Return of Organization Exempt From Income Tax **∀Form** 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev January 2020) Do not enter social security numbers on this form as it may be made public **Open to Public** Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20C Name of organization D Employer identification number Check if applicable Address change JEANNETTE RANKIN PEACE RESOURCE CTR Doing business as 36-3591327 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number 406-543-3955 Initial return 519 SOUTH HIGGINS AVE. Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated MISSOULA MT 59801 324,458 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending BETSY MULLIGAN-DAGUE Yes 1815 ELISON LANE H(b) Are all subordinates included? If "No," attach a list (see instructions) MISSOULA 59802 **X** 501(c)(3) 501(c) Tax-exempt status WWW.JRPC.ORG Website > H(c) Group exemption number X Corporation Trust Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE & TEACH PEACE & SOCIAL JUSTICE. Activities & Governance 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 13 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 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 39 7b Prior Year **Current Year** 144,023 78,716 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10,132 8,810 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 87,138 92,937 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 175,986 245,770 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,674 4,215 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 92,913 92,472 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,055 b Total fundraising expenses (Part IX, column (D), line 25) 86,056 69,851 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 188,643 166,538 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -12,657 79,232 19 Revenue less expenses. Subtract line 18 from line 12 RECEIVED Beginning of Current Year **End of Year** 204,862 296,849 20 Total assets (Part X, line 16) 80 **8,1**79 JAN 19 2021 20,934 21 Total liabilities (Part X, line 26) 196,683 275,915 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of pagury, 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 BETSY MULLIGAN-DAGUE EXECUTIVE DIRECTOR Type or print name and title Pnnt/Type preparer's name Preparer's signature Date PTIN Check

·C

59801-6853

MISSOULA, MT

LANGEL & ASSOCIATES

3819 STEPHENS AVE STE 100

No

P00943570

81-0513444

406-728-8858

X Yes

self-employed

Firm's EIN

O

BENJAMIN F. YONCE, CPA, CVA

Paid

Preparer

Use Only

Firm's name

Form 990 (2019) JEANNETTE RANKIN PEACE RESOURCE CTR 36-3591327

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

ABOU De 3

Part IV Checklist of Required Schedules

_ <u>_</u>	are re-			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u></u>
3	, , , , , , , , , , , , , , , , , , ,		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	<u> </u>
4	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	• • • • • • • • • • • • • • • • • • •	1_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		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	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١.,		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d				x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
f		116		
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		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	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		j	v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		x
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

P	art 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	İ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			-
	employees? If "Yes," complete Schedule J	_23_	Ь	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	1	1	1
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	└	↓
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	↓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		}	1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	├	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
	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	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		İ	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	-	İ	İ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	-		
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			l
_	IV instructions, for applicable filing thresholds, conditions, and exceptions)			ŀ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	265		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	related organization? If "Yes," complete Schedule R, Part V, line 2	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	} }		l
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	rt 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			_ل
	_	را	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			:
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	17
	reportable gaming (gambling) winnings to prize winners?	1c	1	X

P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	a financial account in a foreign country (such as a bank account, securities account, or other financia	-	4a		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 A	Accounts (FBA	(R)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	•		1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e			
	organization solicit any contributions that were not tax deductible as chantable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b	i i	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	poods			
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c_		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as re	quired? 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Forn	n 1098-C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			i
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				i
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.				į
а	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	Section 501(c)(12) organizations. Enter				
а	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	!	- [
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
I4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or		- 1	
	excess parachute payment(s) during the year?		15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O				
			Forr	n 990	(2019)

Form 990 (2019) JEANNETTE RANKIN PEACE RESOURCE CTR 36-3591327 Page 6 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 1a Enter the number of voting members of the governing body at the end of the tax year 13 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 Enter the number of voting members included on line 1a, above, who are independent 12 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

	organization's exempt status with respect to such arrangements?							
Se	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ MT							
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 X 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 ▶							
10	PERGY WILL TONN DACID 510 COUTH HICCING AVE							

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

BETSY MULLIGAN-DAGUE

MT 59801

406-543-3955

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Form 990 (2019)	JEANNETTE	RANKIN	PEACE	RESOURCE	CTR	36-3591327	7

