>209,662</b>
	<b>2</b> Savings and temporary cash investments	<b>129,792</b>	<b>2</b>	<b>493,872</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> <b>1,587,592</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b> <b>714,218</b>	<b>907,927</b>	<b>10c</b> <b>873,374</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>51,655</b>	<b>15</b> <b>49,259</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		<b>1,336,015</b>	<b>16</b> <b>1,626,167</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>26,038</b>	<b>17</b>	<b>33,347</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>97,302</b>	<b>23</b>	<b>88,735</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	<b>120,700</b>
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>123,340</b>	<b>26</b> <b>242,782</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,120,539</b>	<b>27</b>	<b>1,258,553</b>
	<b>28</b> Net assets with donor restrictions	<b>92,136</b>	<b>28</b>	<b>124,832</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>1,212,675</b>	<b>32</b>	<b>1,383,385</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>1,336,015</b>	<b>33</b>	<b>1,626,167</b>	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,396,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,225,990
3	Revenue less expenses Subtract line 2 from line 1	3	170,997
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,212,675
5	Net unrealized gains (losses) on investments	5	-287
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,383,385

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
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?		X
3b	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		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**PEACE AT HOME ADVOCACY CENTER, INC.**  
**FORMERLY BATTERED PERSONS' ADVOCACY**

Employer identification number

**93-0771154**

**Part I Reason for Public Charity Status (All organizations must complete this part) See instructions**

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	716,492	934,150	1,114,957	1,096,731	1,374,863	5,237,193
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 <b>Total.</b> Add lines 1 through 3	716,492	934,150	1,114,957	1,096,731	1,374,863	5,237,193
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)						595,508
6 <b>Public support.</b> Subtract line 5 from line 4						4,641,685

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	716,492	934,150	1,114,957	1,096,731	1,374,863	5,237,193
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,211	1,258	1,820	2,637	533	7,459
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						5,244,652
12 Gross receipts from related activities, etc (see instructions)					12	140,964
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	88.50 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.91 %
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
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 <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
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.		
10b	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.)		



**Part IV. Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

2 Activities Test Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

**Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
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			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 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	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**PEACE AT HOME ADVOCACY CENTER, INC.  
FORMERLY BATTERED PERSONS' ADVOCACY**

Employer identification number

**93-0771154**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>146,842</b>		<b>146,842</b>
<b>b</b> Buildings		<b>1,330,158</b>	<b>648,429</b>	<b>681,729</b>
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>102,803</b>	<b>58,000</b>	<b>44,803</b>
<b>e</b> Other		<b>7,789</b>	<b>7,789</b>	

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) **873,374**

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c 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>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 )		<b>5</b>	

**Part XIII Supplemental Information.**

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



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**PEACE AT HOME ADVOCACY CENTER, INC.  
FORMERLY BATTERED PERSONS' ADVOCACY**

Employer identification number

**93-0771154**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>VALENTINES GALA</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	85,722		85,722
	2	Less Contributions	66,912		66,912
	3	Gross income (line 1 minus line 2)	18,810		18,810
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	8,460		8,460
	7	Food and beverages	22,779		22,779
	8	Entertainment	3,281		3,281
	9	Other direct expenses	7,481		7,481
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Subtract line 10 from line 3, column (d)				-23,191

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**Open to Public  
Inspection

Name of the organization	<b>PEACE AT HOME ADVOCACY CENTER, INC. FORMERLY BATTERED PERSONS' ADVOCACY</b>	Employer identification number	<b>93-0771154</b>
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**FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT****SEXUAL ASSAULT SERVICES AND HUMAN TRAFFICKING TEAM:**

