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Form **990**
 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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOJOURNER CENTER Doing Business As		D Employer identification number 94-2465081	
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 20156		E Telephone number (602) 244-0997	
	City or town, state or country, and ZIP + 4 PHOENIX, AZ 85036		G Gross receipts \$ 7,148,132	
	F Name and address of principal officer MARIA GARAY MSW PHD PO BOX 20156 PHOENIX, AZ 85036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW SOJOURNERCENTER ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1977	M State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO OVERCOME THE IMPACT OF DOMESTIC VIOLENCE ONE LIFE AT A TIME		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	163
	6 Total number of volunteers (estimate if necessary)	6	1,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,041,860	Current Year 3,688,612
	9 Program service revenue (Part VIII, line 2g)	80,662	1,955,693
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,658	281,639
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	10,916
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,173,180	5,936,860
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,901,108	3,526,515
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 683,877		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,015,836	2,716,725
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,916,944	6,243,240
19 Revenue less expenses Subtract line 18 from line 12	-1,743,764	-306,380	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,351,460	End of Year 18,996,764
	21 Total liabilities (Part X, line 26)	3,505,832	3,462,801
	22 Net assets or fund balances Subtract line 21 from line 20	15,845,628	15,533,963

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	2014-04-21 Date			
	TERE CAMARENA PRESIDENT Type or print name and title				
Paid Preparer Use Only	Pnnt/Type preparer's name BRENDA BLUNT	Preparer's signature	Date 2014-04-18	Check <input type="checkbox"/> if self-employed	PTIN P00075126
	Firm's name EIDE BAILLY LLP	Firm's EIN 45-0250958			
	Firm's address 1850 N CENTRAL AVE SUITE 400 PHOENIX, AZ 850044527	Phone no (602) 264-5844			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

TO OVERCOME THE IMPACT OF DOMESTIC VIOLENCE ONE LIFE AT A TIME

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 \$ 3,622,960 including grants of \$) (Revenue \$ 1,788,800)

RESIDENTIAL SERVICES SOJOURNER CENTER'S CRISIS AND TRANSITIONAL SHELTERS PROVIDE A CONTINUUM OF SERVICES DESIGNED TO HELP FAMILIES OVERCOME ABUSE IN ADDITION TO THE BASICS OF FOOD, CLOTHING AND SHELTER, MANY SUPPORT SERVICES WERE PROVIDED, ACCORDING TO EACH INDIVIDUAL'S NEEDS THESE INCLUDED SPECIALIZED SERVICE FOR CHILDREN, A LICENSED CHILD CARE CENTER, FAMILY ASSISTANCE PROGRAM TO HELP FAMILIES IN REDEFINING "FAMILY" WITHOUT THE PRESENCE OF AN ABUSER, CASE MANAGEMENT SERVICES TO HELP WOMEN DEFINE AND PURSUE THEIR GOALS, EDUCATION CLASSES TO ADDRESS A VARIETY OF ISSUES, EMPLOYMENT ASSISTANCE AND FINANCIAL LITERACY EDUCATION TO SUPPORT FINANCIAL INDEPENDENCE GOALS FOR WOMEN, ADVOCACY SERVICES FOR PARTICIPANTS WITH BEHAVIORAL OR MENTAL HEALTH ISSUES (CONT ON SCH O) IN FYE 2013 RESIDENTIAL SERVICES PROVIDED 1,676 WOMEN AND 1,429 CHILDREN WITH COMPREHENSIVE RESIDENTIAL SERVICES THAT INCLUDED 51,332 BED NIGHTS AND 83,618 MEALS NOT INCLUDING MEALS SERVED IN THE CHILD CARE CENTER

4b (Code) (Expenses \$ 467,632 including grants of \$) (Revenue \$ 65,363)