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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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(d	o not i		ition more	than o	ne	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any					is both or/truste		from the organization	from related organizations	compensation from the
	hours for related		, _ -					(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	direct	truto	Officer	emp	hest o	Former			- ordina organization
	below dotted line)	Individual trustee or director	nstitutional trustee		Key employee	omp				
		9 8	ustee		"	Highest compensated employee				
(1) BETSY MULLIGAN-I	AGUE	+								
(,,====================================	40.00									
EXECUTIVE DIRECTOR	0.00			X				48,191	0	0
(2) DONNA BARRAGAN						Π				
	0.00							_ [_	_
DIRECTOR	0.00	X						0	0	0
(3) JON BERTSCHE	0 00									
EMERITUS	0.00	x						o	o	0
(4) LESLIE BURGESS	0.00	1	\vdash			╁┤				
(4) 220222	0.00					1				
CHAIR	0.00	x						o	o	0
(5) ANDREA CASTILLO										
	0.00									
DIRECTOR	0.00	X						0	0	0
(6) ANITA DOYLE]				ii				
	0.00									0
EMERITUS	0.00	X				\vdash		0	0	0
(7) NORA DREW	0.00	i				1 1				
DIRECTOR	0.00	x		i				o	o	0
(8) JANA JACKSON										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00			ľ			ŀ			
TREASURER	0.00	X				L i		0	0	0
(9) ETHEL MACDONALD			Ī							
i	0.00		1	ŀ			- 1	.		_
EMERITUS	0.00	X	_					0	0	0
(10) STEVE MCARTHUR										
EVENTAVIA	0.00		- {	l			l		o	0
EMERITUS (11) ERIN NUZZO	0.00	X	\dashv	\dashv		-	\dashv	0		
(II)ERIN NULLU	0.00		1		l					
	J. J.	ıi	i i	- 1		1			i	0

Part VII Section A. Officers	s, Directors, Tru	ıste	es, K	ey E	mpl	oyee	s, a	ind Highest Compensated	l Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	ox, uni	Pos check ess pe ind a c	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated of oth compen- from	l amount her isation the	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	re	organizati		s
(12) PAXSON SWIER	0.00												
SECRETARY	0.00	x						0	ď				C
(13) KRISTEN WOOD	0.00												
DIRECTOR	0.00	x						0	l				O
(14) JENNY ZASO													
DIRECTOR	0.00	x						o	d	,			0
DIRECTOR	0.00	1		-				0		'			
		_											
		_		-					· · · · · · · · · · · · · · · · · · ·				
1b Subtotal		L				l		48,191					
c Total from continuation shee	ets to Part VII, S	Secti	on A	١.			▶	40 101					
d Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not h	mite	d to	those	e list	ed al	bove	48,191 e) who received more than	\$100,000 of	L			
reportable compensation from	the organization	<u> </u>	0_								—	Yes	No
3 Did the organization list any fo								e, or highest compensated	I				
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	1a, is the sum	of re	porta	ible (com	oens	atior				3		<u>X</u>
individualDid any person listed on line 1a	a receive or acci	rue c	amo	ensa	ation	from	anv	unrelated organization or	ındıvıdual		4		X
for services rendered to the organic	ganization? If "Y										5		<u> </u>
1 Complete this table for your fiv	e highest compe	ensa	ted in	ndep	ende	ent co	ontra	actors that received more the	han \$100,000 of				
compensation from the organiz	(A) business address	mpe	nsat	ion f	or th	e car	ena		n the organization's tax ye (B) on of services	ear	Cor	(C)	
	200000												<u></u>
						\dashv					 		
		-											
2 Total number of independent or received more than \$100,000 or								e listed above) who	0				
DAA											Form	990	(2019)