- PROVIDE 24/7 SEXUAL ASSAULT/RAPE RESPONSE COORDINATED WITH LAW ENFORCEMENT AGENCIES AND THE HOSPITAL EMERGENCY DEPARTMENT, WHICH INCLUDES:
  - \* SUPPORT DURING THE FORENSIC EVIDENCE COLLECTION PROCESS
  - \* CRIME VICTIMS COMPENSATION REFERRAL
  - \* SAFETY PLANNING - MAY INCLUDE EMERGENCY SHELTER
  - \* DIRECT ASSISTANCE SUCH AS CLOTHING, FOOD, TRANSPORTATION
- PROVIDE PEER COUNSELING AND SUPPORT
- COORDINATES TRAININGS FOR ADVOCATES AND COMMUNITY PARTNERS
- PROVIDE OUTREACH TO COMMUNITY GROUPS, SCHOOLS, ETC.
- HUMAN TRAFFICKING SERVICES ADVOCATE IS PART OF THE DOUGLAS COUNTY HUMAN TRAFFICKING TASK FORCE AND IS THE ONLY SERVICE PROVIDER OFFERING 24/7 SERVICES INCLUDING SAFETY PLANNING, RESOURCE AND REFERRAL, EMERGENCY SHELTER AND CASE MANAGEMENT. THE ADVOCATE ALSO ASSISTS WITH COMMUNITY OUTREACH AND TRAININGS.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****LEGAL ADVOCACY TEAM:**

- ADVOCATES ASSIST VICTIMS WITH FILING TEMPORARY PROTECTIVE ORDERS INCLUDING THE FAMILY ABUSE PREVENTION ACT (FAPA), ELDERLY PERSONS AND PERSONS WITH DISABILITIES ABUSE PREVENTION ACT (EPPDAPA), SEXUAL ABUSE PROTECTION ORDER (SAPO) AND STALKING PROTECTIVE ORDERS (SPO)
- ASSIST WITH PREPARING FOR AND PROVIDING EMOTIONAL SUPPORT AT CONTESTED PROTECTIVE ORDER HEARINGS

Name of the organization

Employer identification number

PEACE AT HOME ADVOCACY CENTER, INC.

93-0771154

- O PROVIDE EMOTIONAL SUPPORT DURING TRIAL OR FAMILY COURT HEARINGS
- O OFFER OTHER ADVOCACY AND REFERRALS TO LAW ENFORCEMENT, LEGAL AID SERVICES OF OREGON AND MODEST MEANS ATTORNEYS

## TRANSITIONAL HOUSING SERVICES TEAM:

- O PROVIDE APPLICATIONS FOR AFFORDABLE TRANSITIONAL UNITS AND LEASE UP APPROVED APPLICANTS
- O OFFER CASE MANAGEMENT AND ON-GOING SAFETY PLANNING
- O PROVIDE URGENT TRANSPORTATION
- O PROVIDE RESOURCES AND REFERRALS (E.G. PERMANENT HOUSING, RENT ASSISTANCE, FOOD BOXES)

## COMMUNITY OUTREACH TEAM:

- O DHS CO-LOCATED ADVOCATE IS STATIONED AT DHS OFFICES AND PROVIDES CONSULTATION, TRAINING AND SERVICES FOR THE SELF-SUFFICIENCY PROGRAM AND CHILD WELFARE PROGRAM. THE ADVOCATE IS RESPONSIBLE FOR CRISIS INTERVENTIONS, SAFETY PLANNING, PEER SUPPORT, AND COURT ACCOMPANIMENT SERVICES.
- O SAFER FUTURES ADVOCATE PROVIDES CONSULTATION AND TRAINING TO HEALTHCARE AND SOCIAL SERVICE PROVIDERS, SPECIFICALLY SUPPORTING SURVIVORS WHO ARE PREGNANT OR NEW MOTHERS. INTERVENTION SERVICES MAY INCLUDE CRISIS INTERVENTIONS, SAFETY PLANNING, PEER COUNSELING/GROUPS, BIRTHING SUPPORT, FINANCIAL ASSISTANCE AND REFERRALS.
- O HEALTHY RELATIONSHIP ADVOCATES ARE CO-LOCATED AT PRIMARY CARE CLINICS AND THE EMERGENCY DEPARTMENT TO PROVIDE CRISIS INTERVENTIONS AND OFFER CONSULTATION AND TRAINING TO HEALTHCARE PROVIDERS. ADVOCATES OFFER PEER SUPPORT, SAFETY PLANNING, TRANSPORTATION, MEDICAL ACCOMPANIMENT, ASSISTANCE

Name of the organization

Employer identification number

PEACE AT HOME ADVOCACY CENTER, INC.

