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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JANUARY 1**, 2016, and ending **DECEMBER 31**, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

PEACE HOUSE

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. BOX 524

City or town, state or province, country, and ZIP or foreign postal code

ASHLAND, OR 97520

D Employer identification number

93-0821939

E Telephone number

541-482-9625

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.peacehouse.net**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

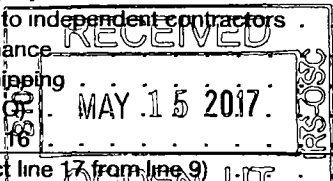
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **142740**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | | Expenses | | Net Assets | |
|---------|---|----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 19 | Net assets or fund balances at beginning of year from line 27, column (A) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less: cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6 | Gaming and fundraising events | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | |
| 6b | Gross income from fundraising events (not including \$ 28,168 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | |
| 6c | Less: direct expenses from gaming and fundraising events | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less: cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |



SCANNED JUN 4 8 2017
 Received in MAY 16 2017
 Batched in OGDEN

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2016)

9/17

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 35,621 | 39,129 |
| 23 Land and buildings | 130,000 | 130,000 |
| 24 Other assets (describe in Schedule O) | 22,868 | 23,792 |
| 25 Total assets | 188,489 | 192,921 |
| 26 Total liabilities (describe in Schedule O) | -416 | -1,893 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 188,905 | 191,028 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

| What is the organization's primary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) |
|---|--|
| 28 Peace House manages, funds and provides training and volunteers to Uncle Foods Diner, a free weekly community meal. In 2016 we provided a total of _____ meals to an average number of _____ people per week. (Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 26,308 |
| 29 Serves(d) as fiscal sponsor for Vision Quilt and Jackson County Fuel Committee, until the informal organizations get their own 501(c)(3) status or no longer need sponsorship. (Grants \$ 7,000) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a 64,770 |
| 30 Educates an organizes for advocacy in the areas of preventing/ending wars, reducing gun violence, securing universal publicly funded health care and othr peace and justice issues as they arise. (Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a 10,241 |
| 31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a 0 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 101,319 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Elizabeth Hallett, Board Chair; Interim Executive Director | 24 | 11,458 | 0 | 0 |
| Surya Bolom, Office Manager | 8 | 5,400 | 0 | 0 |
| Shaun Franks, Assistant Office Manager, Board Secretary | 4 | 6,105 | 0 | 0 |
| Maren Faye, Uncle Foods Diner Coordinator | 14 | 13,868 | 0 | 0 |
| Mark Edwards, Diswasher | 4 | 2,505 | 0 | 0 |
| Linda Sturgeon, Communications Coordinator | 5 | 10,890 | 0 | 0 |
| Connie Saldana, Treasurer | 2 | 0 | 0 | 0 |
| Kathleen Gamer, Board Member | 1 | 0 | 0 | 0 |
| Ben Morgan, Board Member | 1 | 0 | 0 | 0 |
| Andy Seles, Board Member | 1 | 0 | 0 | 0 |
| Maggie McCauley | 1 | 0 | 0 | 0 |
| Sandra Coyner, Board Member | 1 | 0 | 0 | 0 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|------------|---|------------|-------------------------------------|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | <input checked="" type="checkbox"/> |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | <input checked="" type="checkbox"/> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | <input checked="" type="checkbox"/> |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | <input checked="" type="checkbox"/> |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | <input checked="" type="checkbox"/> |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0 | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | <input checked="" type="checkbox"/> |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed ▶ Oregon | | |
| 42a | The organization's books are in care of ▶ Surya Bolom, Office Manager Telephone no. ▶ 541-482-9625 Located at ▶ 543 South Mountain Avenue, Ashland, OR ZIP + 4 ▶ 97520 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | <input checked="" type="checkbox"/> |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____ | 42c | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/> | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | <input checked="" type="checkbox"/> |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | <input checked="" type="checkbox"/> |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | <input checked="" type="checkbox"/> |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | <input checked="" type="checkbox"/> |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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: Elizabeth V. Hallett Date: 5-1-17
 Type or print name and title: Elizabeth Hallet, Board Chair

Paid Preparer Use Only Preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 49,242 | 58,197 | 73,070 | 74,219 | 117,704 | 372,423 |
| 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 | 27,908 | 23,680 | 20,359 | 19,940 | 28,168 | 120,055 |
| 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 | 77,150 | 81,877 | 93,429 | 94,159 | 145,872 | 492,487 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 8,688 | 7,060 | 0 | 10,575 | 0 | 26,323 |
| 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 | 8,688 | 7,060 | 0 | 10,575 | 0 | 26,323 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 466,164 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 77,150 | 81,877 | 93,429 | 94,157 | 145,872 | 492,487 |
| 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 Total support. (Add lines 9, 10c, 11, and 12.) | 77,150 | 81,877 | 93,429 | 94,157 | 145,872 | 492,487 |
| 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.7 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 93.9 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 0 % |
| 19a 33 1/3% support tests—2016. 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 ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support tests—2015. 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 ▶ <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/> | | |

MI-2

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

PEACE HOUSE

Employer identification number

93-0281939

Part 1 #16 Other Expenses (78,045): Pass through for fiscal sponsorships, insurance, office supplies, travel, depreciation, food & supplies,
other costs of running programs

Part 2 #24 Other Assets (22,868): Kitchen equipment for Uncle Food's Diner

Part 2 #26 Total Liabilities (1,893): Payroll liabilities