Pa	art V	/III Statem Check i	ent c f Sch	of Revenue redule O cont	ains a	a respor	nse or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated camp	paigns	 ;	1a		99,886				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	_		1b		29,137				
S, G	C	Fundraising eve			1c						
Sift	d	Related organiz	ations	•	1d						
S,E	e	Government grants (co	ontributio	ons)	1e						
tion S	f	All other contributions,	gıfts, gr	ants,							
P P		and similar amounts n	ot includ	ed above	1f		15,000	1			
d tr	9	Noncash contributions	included	d in lines 1a-1f	1g	\$					
<u> </u>	_ h	Total. Add lines	1a-1	f			▶	144,023		. 1	'
							Business Code				
9	2a										
eZ.	b	•		,							<u> </u>
SE	C										
Program Service Revenue	d						-				
<u>6</u>	e										
	1	All other program					L				<u> </u>
		Total. Add lines			ła into	root and					<u> </u>
	3	Investment inco		=	15, IIILE	rest, and		8,810	8,810		
	۱,	income from inv		•	t bond	proceeds		0,010	0,020		
	5	Royalties	resume	ent or tax-exemp	LDONG	proceeds					
	٦	Royallics	$\overline{}$	(ı) Real		(II) F	Personal				
	6a	Gross rents	6a	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-						
	b	Less rental expenses	6b	 							
	c	Rental inc or (loss)	6c								
	d	Net rental incom		loss)	'		•				
	7a Gross amount from sales of assets (i) Securities		(11)	Other							
		other than inventory	7a								
e	ь	Less cost or other				_					
/eu	}	basis and sales exps	7b								
Re	С	Gain or (loss)	7c	l.,		<u> </u>					
Other Revenue	d	Net gain or (loss	s)	,			•				······································
õ	8a	Gross income from	n fundra	aising events							
		(not including \$									
		of contributions rep		on line 1c)							
		See Part IV, line 18			8a	 -	41,438				
		Less direct exp			8b		5,877	35 561			
		Net income or (I			events		•	35,561			····
	ya	Gross income from	_	ig activities			•				
		See Part IV, line 19 Less direct expe			9a 9b					1	
		Net income or (I		om gaming acti			•	·····		, e a de case , i	
		Gross sales of it									
	104	returns and allow			10a		130,187				
	b	Less cost of go			10b		72,811				.,
		Net income or (le					<u> </u>	57,376	57,376		
<u></u>			,				Business Code		-		
Miscellaneous Revenue	11a										
ane	b										
e el	C										
S _E	d	All other revenue	9								
		Total. Add lines	11a-1	11d		· · · · · · · · · · · · · · · · · · ·	•				
	12	Total revenue.	See in	structions			▶	245,770	66,186	0	0

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			note condition (1 y	П
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	4,215	4,215		
3					
	organizations, foreign governments, and foreign			`	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 101	40 -101		
	trustees, and key employees	48,191	48,191		
6	Compensation not included above to disqualified)		
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	35,764	30,822	2,471	2,471
8	Other salaries and wages Pension plan accruals and contributions (include	33,704	30,622	2,7/1	<u> </u>
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				 _
10	Payroll taxes	8,517	8,019	249	249
11	Fees for services (nonemployees)				
a					
ь	 	16,569	7,692	8,877	-
С		1,321		1,321	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	5,122	3,618	76	1,428
14	Information technology				
15	Royalties	•			
16	Occupancy	7,517	7,291	226	···-
17	Travel	1,729	1,729		
18	Payments of travel or entertainment expenses	ľ			
•	for any federal, state, or local public officials \		4.50		
19	Conferences, conventions, and meetings	632	413	219	
20	Interest				
21	Payments to affiliates	4 026	4 026		
22	Depreciation, depletion, and amortization	4,036	4,036	1,855	•
23	Insurance	1,855		1,655	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS	10,918	10,918		
b	EQUIPMENT RENTAL AND MAIN	6,609	4,321	2,288	
c	LICENSES AND FEES	6,272	4,977	590	705
ď	TELEPHONE	3,901	3,661	120	120
e	All other expenses	3,370	3,206	82	82
25	Total functional expenses. Add lines 1 through 24e	166,538	143,109	18,374	5,055
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		İ	•	
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2019)

Part X	Balance Sh	neet
--------	------------	------

		•		j	(A) Beginning of year		(B) End of year
\neg	1	Cashnon-interest-bearing			48,134	1	160,283
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	·		
	4	Accounts receivable, net	-	38	4	497	
	5	Loans and other receivables from any current or former	ector				
	•	trustee, key employee, creator or founder, substantial co		į.			
		controlled entity or family member of any of these person	-	1		5	
-	6	Loans and other receivables from other disqualified pers	efined			······································	
2		under section 4958(f)(1)), and persons described in sect			6		
Assets	7	Notes and loans receivable, net	Γ		7		
ž	8	Inventones for sale or use			51,178	8	35,580
	9	Prepaid expenses and deferred charges			4,114	9	3,125
1	i0a	Land, buildings, and equipment cost or other	[]	Γ			
		basis Complete Part VI of Schedule D	10a	208,434			
	b	Less: accumulated depreciation	10b	111,070	101,398	10c	97,364
1	11	Investments—publicly traded securities			11		
1	2	Investments—other securities See Part IV, line 11		12			
1	3	Investments—program-related See Part IV, line 11			13		
1	4	Intangible assets			14		
1	5	Other assets See Part IV, line 11		15			
1	6	Total assets. Add lines 1 through 15 (must equal line 33		204,862	16	296,849	
1	7	Accounts payable and accrued expenses	4,829	17	696		
1	8	Grants payable		18			
1	9	Deferred revenue		19	<u> </u>		
2	20	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete Part IV of				21	
2 2		Loans and other payables to any current or former officer		t e			
		trustee, key employee, creator or founder, substantial co		or 35%		1	
		controlled entity or family member of any of these person				22	
4		Secured mortgages and notes payable to unrelated third	•			23	10 200
- }		Unsecured notes and loans payable to unrelated third pa		_		24	18,300
2		Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	Complete	Part X	3,350		1,938
,		of Schedule D		<u> </u>	8,179	25	
┵		Total liabilities. Add lines 17 through 25	N V		0,119	26	20,934
,		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
í 2		Net assets without donor restrictions			196,683	27	275,915
2		Net assets with donor restrictions		<u> </u>	130,003	28	2/3/713
3 2		Organizations that do not follow FASB ASC 958, chec	sk bara 🏲	r-1		20	······································
•		and complete lines 29 through 33.	K Hele P		1		
2		Capital stock or trust principal, or current funds			Ì	29	
3		Paid-in or capital surplus, or land, building, or equipment	fund	<u> </u>		30	
3		Retained earnings, endowment, accumulated income, or		ls –		31	
2 2 3 3 3 3 3 3 3		Total net assets or fund balances	Janor Ignic	·-	196,683	32	275,915
: 1 ~		Total liabilities and net assets/fund balances		· F	204,862	33	296,849