93-0771154

WITH ACCESSING HEALTH INSURANCE AND A PROVIDER.

O CARE (CAMPUS, ADVOCACY, RESPONSE & EDUCATION) ADVOCATE IS CO-LOCATED ON CAMPUS AT UMPQUA COMMUNITY COLLEGE AND PRIMARILY COLLABORATES WITH THE TITLE IX PROGRAM TO REACH STUDENTS WHO MAY HAVE EXPERIENCED VIOLENCE AND OFFER SERVICES. THE ADVOCATE IS AVAILABLE TO CAMPUS STAFF AND FACULTY FOR CONSULTATION AND SERVES ON THE BEHAVIORAL HEALTH TEAM.

O LAP ADVOCATE IS LAW ENFORCEMENT AGENCIES POINT OF CONTACT FOR REFERRALS, TECHNICAL ASSISTANCE AND CONSULTATION. THE ADVOCATE PROVIDES SAFETY PLANNING, PEER SUPPORT, RESOURCE AND REFERRAL, ACCOMPANIMENT TO INTERVIEWS, AND COURT WHEN REFERRED BY LAW ENFORCEMENT OR THE PROSECUTOR'S OFFICE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE IT IS FILED. AFTER HER REVIEW, THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AT A MONTHLY BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE INDEPENDENT BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION, INCLUDING BENEFITS, ANNUALLY. COMPARABLE DATA FOR SIMILAR POSITIONS IS REVIEWED AS AVAILABLE. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IS DOCUMENTED IN THE WRITTEN MINUTES OF BOARD MEETINGS.

Name of the organization

Employer identification number

**PEACE AT HOME ADVOCACY CENTER, INC.**

**93-0771154**

**FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION**

**ANNUAL FORM 990S ARE ALSO TYPICALLY AVAILABLE THROUGH GUIDESTAR.ORG**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL**

**STATEMENTS ARE AVAILIABLE UPON REQUEST FROM THE EXECUTIVE DIRECTOR. COPIES**

**MAY ALSO PROVIDED WITH GRANT APPLICATIONS AND CONTRACTS.**



Amended By-Laws EIN: 93-0771154



# Peace at Home

ADVOCACY CENTER

**Peace at Home Advocacy Center**  
**Formerly Battered Persons' Advocacy**  
**BY-LAWS**

## ARTICLE I – NAME

The name of this non-profit corporation shall be Peace at Home Advocacy Center

## ARTICLE II – PURPOSE

The purposes for which this corporation is formed are

- A To provide support for survivors of family violence, sexual assault, stalking and human trafficking
- B To provide education and consultation to community partners and organizations engaged in helping survivors of family violence, sexual assault, stalking and human trafficking.
- C. Increase community awareness and understanding of family violence, sexual assault, stalking and human trafficking
- D To recruit community resources for the benefit of survivors of family violence, sexual assault, stalking and human trafficking
- E To explore and support innovative and responsive approaches to prevention and responses to family violence, sexual assault, stalking and human trafficking
- F. To encourage and develop safe and low-income housing for survivors of family violence, sexual assault, stalking and human trafficking

The general purposes and powers are

- A This corporation shall have and exercise all powers necessary or convenient to affect any or all of the above listed purposes, subject to the requirements of ORS Chapter 61 and 62, U S Code 501.