FAMILY ENRICHMENT FAMILY ENRICHMENT PROVIDES COMPREHENSIVE, INTEGRATED SERVICES THAT SUPPORT MOMS IN CREATING A SAFE AND NURTURING ENVIRONMENT FOR THEIR KIDS THESE INCLUDE SAFETY PLANNING SESSIONS, ONSITE CHILD CARE, ASSISTANCE IN REDEFINING THE CONCEPT OF "FAMILY" WITHOUT ABUSE, AND MANY EDUCATIONAL AND SUPPORT CLASSES TO FOSTER SUPPORT, CONNECTION AND LEARNING AMONG PARTICIPANTS IN FYE 2013 A TOTAL OF 226 CHILDREN WERE ENROLLED AND RECEIVED SERVICES IN THE LICENSED ONSITE CHILD CARE CENTER AND ALSO RECEIVED CLASSES ADDRESSING SAFETY PLANNING, DOMESTIC VIOLENCE, SELF-ESTEEM AND SOCIAL SKILLS THESE CHILDREN WERE SERVED 18,567 MEALS AND SNACKS IN THE CHILD CARE CENTER

4c (Code) (Expenses \$ 616,045 including grants of \$) (Revenue \$ 67,272)

SUPPORTED LIVING SUPPORTED LIVING IS AN OFF-SITE TRANSITIONAL HOUSING PROGRAM DESIGNED TO INCREASE THE AVAILABILITY OF AFFORDABLE HOUSING WITH CONTINUED SUPPORT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE COMPLETED IN 2010, THE "FILLMORE COMMONS" OFFERS 29 APARTMENTS, A COMMUNITY CLUBHOUSE, EDUCATION CENTER AND A DONATION CENTER THE DONATION CENTER RECEIVES COMMUNITY DONATIONS OF FURNITURE, CLOTHING AND HOUSEHOLD GOODS FOR DISTRIBUTION TO THE PROGRAM PARTICIPANTS THIS HOUSING PROGRAM IS A CRUCIAL LINK IN A CONTINUUM OF SERVICES THAT IS HELPING FAMILIES FIND SELF-SUFFICIENCY NEEDED TO TRULY BREAK THE CYCLE OF DOMESTIC VIOLENCE AT FILLMORE COMMONS THE CHILDREN HAVE A SAFE PLACE TO PLAY AND THE WOMEN HAVE CREATED A SUPPORTIVE COMMUNITY WITH EACH OTHER (CONT ON SCH O) IN CLOSE PROXIMITY TO OUR OTHER PROGRAMS, THE SCHOOL AGED CHILDREN CAN REMAIN ENROLLED IN THE SAME PUBLIC SCHOOL AND YOUNGER CHILDREN MAY CONTINUE TO USE OUR LICENSED CHILD CARE CENTER IN FYE 2013 A TOTAL OF 340 WOMEN AND 532 CHILDREN OBTAINED SAFE, AFFORDABLE HOUSING AT FILLMORE COMMONS AND CONTINUED TO RECEIVE ESSENTIAL SUPPORTIVE SERVICES TO OVERCOME DOMESTIC VIOLENCE IN THEIR LIVES

(Code) (Expenses \$ 148,004 including grants of \$) (Revenue \$ 34,258)

LAY LEGAL ADVOCACY PROGRAM THE ADVOCACY PROGRAM HELPS VICTIMS OF DOMESTIC VIOLENCE ATTAIN SAFETY AND JUSTICE BY ENABLING PARTICIPANTS TO FULLY ACCESS THE LEGAL RESOURCES AVAILABLE TO THEM SERVICES INCLUDE ASSISTANCE IN COMPLETING FORMS AND FILING FOR ORDERS OF PROTECTION, OBTAINING CHILD SUPPORT, HEALTH INSURANCE, HOUSING AND OTHER NEEDS IN FYE 2013 A TOTAL OF 825 PARTICIPANTS RECEIVED LAY LEGAL ASSISTANCE HOTLINE SOJOURNER CENTER MAINTAINS A 24-HOUR HOTLINE DURING THE PAST YEAR THERE WERE 2,631 CALLS THAT RESULTED IN 1,307 NEW CRISIS INTAKES TO OUR RESIDENTIAL PROGRAM COMMUNITY OUTREACH SOJOURNER CENTER CONDUCTS A VARIETY OF ACTIVITIES DESIGNED TO EDUCATE THE COMMUNITY ABOUT DOMESTIC VIOLENCE AND TO PROVIDE INDIVIDUALS, COMPANIES, CHURCHES, CIVIC GROUPS, STUDENTS -- ANYONE WITH THE DESIRE TO MAKE A DIFFERENCE -- THE OPPORTUNITY TO PARTNER WITH SOJOURNER CENTER TO CREATE AND DEVELOP INNOVATIVE SOLUTIONS FOR OVERCOMING THE IMPACT OF DOMESTIC VIOLENCE IN FYE 2013 - THE DONATION CENTER RECEIVED \$1,382,886 IN DONATED GOODS AND SERVICES - THE VANGUARD PROGRAM COORDINATED WITH OVER 1,000 INDIVIDUALS TO PROVIDE 11,571 HOURS OF VOLUNTEER SERVICES - OUR WORKSHOP SERIES CONDUCTED 16 WORKSHOPS TO 214 INDIVIDUALS ON TOPICS INCLUDING TEEN DATING VIOLENCE, DOMESTIC VIOLENCE (DV) 101, SUPPORTING FRIENDS AND FAMILY AFFECTED BY DV AND RED FLAGS OF DV - TOURS OF THE SOJOURNER CENTER FACILITIES SERVE AS AN IMPORTANT POINT OF ENTRY FOR POTENTIAL SUPPORTERS THERE WERE 76 TOURS WITH 1,144 INDIVIDUALS ATTENDING, OF THESE 342 (40%) HAD BEEN REFERRED BY ANOTHER PERSON