` <u>Forn</u>	990 (2019) JEANNETTE RANKIN PEACE RESOURCE CTR 36-3591327			Page	12
P	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				l
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,77	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	6,53	18
3	Revenue less expenses. Subtract line 2 from line 1	3	7	<u>9,23</u>	12
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	6,68	13
5	Net unrealized gains (losses) on investments	5			
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	27	<u>5,91</u>	<u>.5</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				<u>」</u>
			\	es N	0
1	Accounting method used to prepare the Form 990 Cash X Accrual 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?		2a		[
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	2
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.		'		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
			Form	990 (20	19)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization JEANNETTE RANKIN PEACE RESOURCE CTR Employer identification number 36-3591327

Pa			Status (All organizations				ons.	
The o			ise it is (For lines 1 through 12,				λO	
1	=		sociation of churches described				1)4	
2								
3	 -	·	rice organization described in se			• •		
4	city, and sta		ed in conjunction with a hospital	describe	d in secti	on 170(b)(1)(A)(iii). Enter the i	nospital's name,	
5			of a college or university owned	d or opera	ted by a g	governmental unit described in		
	r~-	(b)(1)(A)(iv). (Complete Par	•					
6	-		governmental unit described in			~ /		
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 communit	y trust described in section	170(b)(1)(A)(vi). (Complete Par	rt II.)				
9			scribed in section 170(b)(1)(A)				ege	
,	university:	or a non-land-grant college	of agriculture (see instructions)	Enter the	e name, c	ity, and state of the college or		
10		-	1) more than 33 1/3% of its sup	•				
	support from	gross investment income a	mpt functions—subject to certail and unrelated business taxable il 30, 1975 See section 509(a)(2	ncome (le	ss sectio	n 511 tax) from businesses		
11		=	exclusively to test for public saf			•		
12			exclusively for the benefit of, to				oses	
[of one or mo	re publicly supported organi	zations described in section 50 hat describes the type of suppo	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).	
;		-	erated, supervised, or controlle	• •		•	=	
	the supp	orted organization(s) the po-	wer to regularly appoint or elect	a majorit	• •	•		
ı	٠	•	pervised or controlled in conne		its suppo	rted organization(s), by having		
			rting organization vested in the					
	organiza	tion(s) You must complete	Part IV, Sections A and C.					
•			supporting organization operate structions) You must complete				nth,	
		• ,,,	d. A supporting organization ope	-			on(s)	
	that is no	ot functionally integrated. The	e organization generally must s	atisfy a di	stribution	requirement and an attentiven	ess	
		·	must complete Part IV, Sectio					
(ceived a written determination front in the control of the control			s a Type I, Type II, Type III		
1		mber of supported organizat	• •	0 0				
9	g Provide the f	ollowing information about the	ne supported organization(s)			_		
(ı) N	lame of supported	(II) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	organization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(A)	<u> </u>							
(B)	<u> </u>							
				<u> </u>				
(C)								
(D)								
(E)								
								
Total				<u></u>				
For Pag	perwork Reduction	on Act Notice, see the Instruct	tions for Form 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019	

JEANNETTE RANKIN PEACE RESOURCE CTR 36-3591327 Schedule A (Form 990 or 990-EZ) 2019 Page 2 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) (e) 2019 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 20/18 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2019. 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 33 1/3% support test—2018. If the organization did not check a box on line 13 or 1/6a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. 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 10%-facts-and-circumstances test-2018. 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

Private foundation. If the organization did not check a box on line 13, 1/6a, 16b, 17a, or 17b, check this box and see

	_				
Schedule	Δ	(Form	990 05	990-F7	201

18

supported organization

instructions

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.)