## ARTICLE III – MEETINGS

- A Regular business meetings shall be held monthly by the Board of Directors to conduct the business of the corporation, with no fewer than six meetings per year
- B. The Executive Committee shall consist only of directors of the Corporation and shall be composed of the Chairperson of the Board, the Vice Chairperson of the Board, the Treasurer of the Board, Secretary of the Board and the Executive Director, each of whom shall serve as an ex officio voting member of the Executive Committee. Each individual appointed to the Executive Committee shall serve for a term of one (1) year or until his or her successor is duly appointed by the Board of Directors. Any vacancy of an appointed Executive Committee membership may be filled for the unexpired portion of the term in the manner that the original committee member was appointed. Except as provided by law, the Executive Committee shall have and may exercise such powers as may be delegated to it by the Board of Directors. Additionally, the Executive Committee shall have and may exercise such powers to transact routine business of the Corporation in the interim period between regularly scheduled meetings of the Board of Directors, provided that such actions taken shall be consistent with and not conflict with any actions or policies of the Board of Directors or of the Corporate Member, with these Bylaws, or with applicable law. All actions taken by the Executive Committee shall be promptly reported to the Board of Directors at the next regular or annual meeting of the Board of Directors. The Executive Committee shall meet at such times as shall be determined by the Chairperson. The Executive Committee shall keep regular minutes of its proceedings and report the same to the Board of Directors at each regular meeting of the Board.

## ARTICLE IV – BOARD OF DIRECTORS

- A The business and affairs of the corporation shall be managed by the Board members as defined in the Board of Directors job description and they shall delegate implementation of policy to the Executive Director. The Board of Directors shall be elected by a quorum of Board members. To become a member of the Board, one must have been a volunteer of the organization or a community member who has demonstrated an understanding of the issues of family violence, sexual assault, stalking and human trafficking. Every Board member is required to complete 12 hours of training which is recorded and

reported to the Department of Justice, Crime Victims Survivors Services Division.

- B. No Board member shall receive compensation for serving as such. Expenses of the Board members shall be paid at the discretion of the Board of Directors.
- C. Special meetings of the Board may be called by the Chairperson or any Board member. Notice of special meetings shall be given to each Director.
- D. Annual meetings shall be held at a time and place to be determined by the Board of Directors. Annual meetings allow time for the election of officers and required training.
- E. A quorum to transact any business shall consist of 51% of the Board of Directors.
- F. The Board will meet in-person, by telephone (conference or individual calls), or video. Any business conducted in the above manners shall be reported and recorded in the minutes.
- G. Email votes may be necessary in extenuating or emergency situations. Every director on the board will have an updated email address on file with the Executive Director and Secretary of the Board. A member of the Executive Committee will send an email notice to each director of the board that a vote or action will be taken. The electronic mail announcement must include a description of the matter on which the board of directors will take action. Directors of the board must have at least 48 hours to vote. The electronic mail announcement must specify that the directors have not less than 48 hours after the time the corporation sends the announcement to vote. Directors can change their vote any time before the 48-hour deadline expires. The vote is effective on the 48-hour deadline unless the announcement says a longer period is required. A record of the announcement and of the Directors votes must be kept on file. An affirmative vote of the majority of directors who hold office at the time the vote is taken is required to pass any item of business, unless your bylaws require a greater majority for a normal board meeting.
- H. After three consecutive absences from the monthly Board meetings, a Board member may be asked to resign and a new Board member may be appointed by the Board of Directors prior to the official election. Request for resignation will be either via written or phone contact by the Board Chair of directors.
- I. Any Board member facing a potential conflict of interest situation shall publicly announce such conflict and voluntarily refrain from discussion and voting on that issue.