4d Other program services (Describe in Schedule O)
(Expenses \$ 148,004 including grants of \$) (Revenue \$ 34,258)

4e Total program service expenses 4,854,641

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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 in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 **AZ**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization
MARIA GARAY MSW PHD PO BOX 20156 PHOENIX, AZ (602) 244-0997

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

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

Check this box if neither the organization 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) TERE CAMARENA PRESIDENT	5 00	X		X			0	0	0	
(2) DAVE RAMIREZ PAST PRESIDENT / CHAIR FACILITIES COMMITTEE	5 00	X		X			0	0	0	
(3) DAVE RYAN VP FINANCE	4 00	X		X			0	0	0	
(4) NICOLE ONG VP SUSTAINABLE FUNDING	4 00	X		X			0	0	0	
(5) DONNA TANORI VP BOARD GOVERNANCE	4 00	X		X			0	0	0	
(6) MICHAEL KRILEY VP PROGRAMS/OUTGOING VP SU	6 00	X		X			0	0	0	
(7) DAVE FRANKE ENDOWMENT CHAMPION	3 00	X		X			0	0	0	
(8) JANE ADAMSON BOARD MEMBER	2 00	X					0	0	0	
(9) AARON DOCK BOARD MEMBER	2 00	X					0	0	0	
(10) BOB ENRIGHT BOARD MEMBER	2 00	X					0	0	0	
(11) JEANETTE EVERETTE BOARD MEMBER	2 00	X					0	0	0	
(12) JUDY FALK BOARD MEMBER	2 00	X					0	0	0	
(13) CHRISTINE GIRARD BOARD MEMBER	2 00	X					0	0	0	
(14) STANLIE M JAMES BOARD MEMBER	2 00	X					0	0	0	
(15) JAN HIGHFIELD BOARD MEMBER	2 00	X					0	0	0	
(16) ROBERT KNECHTEL BOARD MEMBER	2 00	X					0	0	0	
(17) PATRICK J RAMIREZ BOARD MEMBER	2 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			
(18) AMANDA THOMAS BOARD MEMBER	2 00	X						0	0	0
(19) CONNIE PHILLIPS EXECUTIVE DIRECTOR	40 00			X				112,881	0	2,700
(20) GEORGE ALLMAN DIRECTOR OF FINANCE	40 00			X				58,420	0	0
(21) LINDA VOLHEIN INTERIM EXECUTIVE DIRECTOR	40 00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							171,301	0		2,700