Sec	ction A. Public Support	quality drider the	e tests listed b	elow, please co	implete rait ii.	/	
	ndar 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	3.7					<u> </u>
	received (Do not include any "unusual grants")	63,858	90,514	75,032	78,716	144,023	452,143
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	68,059	77,458	66,397	87,138	92,937	391,989
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	131,917	167,972	141,429	165,854	236,960	844,132
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)			1			
Sec	tion B. Total Support	<u></u>					844,132
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	131,917	167,972	141,429	165,854	236,960	844,132
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,731	9,642	9,913	10,132	8,810	48,228
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,731	9,642	9,913	10,132	8,810	48,228
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)	141,648	177,614	151,342	175,986	245,770	892,360
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c	:)(3)	. [
600	organization, check this box and stop here tion C. Computation of Public Su						
<u> </u>	Public support percentage for 2019 (line 8,			2 (6)		15	04 60 %
16	Public support percentage from 2018 Sche	* *	· · ·	'('))		16	94.60 % 95.25 %
	tion D. Computation of Investmen						95.25 70
200 17	Investment income percentage for 2019 (lir			column (f))		17	5 %
18	Investment income percentage from 2018 S			(),		18	5 %
19a	33 1/3% support tests—2019. If the organ			14, and line 15 is m	nore than 33 1/3%,	and line	
h	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2018. If the organ	x and stop here . Th	ne organization qu	ialifies as a publicly	supported organiz	zation	► X
U	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						▶ [

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

_		Yes	No
	1		
	2	 	
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
			
	9a		
١	9b		
	9c		
	10a		
	10b		
Fo	rm 990	or 990-E	Z) 2019

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

За

Distributable Amount. Subtract line 5 from line 4, unless subject to	1	!	i
ergency temporary reduction (see instructions)	_6	<u> </u>	
Check here if the current year is the organization's first as a non-functionally integrated	Туре II	Il supporting organization (s	see
instructions).			
· · · · · · · · · · · · · · · · · · ·			

2

<u>3</u>

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

6

Enter greater of line 2 or line 3.

Income tax imposed in prior year

_ <u>ra</u>	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	- y			
Sec	Section D - Distributions						
_1	Amounts paid to supported organizations to accomplish exempt purp						
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported					
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purposes of supp	ported 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			<u></u>			
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	ation 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						
	From 2014	-		•			
	From 2015	<u> </u>	·····				
	c From 2016						
	From 2017	<u> </u>		<u> </u>			
	From 2018						
	Total of lines 3a through e		<u> </u>				
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Carryover from 2014 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from	<u> </u>	***************************************				
	Section D, line 7.						
a	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount		· · · · · · · · · · · · · · · · · · ·				
С	Remainder, Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI See instructions	· · · · · · · · · · · · · · · · · · ·	**************************************				
6	Remaining underdistributions for 2019 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions			•			
7	Excess distributions carryover to 2020. Add lines 3j and 4c						
8	Breakdown of line 7						
	Excess from 2015		***************************************	***************************************			
	Excess from 2016		······································				
	Excess from 2017		***************************************	******************************			
	Excess from 2018		·····				
	Excess from 2019		*****************************	**************************************			

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

► 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.

► Attach to Form 990.