## ARTICLE V – OFFICERS

- A. The officers of this corporation shall be chosen by the Board at the annual meeting and shall consist of at least one Board Chair, one Vice-Chair, one Treasurer, and one Secretary. The same person cannot hold chairperson, treasurer or secretary positions. Each officer shall serve until a successor is elected or appointed by the Board.
- B. The officers shall hold office at the pleasure of the Board of Directors. Any officer elected or appointed by the Board may be removed from office by a majority vote of the Board. In case of vacancy for any reason, the Board shall have the power to fill the same.
- C. Description of Duties of Officers:
- i. Board Chair. The Board Chair of the Board of Directors shall oversee the governance of the corporation; shall preside at all meetings of the Board of Directors and Executive Committee; shall appoint the chair of each committee except the Finance Committee and shall appoint each Board member to a committee; shall approve the appointment of any non-Board member to a committee; shall coordinate the Board's employment, supervision, evaluation, and termination of the Executive Director; shall recommend to the full Board for final approval the annual compensation of the Executive Director; and shall see that all orders and resolutions of the Board of Directors are carried into effect.
  - ii. Vice-Chair. In the absence of the Board Chair or in the event of her/his/their inability or refusal to act, the Vice-Chair shall perform the duties of the Board Chair, and when so acting, shall have all the powers of the Board Chair.
  - iii. Secretary. The Secretary of the Board of Directors shall have overall responsibility for all record keeping of the Board. Under the direction and supervision of the Board Chair of the Board of Directors, the Secretary shall perform, or cause to be performed, the following duties: official recording of the minutes including actions of all regular and special meetings, record and vote proxies from members filed in advance of the Annual Meeting, preside at meetings of the Board of Directors in the absence of the Board Chair and Vice-Chair, and retain all records relating to the hiring and performance review and termination of the Executive Director.
  - iv. Treasurer. The Treasurer of the Board of Directors shall have overall

responsibility for all corporation funds. The Treasurer shall perform, or cause to be performed, the following duties: review accounts of all the financial records of the corporation and assist in the development of the annual budget

- v Past Board Chair The past Board Chair shall ensure a smooth transition to the new President. The past Board Chair may remain a member of the Executive Committee and Finance Committee for one year after serving as the Board Chair.

#### ARTICLE VI – PHA AUXILIARY

Peace at Home Advocacy Center shall maintain a list of interested community members who would like to be affiliated with and contribute to the organization, but are unable to make a commitment as a Board member

#### ARTICLE VII – WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the non-profit corporation laws of Oregon (ORS Ch. 61) or under the provisions of these by-laws, a waiver thereof, in writing, signed by the persons(s) entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice

#### ARTICLE VIII – COMMITTEES

- A The corporation shall have committees as the Board of Directors or Chairperson may designate
- B Annually, the Chairperson, after consulting the Board, shall appoint the chairperson and members of all committees. The Board may remove any committee member whenever the best interest of the corporation shall be served by such removal.
- C Unless otherwise designated in the by-laws, committees shall perform in an advisory capacity only
- D The Executive Committee will be comprised of the Chair, Vice-Chair, Treasurer and Secretary of the Board. The Executive Committee shall consist only of directors of the Corporation and shall be composed of the Chairperson of the Board, the Vice-Chair of the Board, and the Board Chair and Chief Executive Officer, each of whom shall serve as an ex officio voting member of the

Executive Committee. Each individual appointed to the Executive Committee shall serve for a term of one (1) year or until his or her successor is duly appointed by the Board of Directors. Any vacancy of an appointed Executive Committee membership may be filled for the unexpired portion of the term in the manner that the original committee member was appointed. Except as provided by law, the Executive Committee shall have and may exercise such powers as may be delegated to it by the Board of Directors. Additionally, the Executive Committee shall have and may exercise such powers to transact routine business of the Corporation in the interim period between regularly scheduled meetings of the Board of Directors, provided that such actions taken shall be consistent with and not conflict with any actions or policies of the Board of Directors or of the Corporate Member, with these Bylaws, or with applicable law. All actions taken by the Executive Committee shall be promptly reported to the Board of Directors at the next regular or annual meeting of the Board of Directors. The Executive Committee shall meet at such times as shall be determined by the Chairperson. The Executive Committee shall keep regular minutes of its proceedings and report the same to the Board of Directors at each regular meeting of the Board.