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 **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	234,675		234,675	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	2,744,081	2,210,715	233,409	299,957
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	18,019	13,819	2,632	1,568
9	Other employee benefits.	283,015	258,658	14,006	10,351
10	Payroll taxes.	246,725	186,455	36,143	24,127
11	Fees for services (non-employees)				
a	Management.	79,119	5,307	73,812	
b	Legal.				
c	Accounting.	86,156	23,963	62,193	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	130,389			130,389
12	Advertising and promotion.	32,906		3,180	29,726
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	382,474	367,837	5,885	8,752
17	Travel.	14,872	4,349	1,175	9,348
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	401,731	394,743	3,565	3,423
23	Insurance.	59,457	52,171	4,902	2,384
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DONATED GOODS EXPENSES	925,474	925,474		
b	SUPPLIES	284,903	265,731	10,149	9,023
c	MISCELLANEOUS	122,150	47,805	7,064	67,281
d	BAD DEBT	54,194			54,194
e	All other expenses	142,900	97,614	11,932	33,354
25	Total functional expenses. Add lines 1 through 24e.	6,243,240	4,854,641	704,722	683,877
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,104	1	1,127,335
	2 Savings and temporary cash investments	2,086,892	2	1,220,945
	3 Pledges and grants receivable, net	1,224,440	3	1,178,953
	4 Accounts receivable, net	446,815	4	379,800
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,045	9	8,989
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,529,774		
	b Less accumulated depreciation	10b 2,655,672	12,027,279	10c 11,874,102
	11 Investments—publicly traded securities	1,104,511	11	1,978,041
	12 Investments—other securities See Part IV, line 11	668,980	12	1,228,599
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,757,394	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,351,460	16	18,996,764	
Liabilities	17 Accounts payable and accrued expenses	348,438	17	305,407
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,157,394	23	3,157,394
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,505,832	26	3,462,801
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,805,857	27	12,572,643
	28 Temporarily restricted net assets	3,039,771	28	1,159,864
	29 Permanently restricted net assets		29	1,801,456
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,845,628	33	15,533,963	
34 Total liabilities and net assets/fund balances	19,351,460	34	18,996,764	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,936,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,243,240
3	Revenue less expenses Subtract line 2 from line 1	3	-306,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,845,628
5	Net unrealized gains (losses) on investments	5	-5,285
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,533,963

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O	Yes	
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?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOJOURNER CENTER

Employer identification number
94-2465081

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 11, 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)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,845,053	7,499,847	6,898,304	6,041,860	3,688,612	31,973,676
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,845,053	7,499,847	6,898,304	6,041,860	3,688,612	31,973,676
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						31,973,676

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,845,053	7,499,847	6,898,304	6,041,860	3,688,612	31,973,676
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,040	32,994	58,664	50,658	32,657	261,013
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 IV.)					10,916	10,916
11 Total support (Add lines 7 through 10)						32,245,605
12 Gross receipts from related activities, etc (see instructions)					12	2,314,395

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.160 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	98.690 %

16a 33 1/3% support test—2012. 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

b 33 1/3% support test—2011. 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

17a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 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 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
13 Total support. (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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS - 2012 AMOUNT \$ 10,916

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SOJOURNER CENTER

Employer identification number

94-2465081

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor information and fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II containing questions 1-9 about conservation easements, including a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III containing questions 1a, 1b, and 2 regarding the reporting of art and historical treasures, including revenue and asset amounts.

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 are a 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 programs
- 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" to 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,109,423	1,070,716	875,863	693,247	696,260
b Contributions	1,728,933	30,385	0	76,525	133,443
c Net investment earnings, gains, and losses	54,625	8,322	250,399	106,091	-115,509
d Grants or scholarships					
e Other expenditures for facilities and programs			55,546		20,947
f Administrative expenses					
g End of year balance	2,892,981	1,109,423	1,070,716	875,863	693,247

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

- a** Board designated or quasi-endowment ▶ 37.730 %
- b** Permanent endowment ▶ 62.270 %
- c** Temporarily restricted endowment ▶
The percentages in 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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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
1a Land		918,878		918,878
b Buildings		11,300,395	2,041,480	9,258,915
c Leasehold improvements		1,728,833	179,413	1,549,420
d Equipment		496,935	373,056	123,879
e Other		84,733	61,723	23,010
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,874,102

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

1	Total revenue, gains, and other support per audited financial statements	1	6,031,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-5,285
b	Donated services and use of facilities	2b	100,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	94,715
3	Subtract line 2e from line 1	3	5,936,860
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,936,860

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

1	Total expenses and losses per audited financial statements	1	6,343,240
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	100,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	100,000
3	Subtract line 2e from line 1	3	6,243,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,243,240