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

OMB No 1545-0047
2019
Open to Public

on. Inspection
Employer identification number

J	EANNETTE RANKIN PEACE RESOURCE CTR		36-3591327					
	art I Organizations Maintaining Donor Advised Fu							
	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	t the assets held in donor advised						
~			☐ Yes ☐ No					
6	funds are the organization's property, subject to the organization's excluding the organization inform all grantees, donors, and donor advisors in	_	Yes No					
Ü	• • • • • • • • • • • • • • • • • • • •	3 3						
	only for charitable purposes and not for the benefit of the donor or dono conferring impermissible private benefit?	or advisor, or for any other purpose	□ vaa □ va					
D.	art II Conservation Easements.		Yes No					
. 4	Complete if the organization answered "Yes" on F	Form 990 Part IV line 7						
1	Purpose(s) of conservation easements held by the organization (check							
•	Preservation of land for public use (for example, recreation or educ		important land area					
	Protection of natural habitat	Preservation of a certified his	·					
	Preservation of open space	Treservation of a certified his	none su dotare					
2	Complete lines 2a through 2d if the organization held a qualified conser	nyation contribution in the form of a conse	nyation					
_	easement on the last day of the tax year	validit contribution in the form of a conse	Held at the End of the Tax Year					
3			2a					
a								
b		udad in (a)	2b					
C	Number of conservation easements on a certified historic structure inclin	` '	_2c					
a	Number of conservation easements included in (c) acquired after 7/25/0	Je, and not on a						
2	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, ext	linguished, or terminated by the organizat	ion during the					
	tax year >							
4	Number of states where property subject to conservation easement is to							
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, nandling of						
_	violations, and enforcement of the conservation easements it holds?	e da como de como de como de como de como de como de como de como de como de como de como de como de como de c	☐ Yes ☐ No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	r violations, and enforcing conservation ea	asements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	ents during the year					
_	> \$							
8	Does each conservation easement reported on line 2(d) above satisfy the	ne 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 easeme	-						
	balance sheet, and include, if applicable, the text of the footnote to the corganization's accounting for conservation easements	organization's financial statements that de	escribes the					
D.,	art III Organizations Maintaining Collections of Art, I	Historical Traceures or Other 9	Similar Assets					
1 6	Complete if the organization answered "Yes" on F		mmai Assets.					
1-	If the organization elected, as permitted under FASB ASC 958, not to re		e sheet works					
14	of art, historical treasures, or other similar assets held for public exhibiting	•						
	service, provide in Part XIII the text of the footnote to its financial statem		or public					
.	•		ant works of					
Ų	If the organization elected, as permitted under FASB ASC 958, to report							
	art, historical treasures, or other similar assets held for public exhibition,	, education, or research in jurtherance 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	the condes on the factor and and	► \$					
2	If the organization received or held works of art, historical treasures, or o		vide the					
	following amounts required to be reported under FASB ASC 958 relating	g to these items	. .					
	Revenue included on Form 990, Part VIII, line 1		> \$					
h	Assets included in Form 990 Part Y		▶ %					

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tember (check all Inst apply) a Pubble exhibition Pubble exh					36-3591327	Page
collection items (check all that apply) a Public exhibition d Loan or exchange program b Scholarly research d Check or						
b	collection items (check all that apply)	ssion, and other recor	•	-	make significant use of its	
c		d L		rogram		
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?	F '	e 📋	Other			
S Duning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soil to raise funds mither than to be maintained as part of the organization's collection? Part V 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? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; It is the organization the arrangement in Part XIII and complete the following table C Beginning blasince I Amount C Beginning blasince I Ending blasince I Ending blasince I I I I I I I I I I I I I I I I I I I	_					
5 Outing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds of their than to be maintained as part of the organization?		collections and expla	in how they further the	e organizatior	's exempt purpose in Part	
assets to be sold to raise funds rather than to be maintained as part of the organization?		t or receive donations	of art, historical treas	ures, or other	· sımılar	
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 algent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?						Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, 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 Yes No Yes No No Yes No No No No No No No N			<u> </u>			
1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 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 bit "Yes "splain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permy and the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-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 organizations by (1) Unrelated organizations (ii) Related organizations b If "Yes" in ine 3a(i), are the related organization sisted as required on Schedule R? 4 Describe in Part XIII the intended uses of Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of property (a) Coar or other bases (b) Coat or other bases (c) Coat or other bases (c) Coat or other bases (d) Accomulated deprications (d) Reckindings 4 Described in Part XII Intended uses of Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Described of property (a) Coar or other bases (b) Coat or other bases (c) Coat or other bases (c) Coat or other bases (d) Accomulated deprications (d) Accomulated deprication (d) Accomulated deprication (d) Accomulated deprication (d) Accomulated deprication (d) Accomulated deprication	Complete if the organizati	on answered "Yes	s" on Form 990, P	art IV, line	9, or reported an ame	ount on Form
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 7 Administrative expenses g End of year balance b Contributions 8 Agard designated or quasi-endowment % 7 Erem endowment % 8 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 b If "Yes" on line 3a(n), are the related organizations endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10. Leasehold improvements 4 5,000 4 55,000 4 55,000 4 55,000 6 Other	990, Part X, line 21.					
b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year d Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships d Other expenditures for facities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasaredowment % b Permanent 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 if If Yes in line 3a(i), are the related organization sisted as required on Schedule R? 1b If Yes' in line 3a(i), are the related organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. 1c Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. 1c Leasehold improvements 4 42, 4004 b Buildings 97, 820, 55, 416 42, 4004 c Cleasehold improvements 10, 329, 10, 0,772 257 6 Other 6 Other 5, 285 45, 582 9, 703		odian or other interme	diary for contributions	or other asse	ets not	
to Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 to 1 1	•					Yes No
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? b If "Yes", explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent 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 b If "Yes" on line 34(i), are the related organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. 1a Land 45,000 61,000 61,00	b If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table		r 	
d Additions during the year E Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, tine 21, for escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance b Contributions 1 Reginning of year balance b Contributions 1 Reginning of year balance b Contributions 1 Offer expenditures for facilities and programs 4 Offer expenditures for facilities and programs 5 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 ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations 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 shared where the Part XIII the mended uses of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organizations is listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organizations on Schedule R? Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of property (a) Coase or other bases (b) Coase or other bases (c) Accountailed depreciation (d) Book value depreciation 4 5,000 5 5,416 4 2,004 C Leasehold improvements d Equipment C Other Part VI Line 11a See Form 990, Part X, line 10. 2 57,820 5 5,416 4 5,500 5 5,416 5 6 Other						Amount
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earrings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % c Term endowment I ▶ % he 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 organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Cast or there basis (iv) Cost or othere basis						
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea	-	Farm 000 Bod V Ira	- 24 for exercise or oss	atadial ageni	<u> </u>	Vac Ala
Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (e) Two years back (e) Three years back (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four	-				-	☐ Yes ☐ No
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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