#### ARTICLE IX – CONTRACTS, CHECKS, DEPOSITS, GIFTS

- A. The Board may authorize any officer or agent of the corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or limited to specific instances.
- B. All checks and/or electronic transactions for the amount of \$2,000 or less may be signed by the Executive Director. A transaction detail will be provided monthly to the Executive Committee for review. All checks and/or electronic transfers more than \$2,000 require two signers, either the Executive Director and one Board member, or two Board members.
- C. Notes or other evidences of indebtedness issued in the name of the corporation shall be approved by the Board Chair for the Executive Director to sign on behalf of the Corporation.
- D. All funds of the corporation shall be deposited in a timely manner to the credit of the corporation in such banks or other depositories as the Board may select.
- E. The Board may accept on behalf of the corporation any contribution, gift, bequest, or device for general purposes or for any special purpose of the corporation.

#### ARTICLE X – FISCAL YEAR

The fiscal year for the corporation shall be July 1 through June 30

#### ARTICLE XI – DISSOLUTION CLAUSE

The provision for the distribution of assets upon dissolution or final liquidation of Peace at Home Advocacy Center shall be to distribute all assets to the Oregon Coalition Against Domestic and Sexual Violence, pursuant to ORS Chapter 61

#### ARTICLE XII – AMENDMENT OF BY-LAWS

- A. By-law amendments shall arise by:
  - 1. A recommendation from a regularly appointed by-law committee, or
  - 2. Presentation of a recommendation by a volunteer or staff member to the Board of Directors
- B. The proposed amendment or amendments shall be voted on by the Board, requiring 51% of the Board members to pass the amendments



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
Fax: (503) 378-4381  
www.filinginoregon.com

## 2020 ANNUAL REPORT

Registry Number: 140253-16

Date of Incorporation: 10/24/1979

Fee: \$50.00

Due Date: 10/24/2020

Type: DOMESTIC NONPROFIT CORPORATION

0184  
PEACE AT HOME :ADVOCACY CENTER  
PO BOX 1942  
ROSEBURG OR 97470

FILED  
SEPTEMBER 21 2020  
OREGON SECRETARY OF STATE

**Name of Domestic Nonprofit Corporation**  
PEACE AT HOME :ADVOCACY CENTER

**Jurisdiction:** OREGON

**Nonprofit Type:** Public Benefit

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

MELANIE TAYLOR PRUMMER  
1202 SE DOUGLAS  
ROSEBURG OR 97470

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

**1) Type of Business**

**2) Principal Place of Business** (Str. address,city,state,zip)

1202 SE DOUGLAS  
ROSEBURG OR 97470

**3) Mailing Address** (Address,city,state,zip)

PO BOX 1942  
ROSEBURG OR 97470

**4) President Name and Address**

CHARLEY THOMPSON  
2555 NW EDENBOWER BLVD  
ROSEBURG OR 97471

**5) Secretary Name and Address**

JORDAN JUNGWIRTH  
280 KENNETH FORD DR  
ROSEBURG OR 97471

**6) Signature**

**7) Printed Name**

Melanie Taylor Prummer

**8) Date**

09/10/2020

**9) Phone Number**

(541) 957-0288

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with major credit card. Submit the card number and expiration date on a separate page for your protection.