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE INVESTED TO PROVIDE A REVENUE STREAM TO SUPPLEMENT OTHER SOURCES OF REVENUE TO ENSURE THE ORGANIZATION'S ABILITY TO PROVIDE SERVICES IN TIMES OR DONOR OR GOVERNMENTAL FUNDING FLUCTUATIONS BOARD DESIGNATED ENDOWMENTS ARE A SAFETY NET TO PROVIDE FOR THE ORGANIZATION'S NEEDS DURING DOWN ECONOMIC CYCLES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION BELIEVES ALL ACTIVITIES MEET EXEMPT PURPOSES AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS AT JUNE 30, 2013 AND 2012

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization SOJOURNER CENTER

Employer identification number 94-2465081

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and CAPITAL IMPROVEMENTS.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a (property holding period), 31 (gift acceptance policy), 32a (hire or use third parties), and 33 (reporting requirements).

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SOJOURNER CENTER

Employer identification number

94-2465081

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	EACH BOARD MEMBER IS ALSO A MEMBER OF THE CORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	REVIEW IS CONDUCTED BY THE FINANCE COMMITTEE AND ON APPROVAL IS PRESENTED TO THE BOARD WITH RECOMMENDATION TO APPROVE
	FORM 990, PART VI, SECTION B, LINE 12C	<p>ONCE A CONFLICT OF INTEREST ARISES, IN ADDITION TO DISCLOSURE, PRIOR TO A RESOLUTION ON THE EXTENT OF THE CONFLICT, THE VOLUNTEER LEADER OR STAFF WITH THE CONFLICT WOULD USE HIS/HER BEST JUDGMENT AS TO WHETHER AND TO WHAT EXTENT HE/SHE WOULD PARTICIPATE IN DELIBERATIONS, VOTING, DECISION MAKING, AND OTHER PARTICIPATION WITH RESPECT TO THE MATTER OR PERSON AT ISSUE AND ANY RELATED ACTIVITIES. THE EXECUTIVE COMMITTEE THEN REVIEWS A STATEMENT OF CONFLICT (I.E., A WRITTEN DESCRIPTION PREPARED BY THE VOLUNTEER LEADER OR STAFF THAT OUTLINES THE NATURE AND SCOPE OF THE CONFLICT OF INTEREST) IN EXECUTIVE SESSION AT A REGULAR OR SPECIAL MEETING OR BY TELEPHONE. THE EXECUTIVE COMMITTEE MAY REQUEST ADDITIONAL INFORMATION IN ITS DELIBERATIONS ON A STATEMENT OF CONFLICT. AFTER FULL REVIEW, IF IT IS DETERMINED THAT THE VOLUNTEER LEADER OR STAFF HAS A CONFLICT OR A CONFLICT MAY BE PERCEIVED BY OTHERS FROM THE RELATIONSHIP, WITH A MAJORITY OF EXECUTIVE COMMITTEE MEMBERS PRESENT AND VOTING, THE EXECUTIVE COMMITTEE MAY REQUIRE FULL RECUSAL ON DISCUSSIONS AND VOTES ON CERTAIN RELEVANT MATTERS. OTHER ACTION MAY INDULGE RESIGNATION FROM THE SOJOURNER CENTER BOARD OR POSITION OR RESIGNATION FROM THE CONFLICTING POSITION OR RELATIONSHIP. WHEN THE VOLUNTEER LEADER'S VOTE ON FUTURE MATTERS IS RESTRICTED, MEETING MINUTES REFLECT THAT THE VOLUNTEER LEADER HAS MADE A DISCLOSURE OF CONFLICT AND HAS NOT VOTED ON A MATTER IN WHICH THERE MIGHT BE A CONFLICT.</p>
	FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION FOR ALL EMPLOYEES IS BASED ON ANNUAL MARKET SURVEYS FOR THE REGION. EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD. ALL OTHER SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND ARE APPROVED, IN TOTAL, BY THE BOARD WITH THE ADOPTION AND APPROVAL OF THE ANNUAL OPERATING BUDGET.</p>
	FORM 990, PART VI, SECTION C, LINE 19	SUMMARIZED FINANCIAL STATEMENTS ARE PUBLISHED IN THE ORGANIZATION'S ANNUAL REPORT. ALL OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.