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P	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							
1	Total revenue, gains, and other support per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
a	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1						
а	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					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5					
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exp	enses per Return.					
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
C	Other losses	2c						
đ	Other (Describe in Part XIII)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
а	investment expenses not included on Form 990, Part VIII, line 7b	4a						

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information (continued)

· SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

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

Open to Public

	JEANNETTE RANKIN	PEACE RES	OUR	CE	CTR	36-3591	327
Part	Fundraising Activities. Complete Form 990-EZ filers are not require				red "Yes" on Forn	n 990, Part IV, line	17.
1 Ir	dicate whether the organization raised funds through				Check all that apply		
a [Mail solicitations	e Solicitation	n of no	n-gov	ernment grants		
ь	Internet and email solicitations				nent grants	•	
c J	Phone solicitations	g Special fu					
4 [In-person solicitations	g openia is	21 1010101	ng o.	Cino		
u	d the organization have a written or oral agreement	t with any individual	(includ	ina o	fficare directore truete	aec .	
01	key employees listed in Form 990, Part VII) or enti	ity in connection with	h profe	ssion	al fundraising services	?	Yes No
	"Yes," list the 10 highest paid individuals or entities impensated at least \$5,000 by the organization.	(fundraisers) pursu	ant to a	agree	ments under which the	fundraiser is to be	
	ompensated at least 40,000 by the organization.			d fund-		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity	custo	r have ody or	(iv) Gross receipts	(or retained by)	(or retained by)
	or entity (fundraiser)	(1)		rol of utions?	from activity	fundraiser listed in col (i)	organization
			Yes	No	·		
1							
		•		<u> </u>			
2							
3			+				
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							L————

. Schedule G (Form 990 or 990-EZ) 2019 JEANNETTE RANKIN PEACE RESOURCE CTR 36-3591327 Part If 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 **FUNDRAISING** NONE (add col (a) through (total number) col (c)) (event type) (event type) 1 Gross receipts 41,438 41,438 2 Less. Contributions 3 Gross income (line 1 minus 41,438 41,438 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 5,877 5,877 9 Other direct expenses 5,877 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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) Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Sch	edule G (Form 990 or 990-EZ) 2019	JEANNE?	TE RANKIN	PEACE	RESOURCE	CTR	36-35913	27	F	Page 3
11	Does the organization conduct gaming	activities with n	onmembers?				·-		Yes	No
12	Is the organization a grantor, beneficia			of a partners	hip or other entity			_		
	formed to administer charitable gamin	g?		·					Yes	☐ No
13	Indicate the percentage of gaming act	=	n							
а	The organization's facility						13a	.1		%
b	An outside facility						13b			%
14	Enter the name and address of the pe	rson who orenar	ee the organization's	naming/ene	cial events hooks :	and		ــــــــــــــــــــــــــــــــــــــ		
17	records	rson who prepare	es the organization s	yarring/spe	Ciai events books	ariu				
	records									
	Name ▶									
	Name									
	Address ▶									
	Address P									
15a	Does the organization have a contract	with a third part	from whom the ora	anization rec	eives gaming					
	revenue?		,					Π,	Yes	□ No
b	If "Yes," enter the amount of gaming re	evenue received	by the organization I	\$		and t	ihe			
_	amount of gaming revenue retained by		-	•		ana i				
_	If "Yes," enter name and address of th		ų.							
·	i Tes, enter hame and address of th	e tillu party								
	Name ▶									
	Name									
	Address ▶									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation ► \$									
	Description of services provided ▶									
	bescription of services provided									
	Director/officer Em	ployee	Independent c	ontractor						
		,,								
7	Mandatory distributions									
а	Is the organization required under state	e law to make ch	antable distributions	from the gar	ming proceeds to					
	retain the state gaming license?				•			□ \(\)	res [No
b	Enter the amount of distributions requi	red under state la	aw to be distributed t	o other exem	not organizations o	ır				
_	spent in the organization's own exemp				, p. 0. 90					
Pa	rt IV Supplemental Inform	ation. Provide	the explanation	s required	by Part I. line 2	2b. colu	mns (iii) and (v	/): and		
	Part III, lines 9, 9b, 10b									
	See instructions.	,,,	,	•	•	,				
	CCC I ISTI GOTIOTIS.									
						Sche	dule G (Form 99	0 or 990)-F7)	2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