FILED

FEB 21 2020

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 14025316

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: Battered Persons' Advocacy

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read (Attach a separate sheet if necessary)  
Article # 1 Name Change  
Change to = "Peace at Home: Advocacy Center"

3) THE AMENDMENT WAS ADOPTED ON: January 9, 2020  
(If more than one amendment was adopted, identify the date of adoption of each amendment)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

5) EXECUTION: (Must be signed by at least one officer or director.)  
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Title:

Melanie M. Taylor Prummer

Executive Director

CONTACT NAME: (To resolve questions with this filing)

Melanie Prummer

PHONE NUMBER: (Include area code.)

cell (360) 440-3601

off (541) 957-0288

<b>FEES</b>
Required Processing Fee: \$50

PEACE AT HOME : ADVOCACY CENTER



14025316-20855170

AMDART

## Business Registry Business Name Search

05-07-2021

12:54

[New Search](#)

## Business Entity Data

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
140253-16	DNP	ACT	OREGON	10-24-1979	10-24-2021	
<b>Entity Name</b>	PEACE AT HOME :ADVOCACY CENTER					
<b>Foreign Name</b>						
<b>Non Profit Type</b>	PUBLIC BENEFIT					

[New Search](#)

## Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS		
<b>Addr 1</b>	1202 SE DOUGLAS			
<b>Addr 2</b>				
<b>CSZ</b>	ROSEBURG	OR	97470	<b>Country</b> UNITED STATES OF AMERICA.

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT	Start Date	10-05-2012	Resign Date	
<b>Name</b>	MELANIE	TAYLOR	PRUMMER			
<b>Addr 1</b>	1202 SE DOUGLAS					
<b>Addr 2</b>						
<b>CSZ</b>	ROSEBURG	OR	97470	<b>Country</b>	UNITED STATES OF AMERICA.	

Type	MAL	MAILING ADDRESS		
<b>Addr 1</b>	PO BOX 1942			
<b>Addr 2</b>				
<b>CSZ</b>	ROSEBURG	OR	97470	<b>Country</b> UNITED STATES OF AMERICA

Type	PRE	PRESIDENT		Resign Date	
<b>Name</b>	CHARLEY	THOMPSON			
<b>Addr 1</b>	2555 NW EDENBOWER BLVD				
<b>Addr 2</b>					
<b>CSZ</b>	ROSEBURG	OR	97471	<b>Country</b>	UNITED STATES OF AMERICA

Type	SEC	SECRETARY		Resign Date	
<b>Name</b>	JORDAN	JUNGWIRTH			
<b>Addr 1</b>	280 KENNETH FORD DR				
<b>Addr 2</b>					
<b>CSZ</b>	ROSEBURG	OR	97471	<b>Country</b>	UNITED STATES OF AMERICA














[New Search](#)

## Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
PEACE AT HOME :ADVOCACY CENTER	EN	CUR	02-21-2020	
BATTERED PERSONS' ADVOCACY	EN	PRE	10-24-1979	02-21-2020

Please read before ordering Copies.[New Search](#)

## Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	09-21-2020		FI		
	ARTICLES OF AMENDMENT	02-21-2020		FI	Name	
	AMENDED ANNUAL REPORT	10-12-2019		FI		
	AMENDED ANNUAL REPORT	10-05-2018		FI		
	AMENDED ANNUAL REPORT	09-29-2017		FI		
	AMENDED ANNUAL REPORT	09-28-2016		FI		
	AMENDED ANNUAL REPORT	10-26-2015		FI		
	AMENDED ANNUAL REPORT	10-17-2014		FI		
	AMENDED ANNUAL REPORT	10-07-2013		FI		
	AMENDED ANNUAL REPORT	10-05-2012		FI	Agent	
	AMENDED ANNUAL REPORT	09-26-2011		FI		
	AMENDED ANNUAL REPORT	09-24-2010		FI		
	AMENDED ANNUAL REPORT	09-17-2009		FI		
	ANNUAL REPORT	09-24-2008		FI		
	ANNUAL REPORT	09-27-2007		FI		
	AMENDED ANNUAL REPORT	11-03-2006		FI		
	ANNUAL REPORT PAYMENT	09-26-2005		SYS		
	ANNUAL REPORT PAYMENT	09-27-2004		SYS		
	ANNUAL REPORT PAYMENT	09-25-2003		SYS		
	ANNUAL REPORT PAYMENT	10-08-2002		SYS		
	ANNUAL REPORT	11-09-2001		SYS		