JEANNETTE RANKIN PEACE RESOURCE CTR

36-3591327

Employer identification number

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HOSTED 43 EVENTS, INCLUDING 4 SPEAKING ENGAGEMENTS TO HELP EDUCTATE THE COMMUNITY ABOUT PEACE SKILLS AND SOCIAL JUSTICE ISSUES IN OUR WORLD. HOSTED A PROFESSIONAL FELLOW FROM THAILAND WHO IS WORKING TO END CONFLICT IN HIS COUNTRY. PROFESSIONAL FELLOW SPENT 6 WEEKS LEARNING ABOUT OUR WORK IN ORDER TO BRING IT TO HIS ORGANIZATION IN THAILAND. WORKED WITH SEVERAL LOCAL GROUPS TO HOST A "MISSOULA TOGETHER" RALLY ATTENDED BY 500 PEOPLE TO EDUCATE AND ADVOCATE FOR RACIAL AND ETHNIC JUSTICE. HOSTED A LIVE STORY TELLING EVENT ATTENDED BY OVER 1000 PEOPLE TO TELL A STORY OF BRINGING VETERANS AND PEACE ACTIVISTS TOGETHER. FOUR LOCAL SCHOOLS TOURED OUR CENTER AND LEARNED ABOUT THE SKILLS OF PEACEBUILDING. 11 EVENTS USED DISHES AND SUPPLIES FROM OUR DISH PANTRY TO AVOID PAPER AND PLASTIC GOODS. 14 GROUPS USED OUR COMMUNITY ROOM FOR CLASSES AND EVENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

350 MONTANA CAMPAIGNED IN THE FALL OF 2019 TO BRING ATTENTION TO THE NATIONWIDE CLIMATE STRIKE ON SEPTEMBER 20 AND RAISED ENOUGH MONEY TO BROADCAST AN AD IN MONTANA'S MAJOR TV STATIONS AND SOCIAL MEDIA. 350 MONTANA HELD A RALLY ON DECEMBER 9 AT THE MONTANA PUBLIC SERVICE COMMISSION'S OFFICE IN HELENA ATTENDED BY MORE THAN 100 PEOPLE BEFORE COMMISSIONERS HEARD PUBLIC COMMENTS ON NORTHWESTERN ENERGY'S PROCUREMENT PLAN. BY THE TIME THE COMMENT PERIOD ENDED, ALMOST 800 COMMENTS WERE RECEIVED, 85 PERCENT OF WHICH SUPPORTED INCREASED USE OF RENEWABLE ENERGY.

Employer identification number

JEANNETTE RANKIN PEACE RESOURCE CTR

36-3591327

MAKE A PLAN "TO CEASE COAL FIRED GENERATION OF ELECTRICITY FROM THE COLSTRIP PLANT AND REPLACE THAT WITH NON-CARBON EMITTING RENEWABLE ENGERGY AND 21ST CENTURY STORAGE TECHNOLOGIES' NO LATER THAN THE YEAR 2025. THE RESOLUTION WAS REJECTED, BUT DID DRAW ATTENTIONTO OUR MISSION. TRANSSTION MISSOULA MAINTAINED AN ACTIVE FACEBOOK PAGE PROMOTING LOCALLY OWNED FARMS AND BUSINESSES, AS WELL AS OTHER COMMUNITY EFFORTS TO TRANSSTION AWAY FROM PEAK OIL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC