

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

71-0552563

### Peace at Home Family Shelter Inc

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>5,453,320</u>
<b>Revenue</b>		
Contributions	<u>2,590,861</u>	
Program service revenue		
Investment income	<u>47,021</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>8,000</u>	
Direct expenses	<u>14,034</u>	
Net income	<u>-6,034</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>2,631,848</u>
<b>Expenses</b>		
Program services	<u>2,005,649</u>	
Management and general	<u>346,274</u>	
Fundraising	<u>170,339</u>	
<b>Total expenses</b>		<u>2,522,262</u>
<b>Excess / (deficit)</b>		<u>109,586</u>
Changes		<u>44,916</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>5,607,822</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>3,047,050</u>
Less:	
Unrealized gains	<u>44,916</u>
Donated services	<u>15,800</u>
Recoveries	
Other	<u>365,133</u>
Plus:	
Investment expenses	<u>10,647</u>
Other	
<b>Total revenue per return</b>	<u>2,631,848</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,892,548</u>
Less:	
Donated services	<u>15,800</u>
Prior year adjustments	
Losses	
Other	<u>365,133</u>
Plus:	
Investment expenses	<u>10,647</u>
Other	
<b>Total expenses per return</b>	<u>2,522,262</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,638,066</u>	<u>5,749,215</u>	
Liabilities	<u>184,746</u>	<u>141,393</u>	
Net assets	<u>5,453,320</u>	<u>5,607,822</u>	<u>154,502</u>

#### Miscellaneous Information

Amended return  
Return / extended due date 05/15/26  
Failure to file penalty \_\_\_\_\_

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

# 2024

Department of the Treasury  
Internal Revenue Service

Name of filer

**Peace at Home Family Shelter Inc**

EIN or SSN

**71-0552563**

Name and title of officer or person subject to tax **Teresa Mills**  
**CEO**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,631,848</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Pierce Firm, PLLC to enter my PIN 52563 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 03/02/26

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**71510272703**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature J. Allen Pierce, CPA Date 03/02/26

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **990**

**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. 1545-0047

**2024**

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

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

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

**C Name of organization**  
**Peace at Home Family Shelter Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 10946**

City or town, state or province, country, and ZIP or foreign postal code  
**Fayetteville AR 72703**

**D Employer identification number**  
**71-0552563**

**E Telephone number**  
**479-444-8310**

**G Gross receipts\$** **2,985,447**

**F Name and address of principal officer:**  
**Teresa Mills**  
**PO Box 10946**  
**Fayetteville AR 72703**

**H(a) Is this a group return for subordinates?**  Yes  No

**H(b) Are all subordinates included?**  Yes  No  
If "No," attach a list. See instructions

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

**J Website:** **www.peaceathomeshelter.org**

**H(c) Group exemption number**

**L Year of formation:** **1977** **M State of legal domicile:** **AR**

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>39</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>38</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,602,419</b>	<b>2,590,861</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>39,839</b>	<b>47,021</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-19,124</b>	<b>-6,034</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,623,134</b>	<b>2,631,848</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,482,540</b>	<b>1,605,169</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>170,339</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>901,955</b>	<b>917,093</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,384,495</b>	<b>2,522,262</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>238,639</b>	<b>109,586</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,638,066</b>	<b>5,749,215</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>184,746</b>	<b>141,393</b>
		<b>5,453,320</b>	<b>5,607,822</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **Teresa Mills** Date: \_\_\_\_\_  
CEO  
Type or print name and title

**Paid Preparer Use Only**

Preparer's name: **J. Allen Pierce, CPA** Preparer's signature: **J. Allen Pierce, CPA** Date: **03/02/26** Check  if self-employed PTIN: **P00751434**

Firm's name: **Pierce Firm, PLLC** Firm's EIN: **47-4595624**  
**2241 Green Acres Road**  
Firm's address: **Fayetteville, AR 72703-0554** Phone no.: **479-249-9916**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **2,005,649** including grants of\$ ) (Revenue \$ )  
**PROVIDE CRISIS INTERVENTION, 24HR SERVICES, TEMPORARY SHELTER, LEGAL REPRESENTATION, TRANSPORTATION, FOOD, COUNSELING, REFERRALS, CHILD CARE, ETC.**

**4b** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **2,005,649**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>39</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>13</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>13</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**Peace At Home Shelter**  
**Fayetteville**

**P.O. Box 10946**

**AR 72703**

**479-444-8310**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Teresa Mills</b>	40.00									
..... CEO	0.00			X			124,938	0	0	
(2) <b>Lynn King</b>	30.00									
..... CFO	0.00			X			81,553	0	0	
(3) <b>Melissa Atkins</b>	1.00									
..... Director	0.00	X					0	0	0	
(4) <b>Tina Bare</b>	1.00									
..... Director	0.00	X					0	0	0	
(5) <b>Tyler Benson</b>	1.00									
..... Director	0.00	X					0	0	0	
(6) <b>Alexi Etges</b>	1.00									
..... Secretary	0.00	X		X			0	0	0	
(7) <b>Jessica Gray</b>	1.00									
..... Director	0.00	X					0	0	0	
(8) <b>Sarah Johnson</b>	1.00									
..... President Elect	0.00	X		X			0	0	0	
(9) <b>Justin Kelly</b>	1.00									
..... Director	0.00	X					0	0	0	
(10) <b>Sarah Langham</b>	1.00									
..... Treasurer	0.00	X		X			0	0	0	
(11) <b>Julianna Munden</b>	1.00									
..... Past President	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Blake Pennington</b>	1.00									
..... President	0.00	X		X			0	0	0	
(13) <b>David Pieper</b>	1.00									
..... Director	0.00	X					0	0	0	
(14) <b>Maudie Schmidt</b>	1.00									
..... Director	0.00	X					0	0	0	
(15) <b>Sharon Wright</b>	1.00									
..... Director	0.00	X					0	0	0	
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....							<b>206,491</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>206,491</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	1,317				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	35,099				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,641,800				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	912,645				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 349,227				
	<b>h Total.</b> Add lines 1a-1f		2,590,861				
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			47,021		47,021	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
			(ii) Personal				
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 35,099 of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>		8,000				
<b>b</b> Less: direct expenses	<b>8b</b>		14,034				
<b>c</b> Net income or (loss) from fundraising events			-6,034		-6,034		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>		339,565				
<b>b</b> Less: cost of goods sold	<b>10b</b>		339,565				
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			2,631,848	0	0	40,987	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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				
3 Grants and other assistance to foreign 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, trustees, and key employees	236,563		236,563	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,104,500	974,570	1,000	128,930
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,862	14,399	6,495	1,968
9 Other employee benefits	144,036	112,801	20,814	10,421
10 Payroll taxes	97,208	71,336	16,491	9,381
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,499		25,499	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	10,647		10,647	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,576	2,293		2,283
12 Advertising and promotion	8,829	781		8,048
13 Office expenses	9,703	7,345	1,835	523
14 Information technology	14,084	6,007	4,270	3,807
15 Royalties				
16 Occupancy	122,239	120,969	1,270	
17 Travel	13,918	8,044	5,874	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,748	157,748		
23 Insurance	93,450	91,462	1,885	103
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.)				
a <b>Emergency Assistance</b>	333,906	333,906		
b <b>Repairs and Maintenance</b>	64,638	60,593	3,429	616
c <b>Furnishings and Equipment</b>	19,175	17,852	1,323	
d <b>Other</b>	12,557	9,940	1,907	710
e All other expenses	26,124	15,603	6,972	3,549
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,522,262</b>	<b>2,005,649</b>	<b>346,274</b>	<b>170,339</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	16,026	1	8,583
	2	Savings and temporary cash investments	554,518	2	363,352
	3	Pledges and grants receivable, net	259,444	3	267,670
	4	Accounts receivable, net		4	1,419
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	58,800	8	56,609
	9	Prepaid expenses and deferred charges	34,891	9	38,395
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,355,140		
	b	Less: accumulated depreciation	10b 1,651,248	10c 3,703,892	
	11	Investments—publicly traded securities	1,185,361	11	1,309,295
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,002	15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,638,066	16	5,749,215	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	172,494	17	141,393
	18	Grants payable		18	
	19	Deferred revenue	12,252	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	184,746	26	141,393
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	5,368,352	27	5,520,732
	28	Net assets with donor restrictions	84,968	28	87,090
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	5,453,320	32	5,607,822
33	<b>Total liabilities and net assets/fund balances</b>	5,638,066	33	5,749,215	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,631,848</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,522,262</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>109,586</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>5,453,320</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>44,916</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,607,822</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>b</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	<b>X</b>	

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

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

Name of the organization: **Peace at Home Family Shelter Inc**  
Employer identification number: **71-0552563**

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

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 1,451,723
13 First 5 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 92.21%. Row 15: Public support percentage from 2023 Schedule A, Part II, line 14 15 87.97%.

16a 33 1/3% support test — 2024. 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 [X]
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. 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
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, their status, and control.

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

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
	<b>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
	<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
	<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	<b>3b</b>			

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C – Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2024, and (iii) Distributable Amount for 2024. Rows include distributable amount for 2024, underdistributions, and excess distributions carryover.



**Schedule B  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>Peace at Home Family Shelter Inc</b>	Employer identification number <b>71-0552563</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**Peace at Home Family Shelter Inc**

Employer identification number

**71-0552563**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization  <b>Peace at Home Family Shelter Inc</b>	Employer identification number  <b>71-0552563</b>
---	---

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

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

## Part II Conservation Easements

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

\$ .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

(ii) Assets included in Form 990, Part X .....

\$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

b Assets included in Form 990, Part X .....

\$ .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
  - a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
  - b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
  - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		155,744		155,744
b Buildings		4,802,483	1,364,580	3,437,903
c Leasehold improvements				
d Equipment		396,913	286,668	110,245
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>3,703,892</b>

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>3,047,050</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>44,916</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>15,800</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>365,133</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>425,849</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>2,621,201</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>10,647</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	<b>10,647</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>2,631,848</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>2,892,548</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>15,800</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>365,133</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>380,933</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>2,511,615</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>10,647</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	<b>10,647</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>2,522,262</b>

**Part XIII Supplemental Information**

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

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

Thrift Store Activity	\$	339,565
Direct Fundraising Expenses	\$	14,034
Thrift Store Vouchers	\$	11,534

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

Thrift Store Activity	\$	339,565
Direct Fundraising Expenses	\$	14,034
Thrift Store Vouchers	\$	11,534



**SCHEDULE G  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

**Peace at Home Family Shelter Inc**

Employer identification number

**71-0552563**

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

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

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

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

**Total** .....

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

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Special Events</b> (event type)	(event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>43,099</b>			<b>43,099</b>
	<b>2</b> Less: Contributions	<b>35,099</b>			<b>35,099</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>8,000</b>			<b>8,000</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	<b>5,737</b>			<b>5,737</b>
	<b>7</b> Food and beverages	<b>5,789</b>			<b>5,789</b>
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>2,508</b>			<b>2,508</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>14,034</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>-6,034</b>	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open To Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Peace at Home Family Shelter Inc

Employer identification number

71-0552563

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 is highlighted with 'X' in column (a), '1' in column (b), and '349,227' in column (c).

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes/No table for questions 30a, 31, and 32a. 30a: No (X), 31: No (X), 32a: No (X).

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)  
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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization <b>Peace at Home Family Shelter Inc</b>	Employer identification number <b>71-0552563</b>
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**Form 990 - Organization's Mission**

THE MISSION OF THE PEACE AT HOME FAMILY SHELTER IS TO EMPOWER VICTIMS OF FAMILY VIOLENCE AND THEIR CHILDREN TO SURVIVE AND THRIVE BY NURTURING THEIR SELF-DETERMINATION AND COURAGE; AND TO PROMOTE HEALTHY RELATIONSHIPS AND COMPASSIONATE COMMUNITIES THROUGH EDUCATION, OUTREACH, AND ADVOCACY.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 TAX RETURNS REVIEWED BY FINANCE COMMITTEE, THEN PRESENTED TO FULL BOARD**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

BOARD MEMBERS AND SENIOR STAFF ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR PERCEIVED CONFLICTS ANNUALLY. ALL BOARD MEMBERS AND SENIOR STAFF ARE REQUIRED TO DISCLOSE ANY KNOWN CONFLICTS OF THE ORGANIZATION TO THE CHIEF EXECUTIVE OFFICER OR IF SHE/HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR, WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OF THE DULLY CONSTITUTED COMMITTEE THEREOF. THE BOARD OF DIRECTORS, OR A DULY CONSTITUTED COMMITTEE THEREOF, SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE PEACE AT HOME FAMILY SHELTER. THE DECISION OF THE BOARD OF DIRECTORS (OR A DULY CONSTITUTED COMMITTEE THEREOF) ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE PEACE AT HOME FAMILY SHELTER AND THE ADVANCEMENT OF ITS MISSION. DURING THE PREVIOUS YEAR NO CONFLICTS OF INTEREST WERE DISCLOSED.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**  
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND SET BY THE BOARD BASED ON COMPARABLE JOBS IN THE REGION AND IS ALSO INFLUENCED BY ORGANIZATION-SPECIFIC GOALS SET AND MONITORED BY THE BOARD.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**  
THE EXECUTIVE DIRECTOR RECOMMENDS SALARIES FOR OFFICERS AND KEY EMPLOYEES, BUT THE BOARD HAS THE FINAL APPROVAL.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
ARE MADE AVAILABLE UPON REQUEST

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

Thrift Store Activity	\$	339,565
Direct Fundraising Expenses	\$	14,034
Thrift Store Vouchers	\$	11,534
Thrift Store Activity	\$	-339,565
Direct Fundraising Expenses	\$	-14,034
Thrift Store Vouchers	\$	-11,534

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

### Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

# 2024

Attachment  
Sequence No. **179**

**Peace at Home Family Shelter Inc**

Identifying number

**71-0552563**

Business or activity to which this form relates

### Indirect Depreciation

#### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>157,746</b>

#### Part III MACRS Depreciation (Don't include listed property. See instructions.)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

##### Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

##### Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>157,746</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

**There are no amounts for Page 2**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Shelter Building	12/01/08	2,696,356			2,696,356	40	MO S/L	1,050,455	67,409
2	Shelter - Sidewalk	8/06/10	2,175			2,175	40	MO S/L	757	54
5	Shelter Improvements	10/08/10	3,268			3,268	40	MO S/L	1,123	82
9	FLlooring/DWR	12/15/11	6,779			6,779	10	MO S/L	6,779	0
11	HVAC Thermostats	3/21/12	1,832			1,832	10	MO S/L	1,832	0
12	Shelter Flooring (Miller)	3/21/12	19,625			19,625	10	MO S/L	19,625	0
13	Security Keypads	3/28/12	10,000			10,000	5	MO S/L	10,000	0
14	Dressers for Shelter Rooms	6/20/13	3,911			3,911	10	MO S/L	3,911	0
15	Sewer Lift Station	10/21/13	28,000			28,000	40	MO S/L	7,525	700
17	Modern Fence Access Security Gate	5/14/15	9,626			9,626	5	MO S/L	9,626	0
18	Land	12/01/08	30,219			30,219	0	-- Land	0	0
26	IBF-(3) Six Drawer Dresser, Savoy S	12/01/08	1,928			1,928	10	MO S/L	1,928	0
27	IBF-(1) 36x36 Sq T Top, Century Fur	12/01/08	514			514	10	MO S/L	514	0
28	IBF-(2) 36x60 T Top, Cerury Furn La	12/01/08	1,568			1,568	10	MO S/L	1,568	0
29	IBF-(2) 36x72 T Top, Century Furn L	12/01/08	1,599			1,599	10	MO S/L	1,599	0
30	IBF-(1) 36x84 T Top, Century Furn L	12/01/08	820			820	10	MO S/L	820	0
31	IBF- (2) 18-24 Taper Top Table, Tab	12/01/08	1,015			1,015	10	MO S/L	1,015	0
32	IBF-(1) Classroom Closet, Jonti-Cra	12/01/08	608			608	10	MO S/L	608	0
33	IBF-(1) Supply Closet, Jonti-Craft	12/01/08	821			821	10	MO S/L	821	0
34	IBF-(5) 36x72 Single Rt Ped. Desk	12/01/08	4,901			4,901	10	MO S/L	4,901	0
35	IBF-(3) 36x72 Single Left Ped. Desk	12/01/08	2,988			2,988	10	MO S/L	2,988	0
36	IBF-(4) 36x72 Single Rt. Ped. Desk	12/01/08	2,816			2,816	10	MO S/L	2,816	0
37	IBF-(7) 36x72 Single Left Ped. Desk	12/01/08	4,929			4,929	10	MO S/L	4,929	0
38	IBF(1) D Shape Desk, Nova	12/01/08	1,724			1,724	10	MO S/L	1,724	0
39	IBF-(2) 30x60 Single R. Ped. Desk	12/01/08	1,078			1,078	10	MO S/L	1,078	0
40	IBF-(2) 36" 4 Drawer Lateral File	12/01/08	1,661			1,661	10	MO S/L	1,661	0
41	IBF-(9) 36" 2 Drawer Lateral File	12/01/08	4,515			4,515	10	MO S/L	4,515	0
42	IBF-(2) 30" 4 Drawer Lateral File	12/01/08	1,601			1,601	10	MO S/L	1,601	0
44	IBF(1) Closed Storage Cabinet/Bkca	12/01/08	661			661	10	MO S/L	661	0
53	Playground Equip, plus Bee/Bskball	12/01/08	17,156			17,156	10	MO S/L	17,156	0
57	IBF (4) Box/Box/File Mob. Ped, 35-M	12/01/08	2,089			2,089	10	MO S/L	2,089	0
58	IBF (1) File/File Mod. Ped, 35-MP N	12/01/08	535			535	10	MO S/L	535	0
60	Ark Shades & Blinds	12/01/08	1,175			1,175	10	MO S/L	1,175	0
75	Arkansas Shades & Blinds	12/01/08	1,116			1,116	10	MO S/L	1,116	0
77	Shelves TS	8/17/09	758			758	10	MO S/L	758	0
79	2004 Isuzu Box Truck	9/13/10	14,500			14,500	10	MO S/L	14,500	0
84	Sign On Box Truck	10/12/11	836			836	5	MO S/L	836	0
86	Blinds (ark shades)	3/14/12	1,743			1,743	10	MO S/L	1,743	0
87	Nova 4DR Lateral, chairs, stools	3/28/12	11,395			11,395	10	MO S/L	11,395	0
98	Dressers	6/20/13	3,911			3,911	10	MO S/L	3,911	0
109	Diaper Changing Table (Jonti Craft)	7/30/14	634			634	5	MO S/L	634	0
114	2015 Toyota Van	4/06/15	28,630			28,630	10	MO S/L	26,483	2,147
116	Lateral File for Legal Office	6/25/15	1,208			1,208	5	MO S/L	1,208	0
117	2 Metro Electric Dryers	10/06/15	1,183			1,183	5	MO S/L	1,183	0
118	2 Metro Bldrs - Upright Freezer	11/19/15	1,482			1,482	5	MO S/L	1,482	0
120	Metro Top Load Washer	10/06/15	679			679	5	MO S/L	679	0
122	DELL Latitude 3550	1/28/16	851			851	10	MO S/L	716	85
124	2 Computers for clients AUTIS GRANT	5/12/16	1,549			1,549	5	MO S/L	1,549	0
125	4 dressers 4 beds shelter ESG SPEC	4/19/16	5,181			5,181	5	MO S/L	5,181	0
126	JE Systems #945835 AutoDome Pendant Ar	5/05/16	3,094			3,094	5	MO S/L	3,094	0
128	2nd Floor Addition	6/21/17	364,347			364,347	40	MO S/L	63,761	9,108
129	Upstairs Appliances - 2 Washers & 2 Dryers	6/21/17	3,372			3,372	10	MO S/L	2,360	338
134	Computers	8/17/17	6,075			6,075	10	MO S/L	4,151	607
135	Security Equipment	4/15/19	31,848			31,848	5	MO S/L	31,848	0
136	Kitchen Countertops - 1	7/24/18	6,348			6,348	7	MO S/L	5,366	906
137	Kitchen Counter Tops - 2	1/23/19	6,597			6,597	7	MO S/L	5,105	942
138	Bus Shelter	6/10/19	6,550			6,550	15	MO S/L	2,220	436
139	Remodel - Moving door to residence	6/11/19	5,550			5,550	39	MO S/L	723	143
140	Furniture Adult Room In Shelter	12/05/19	4,974			4,974	10	MO S/L	2,280	497
141	Furniture Adult Room In Shelter	1/08/20	4,974			4,974	10	MO S/L	2,238	498
142	HP LaserJet Copier	4/29/20	11,597			11,597	5	MO S/L	9,664	1,933
144	New Server	5/10/21	18,080			18,080	5	MO S/L	11,451	3,616
145	Phone System	6/07/21	35,295			35,295	5	MO S/L	21,765	7,059
146	New Water Heaters	6/17/21	22,915			22,915	5	MO S/L	13,749	4,583
147	Lift Station Pumps	6/17/21	6,450			6,450	5	MO S/L	3,870	1,290
148	Bathroom Remodel	10/01/21	105,996			105,996	40	MO S/L	7,287	2,650
149	Security Camera Server	8/31/21	17,250			17,250	5	MO S/L	9,775	3,450
150	Lift Gate for Front Entry	2/22/22	34,950			34,950	5	MO S/L	16,310	6,990

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
151	CCPS Land - 4 Acres	3/14/22	125,525			125,525	0 -- Land	0	0
152	Flooring for downstairs rooms	4/21/22	8,000			8,000	10 MO S/L	1,733	800
153	Replace Condenser and Evaporator Coil	6/06/23	6,283			6,283	27 MO S/L	248	228
154	Server	11/13/23	16,077			16,077	5 MO S/L	2,144	3,215
155	Cat Suite	5/01/24	5,348			5,348	10 MO S/L	89	535
156	Security System	12/21/23	14,746			14,746	5 MO S/L	1,475	2,949
157	Cat Suite	5/01/24	5,348			5,348	10 MO S/L	89	535
158	Cat Suite	5/01/24	5,348			5,348	10 MO S/L	89	535
159	CCPS Building	5/01/24	1,147,314			1,147,314	40 MO S/L	4,780	28,683
160	Security Camera Completion for CCPS	7/01/24	772			772	5 MO S/L	0	154
161	Fire Alarm Panel Replacement	8/09/24	5,186			5,186	15 MO S/L	0	317
162	CCTV Network Cabling	11/11/24	6,162			6,162	5 MO S/L	0	822
163	New plumbing pump	3/11/25	9,933			9,933	5 MO S/L	0	662
164	3 BR & Bath Addition	2/24/25	334,562			334,562	40 MO S/L	0	2,788
	<b>Total Other Depreciation</b>		<u>5,331,015</u>			<u>5,331,015</u>		<u>1,469,373</u>	<u>157,746</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,331,015</u>			<u>5,331,015</u>		<u>1,469,373</u>	<u>157,746</u>
<b>Listed Property:</b>									
132	2017 Nissan Versa - 30159	6/16/17	12,000			12,000	5 MO S/L	12,000	0
133	2017 Nissan Versa - 78836	6/16/17	12,127			12,127	5 MO S/L	12,127	0
			<u>24,127</u>			<u>24,127</u>		<u>24,127</u>	<u>0</u>
	<b>Grand Totals</b>		5,355,142			5,355,142		1,493,500	157,746
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>5,355,142</u>			<u>5,355,142</u>		<u>1,493,500</u>	<u>157,746</u>

Asset	Description	Date In Service	Cost	Basis for Depr	AR Prior	AR Current	Federal Current	Difference Fed - AR
<b>Other Depreciation:</b>								
1	Shelter Building	12/01/08	2,696,356	2,696,356	1,050,455	67,409	67,409	0
2	Shelter - Sidewalk	8/06/10	2,175	2,175	757	54	54	0
5	Shelter Improvements	10/08/10	3,268	3,268	1,123	82	82	0
9	FLlooring/DWR	12/15/11	6,779	6,779	6,779	0	0	0
11	HVAC Thermostats	3/21/12	1,832	1,832	1,832	0	0	0
12	Shelter Flooring (Miller)	3/21/12	19,625	19,625	19,625	0	0	0
13	Security Keypads	3/28/12	10,000	10,000	10,000	0	0	0
14	Dressers for Shelter Rooms	6/20/13	3,911	3,911	3,911	0	0	0
15	Sewer Lift Station	10/21/13	28,000	28,000	7,467	700	700	0
17	Modern Fence Access Security Gate	5/14/15	9,626	9,626	9,626	0	0	0
18	Land	12/01/08	30,219	30,219	0	0	0	0
26	IBF-(3) Six Drawer Dresser, Savoy S	12/01/08	1,928	1,928	1,928	0	0	0
27	IBF-(1) 36x36 Sq T Top, Century Fur	12/01/08	514	514	514	0	0	0
28	IBF-(2) 36x60 T Top, Cerury Furn La	12/01/08	1,568	1,568	1,568	0	0	0
29	IBF-(2) 36x72 T Top, Century Furn L	12/01/08	1,599	1,599	1,599	0	0	0
30	IBF-(1) 36x84 T Top, Century Furn L	12/01/08	820	820	820	0	0	0
31	IBF- (2) 18-24 Taper Top Table, Tab	12/01/08	1,015	1,015	1,015	0	0	0
32	IBF-(1) Classroom Closet, Jonti-Cra	12/01/08	608	608	608	0	0	0
33	IBF-(1) Supply Closet, Jonti-Craft	12/01/08	821	821	821	0	0	0
34	IBF-(5) 36x72 Single Rt Ped. Desk	12/01/08	4,901	4,901	4,901	0	0	0
35	IBF-(3) 36x72 Single Left Ped. Desk	12/01/08	2,988	2,988	2,988	0	0	0
36	IBF-(4) 36x72 Single Rt. Ped. Desk	12/01/08	2,816	2,816	2,816	0	0	0
37	IBF-(7) 36x72 Single Left Ped. Desk	12/01/08	4,929	4,929	4,929	0	0	0
38	IBF(1) D Shape Desk, Nova	12/01/08	1,724	1,724	1,724	0	0	0
39	IBF-(2) 30x60 Single R. Ped. Desk	12/01/08	1,078	1,078	1,078	0	0	0
40	IBF-(2) 36" 4 Drawer Lateral File	12/01/08	1,661	1,661	1,661	0	0	0
41	IBF-(9) 36" 2 Drawer Lateral File	12/01/08	4,515	4,515	4,515	0	0	0
42	IBF-(2) 30" 4 Drawer Lateral File	12/01/08	1,601	1,601	1,601	0	0	0
44	IBF(1) Closed Storage Cabinet/Bkca	12/01/08	661	661	661	0	0	0
53	Playground Equip, plus Bee/Bskball	12/01/08	17,156	17,156	17,156	0	0	0
57	IBF (4) Box/Box/File Mob. Ped, 35-M	12/01/08	2,089	2,089	2,089	0	0	0
58	IBF (1) File/File Mod. Ped, 35-MP N	12/01/08	535	535	535	0	0	0
60	Ark Shades & Blinds	12/01/08	1,175	1,175	1,175	0	0	0
75	Arkansas Shades & Blinds	12/01/08	1,116	1,116	1,116	0	0	0
77	Shelves TS	8/17/09	758	758	758	0	0	0
79	2004 Isuzu Box Truck	9/13/10	14,500	14,500	14,500	0	0	0
84	Sign On Box Truck	10/12/11	836	836	836	0	0	0
86	Blinds (ark shades)	3/14/12	1,743	1,743	1,743	0	0	0
87	Nova 4DR Lateral, chairs, stools	3/28/12	11,395	11,395	11,395	0	0	0
98	Dressers	6/20/13	3,911	3,911	3,911	0	0	0
109	Diaper Changing Table (Jonti Craft)	7/30/14	634	634	634	0	0	0
114	2015 Toyota Van	4/06/15	28,630	28,630	26,483	2,147	2,147	0
116	Lateral File for Legal Office	6/25/15	1,208	1,208	1,208	0	0	0
117	2 Metro Electric Dryers	10/06/15	1,183	1,183	1,183	0	0	0
118	2 Metro Bldrs - Upright Freezer	11/19/15	1,482	1,482	1,482	0	0	0
120	Metro Top Load Washer	10/06/15	679	679	679	0	0	0
122	DELL Latitude 3550	1/28/16	851	851	716	85	85	0
124	2 Computers for clients AUTIS GRANT	5/12/16	1,549	1,549	1,549	0	0	0
125	4 dressers 4 beds shelter ESG SPEC	4/19/16	5,181	5,181	5,181	0	0	0
126	JE Systems #945835 AutoDome Pendant Ar	5/05/16	3,094	3,094	3,094	0	0	0
128	2nd Floor Addition	6/21/17	364,347	364,347	63,761	9,108	9,108	0
129	Upstairs Appliances - 2 Washers & 2 Dryers	6/21/17	3,372	3,372	2,360	338	338	0
134	Computers	8/17/17	6,075	6,075	4,151	607	607	0
135	Security Equipment	4/15/19	31,848	31,848	31,848	0	0	0
136	Kitchen Countertops - 1	7/24/18	6,348	6,348	5,366	906	906	0
137	Kitchen Counter Tops - 2	1/23/19	6,597	6,597	5,105	942	942	0
138	Bus Shelter	6/10/19	6,550	6,550	2,220	436	436	0
139	Remodel - Moving door to residence	6/11/19	5,550	5,550	723	143	143	0
140	Furniture Adult Room In Shelter	12/05/19	4,974	4,974	2,280	497	497	0
141	Furniture Adult Room In Shelter	1/08/20	4,974	4,974	2,238	498	498	0
142	HP LaserJet Copier	4/29/20	11,597	11,597	9,664	1,933	1,933	0
144	New Server	5/10/21	18,080	18,080	11,451	3,616	3,616	0
145	Phone System	6/07/21	35,295	35,295	21,765	7,059	7,059	0
146	New Water Heaters	6/17/21	22,915	22,915	13,749	4,583	4,583	0
147	Lift Station Pumps	6/17/21	6,450	6,450	3,870	1,290	1,290	0
148	Bathroom Remodel	10/01/21	105,996	105,996	7,287	2,650	2,650	0
149	Security Camera Server	8/31/21	17,250	17,250	9,775	3,450	3,450	0
150	Lift Gate for Front Entry	2/22/22	34,950	34,950	16,310	6,990	6,990	0

**AR Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	AR Prior	AR Current	Federal Current	Difference Fed - AR
151	CCPS Land - 4 Acres	3/14/22	125,525	125,525	0	0	0	0
152	Flooring for downstairs rooms	4/21/22	8,000	8,000	1,733	800	800	0
153	Replace Condenser and Evaporator Coil	6/06/23	6,283	6,283	248	228	228	0
154	Server	11/13/23	16,077	16,077	2,144	3,215	3,215	0
155	Cat Suite	5/01/24	5,348	5,348	89	535	535	0
156	Security System	12/21/23	14,746	14,746	1,475	2,949	2,949	0
157	Cat Suite	5/01/24	5,348	5,348	89	535	535	0
158	Cat Suite	5/01/24	5,348	5,348	89	535	535	0
159	CCPS Building	5/01/24	1,147,314	1,147,314	4,780	28,683	28,683	0
160	Security Camera Completion for CCPS	7/01/24	772	772	0	154	154	0
161	Fire Alarm Panel Replacement	8/09/24	5,186	5,186	0	317	317	0
162	CCTV Network Cabling	11/11/24	6,162	6,162	0	822	822	0
163	New plumbing pump	3/11/25	9,933	9,933	0	662	662	0
164	3 BR & Bath Addition	2/24/25	334,562	334,562	0	2,788	2,788	0
<b>Total Other Depreciation</b>			<u>5,331,015</u>	<u>5,331,015</u>	<u>1,469,315</u>	<u>157,746</u>	<u>157,746</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,331,015</u>	<u>5,331,015</u>	<u>1,469,315</u>	<u>157,746</u>	<u>157,746</u>	<u>0</u>
<b>Listed Property:</b>								
132	2017 Nissan Versa - 30159	6/16/17	12,000	12,000	12,000	0	0	0
133	2017 Nissan Versa - 78836	6/16/17	12,127	12,127	12,127	0	0	0
			<u>24,127</u>	<u>24,127</u>	<u>24,127</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			5,355,142	5,355,142	1,493,442	157,746	157,746	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>5,355,142</u>	<u>5,355,142</u>	<u>1,493,442</u>	<u>157,746</u>	<u>157,746</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Shelter Building	12/01/08	2,696,356	67,409	0
2	Shelter - Sidewalk	8/06/10	2,175	55	0
5	Shelter Improvements	10/08/10	3,268	82	0
9	FLlooring/DWR	12/15/11	6,779	0	0
11	HVAC Thermostats	3/21/12	1,832	0	0
12	Shelter Flooring (Miller)	3/21/12	19,625	0	0
13	Security Keypads	3/28/12	10,000	0	0
14	Dressers for Shelter Rooms	6/20/13	3,911	0	0
15	Sewer Lift Station	10/21/13	28,000	700	0
17	Modern Fence Access Security Gate	5/14/15	9,626	0	0
18	Land	12/01/08	30,219	0	0
26	IBF-(3) Six Drawer Dresser, Savoy S	12/01/08	1,928	0	0
27	IBF-(1) 36x36 Sq T Top, Century Fur	12/01/08	514	0	0
28	IBF-(2) 36x60 T Top, Cerury Furn La	12/01/08	1,568	0	0
29	IBF-(2) 36x72 T Top, Century Furn L	12/01/08	1,599	0	0
30	IBF-(1) 36x84 T Top, Century Furn L	12/01/08	820	0	0
31	IBF- (2) 18-24 Taper Top Table, Tab	12/01/08	1,015	0	0
32	IBF-(1) Classroom Closet, Jonti-Cra	12/01/08	608	0	0
33	IBF-(1) Supply Closet, Jonti-Craft	12/01/08	821	0	0
34	IBF-(5) 36x72 Single Rt Ped. Desk	12/01/08	4,901	0	0
35	IBF-(3) 36x72 Single Left Ped. Desk	12/01/08	2,988	0	0
36	IBF-(4) 36x72 Single Rt. Ped. Desk	12/01/08	2,816	0	0
37	IBF-(7) 36x72 Single Left Ped. Desk	12/01/08	4,929	0	0
38	IBF(1) D Shape Desk, Nova	12/01/08	1,724	0	0
39	IBF-(2) 30x60 Single R. Ped. Desk	12/01/08	1,078	0	0
40	IBF-(2) 36" 4 Drawer Lateral File	12/01/08	1,661	0	0
41	IBF-(9) 36" 2 Drawer Lateral File	12/01/08	4,515	0	0
42	IBF-(2) 30" 4 Drawer Lateral File	12/01/08	1,601	0	0
44	IBF(1) Closed Storage Cabinet/Bkca	12/01/08	661	0	0
53	Playground Equip, plus Bee/Bskball	12/01/08	17,156	0	0
57	IBF (4) Box/Box/File Mob. Ped, 35-M	12/01/08	2,089	0	0
58	IBF (1) File/File Mod. Ped, 35-MP N	12/01/08	535	0	0
60	Ark Shades & Blinds	12/01/08	1,175	0	0
75	Arkansas Shades & Blinds	12/01/08	1,116	0	0
77	Shelves TS	8/17/09	758	0	0
79	2004 Isuzu Box Truck	9/13/10	14,500	0	0
84	Sign On Box Truck	10/12/11	836	0	0
86	Blinds (ark shades)	3/14/12	1,743	0	0
87	Nova 4DR Lateral, chairs, stools	3/28/12	11,395	0	0
98	Dressers	6/20/13	3,911	0	0
109	Diaper Changing Table (Jonti Craft)	7/30/14	634	0	0
114	2015 Toyota Van	4/06/15	28,630	0	0
116	Lateral File for Legal Office	6/25/15	1,208	0	0
117	2 Metro Electric Dryers	10/06/15	1,183	0	0
118	2 Metro Bldrs - Upright Freezer	11/19/15	1,482	0	0
120	Metro Top Load Washer	10/06/15	679	0	0
122	DELL Latitude 3550	1/28/16	851	50	0
124	2 Computers for clients AUTIS GRANT	5/12/16	1,549	0	0
125	4 dressers 4 beds shelter ESG SPEC	4/19/16	5,181	0	0
126	JE Systems #945835 AutoDome Pendant Arm	5/05/16	3,094	0	0
128	2nd Floor Addition	6/21/17	364,347	9,109	0
129	Upstairs Appliances - 2 Washers & 2 Dryers	6/21/17	3,372	337	0
134	Computers	8/17/17	6,075	608	0
135	Security Equipment	4/15/19	31,848	0	0
136	Kitchen Countertops - 1	7/24/18	6,348	76	0
137	Kitchen Counter Tops - 2	1/23/19	6,597	550	0
138	Bus Shelter	6/10/19	6,550	437	0
139	Remodel - Moving door to residence	6/11/19	5,550	142	0
140	Furniture Adult Room In Shelter	12/05/19	4,974	498	0
141	Furniture Adult Room In Shelter	1/08/20	4,974	497	0
142	HP LaserJet Copier	4/29/20	11,597	0	0
144	New Server	5/10/21	18,080	3,013	0
145	Phone System	6/07/21	35,295	6,471	0
146	New Water Heaters	6/17/21	22,915	4,583	0
147	Lift Station Pumps	6/17/21	6,450	1,290	0
148	Bathroom Remodel	10/01/21	105,996	2,650	0
149	Security Camera Server	8/31/21	17,250	3,450	0

Asset	Description	Date In Service	Cost	Tax	AMT
150	Lift Gate for Front Entry	2/22/22	34,950	6,990	0
151	CCPS Land - 4 Acres	3/14/22	125,525	0	0
152	Flooring for downstairs rooms	4/21/22	8,000	800	0
153	Replace Condenser and Evaporator Coil	6/06/23	6,283	228	0
154	Server	11/13/23	16,077	3,216	0
155	Cat Suite	5/01/24	5,348	535	0
156	Security System	12/21/23	14,746	2,949	0
157	Cat Suite	5/01/24	5,348	535	0
158	Cat Suite	5/01/24	5,348	535	0
159	CCPS Building	5/01/24	1,147,314	28,683	0
160	Security Camera Completion for CCPS	7/01/24	772	155	0
161	Fire Alarm Panel Replacement	8/09/24	5,186	346	0
162	CCTV Network Cabling	11/11/24	6,162	1,232	0
163	New plumbing pump	3/11/25	9,933	1,987	0
164	3 BR & Bath Addition	2/24/25	334,562	8,364	0
	<b>Total Other Depreciation</b>		<u>5,331,015</u>	<u>158,562</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,331,015</u>	<u>158,562</u>	<u>0</u>
<b>Listed Property:</b>					
132	2017 Nissan Versa - 30159	6/16/17	12,000	0	0
133	2017 Nissan Versa - 78836	6/16/17	12,127	0	0
			<u>24,127</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,355,142</u>	<u>158,562</u>	<u>0</u>

Asset	Description	Date In Service	Cost	AR
<b>Other Depreciation:</b>				
1	Shelter Building	12/01/08	2,696,356	67,409
2	Shelter - Sidewalk	8/06/10	2,175	55
5	Shelter Improvements	10/08/10	3,268	82
9	FLlooring/DWR	12/15/11	6,779	0
11	HVAC Thermostats	3/21/12	1,832	0
12	Shelter Flooring (Miller)	3/21/12	19,625	0
13	Security Keypads	3/28/12	10,000	0
14	Dressers for Shelter Rooms	6/20/13	3,911	0
15	Sewer Lift Station	10/21/13	28,000	700
17	Modern Fence Access Security Gate	5/14/15	9,626	0
18	Land	12/01/08	30,219	0
26	IBF-(3) Six Drawer Dresser, Savoy S	12/01/08	1,928	0
27	IBF-(1) 36x36 Sq T Top, Century Fur	12/01/08	514	0
28	IBF-(2) 36x60 T Top, Cerury Furn La	12/01/08	1,568	0
29	IBF-(2) 36x72 T Top, Century Furn L	12/01/08	1,599	0
30	IBF-(1) 36x84 T Top, Century Furn L	12/01/08	820	0
31	IBF- (2) 18-24 Taper Top Table, Tab	12/01/08	1,015	0
32	IBF-(1) Classroom Closet, Jonti-Cra	12/01/08	608	0
33	IBF-(1) Supply Closet, Jonti-Craft	12/01/08	821	0
34	IBF-(5) 36x72 Single Rt Ped. Desk	12/01/08	4,901	0
35	IBF-(3) 36x72 Single Left Ped. Desk	12/01/08	2,988	0
36	IBF-(4) 36x72 Single Rt. Ped. Desk	12/01/08	2,816	0
37	IBF-(7) 36x72 Single Left Ped. Desk	12/01/08	4,929	0
38	IBF(1) D Shape Desk, Nova	12/01/08	1,724	0
39	IBF-(2) 30x60 Single R. Ped. Desk	12/01/08	1,078	0
40	IBF-(2) 36" 4 Drawer Lateral File	12/01/08	1,661	0
41	IBF-(9) 36" 2 Drawer Lateral File	12/01/08	4,515	0
42	IBF-(2) 30" 4 Drawer Lateral File	12/01/08	1,601	0
44	IBF(1) Closed Storage Cabinet/Bkca	12/01/08	661	0
53	Playground Equip, plus Bee/Bskball	12/01/08	17,156	0
57	IBF (4) Box/Box/File Mob. Ped, 35-M	12/01/08	2,089	0
58	IBF (1) File/File Mod. Ped, 35-MP N	12/01/08	535	0
60	Ark Shades & Blinds	12/01/08	1,175	0
75	Arkansas Shades & Blinds	12/01/08	1,116	0
77	Shelves TS	8/17/09	758	0
79	2004 Isuzu Box Truck	9/13/10	14,500	0
84	Sign On Box Truck	10/12/11	836	0
86	Blinds (ark shades)	3/14/12	1,743	0
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118	2 Metro Bldrs - Upright Freezer	11/19/15	1,482	0
120	Metro Top Load Washer	10/06/15	679	0
122	DELL Latitude 3550	1/28/16	851	50
124	2 Computers for clients AUTIS GRANT	5/12/16	1,549	0
125	4 dressers 4 beds shelter ESG SPEC	4/19/16	5,181	0
126	JE Systems #945835 AutoDome Pendant Arm	5/05/16	3,094	0
128	2nd Floor Addition	6/21/17	364,347	9,109
129	Upstairs Appliances - 2 Washers & 2 Dryers	6/21/17	3,372	337
134	Computers	8/17/17	6,075	608
135	Security Equipment	4/15/19	31,848	0
136	Kitchen Countertops - 1	7/24/18	6,348	76
137	Kitchen Counter Tops - 2	1/23/19	6,597	550
138	Bus Shelter	6/10/19	6,550	437
139	Remodel - Moving door to residence	6/11/19	5,550	142
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141	Furniture Adult Room In Shelter	1/08/20	4,974	497
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144	New Server	5/10/21	18,080	3,013
145	Phone System	6/07/21	35,295	6,471
146	New Water Heaters	6/17/21	22,915	4,583
147	Lift Station Pumps	6/17/21	6,450	1,290
148	Bathroom Remodel	10/01/21	105,996	2,650
149	Security Camera Server	8/31/21	17,250	3,450

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AR</u>
150	Lift Gate for Front Entry	2/22/22	34,950	6,990
151	CCPS Land - 4 Acres	3/14/22	125,525	0
152	Flooring for downstairs rooms	4/21/22	8,000	800
153	Replace Condenser and Evaporator Coil	6/06/23	6,283	228
154	Server	11/13/23	16,077	3,216
155	Cat Suite	5/01/24	5,348	535
156	Security System	12/21/23	14,746	2,949
157	Cat Suite	5/01/24	5,348	535
158	Cat Suite	5/01/24	5,348	535
159	CCPS Building	5/01/24	1,147,314	28,683
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161	Fire Alarm Panel Replacement	8/09/24	5,186	346
162	CCTV Network Cabling	11/11/24	6,162	1,232
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164	3 BR & Bath Addition	2/24/25	334,562	8,364
	<b>Total Other Depreciation</b>		<u>5,331,015</u>	<u>158,562</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,331,015</u>	<u>158,562</u>
<b>Listed Property:</b>				
132	2017 Nissan Versa - 30159	6/16/17	12,000	0
133	2017 Nissan Versa - 78836	6/16/17	12,127	0
			<u>24,127</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,355,142</u>	<u>158,562</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>		

Name **Peace at Home Family Shelter Inc** Taxpayer Identification Number **71-0552563**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,404,278	949,061	-455,217
	2. Membership dues and assessments			
	3. Government contributions and grants	1,198,141	1,641,800	443,659
	4. Program service revenue			
	5. Investment income	38,296	47,021	8,725
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,543		-1,543
	8. Net income or (loss) from fundraising events	-19,124	-6,034	13,090
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,623,134</b>	<b>2,631,848</b>	<b>8,714</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	214,377	236,563	22,186
	16. Salaries, other compensation, and employee benefits	1,268,163	1,368,606	100,443
	17. Professional fundraising fees			
	18. Other professional fees	65,719	40,722	-24,997
	19. Occupancy, rent, utilities, and maintenance	118,133	122,239	4,106
	20. Depreciation and Depletion	131,429	157,748	26,319
	21. Other expenses	586,674	596,384	9,710
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,384,495</b>	<b>2,522,262</b>	<b>137,767</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>238,639</b>	<b>109,586</b>	<b>-129,053</b>
<b>Other Information</b>	24. Total exempt revenue	2,623,134	2,631,848	8,714
	25. Total unrelated revenue			
	26. Total excludable revenue	20,715	40,987	20,272
	27. Total assets	5,638,066	5,749,215	111,149
	28. Total liabilities	184,746	141,393	-43,353
	29. Retained earnings	5,453,320	5,607,822	154,502
	30. Number of voting members of governing body	11	13	
	31. Number of independent voting members of governing body	11	13	
	32. Number of employees	42	39	
33. Number of volunteers	50	38		

Form **990****Tax Return History****2024**

Name

**Peace at Home Family Shelter Inc**

Employer Identification Number

**71-0552563**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	2,648,256	2,584,467	2,927,059	2,602,419	2,590,861	
Membership dues						
Program service revenue						
Capital gain or loss	13,850	20,502	2,281	1,543		
Investment income	20,755	26,226	34,760	38,296	47,021	
Fundraising revenue (income/loss)	11,884	-43	-13,364	-19,124	-6,034	
Gaming revenue (income/loss)						
Other revenue	7,290	500				
<b>Total revenue</b>	<b>2,702,035</b>	<b>2,631,652</b>	<b>2,950,736</b>	<b>2,623,134</b>	<b>2,631,848</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	178,892	160,984	200,905	214,377	236,563	
Other compensation	1,343,729	1,217,388	1,333,280	1,268,163	1,368,606	
Professional fees	61,680	42,272	48,800	65,719	40,722	
Occupancy costs	38,900	79,839	111,582	118,133	122,239	
Depreciation and depletion	94,953	168,197	124,924	131,429	157,748	
Other expenses	682,737	573,520	556,864	586,674	596,384	
<b>Total expenses</b>	<b>2,400,891</b>	<b>2,242,200</b>	<b>2,376,355</b>	<b>2,384,495</b>	<b>2,522,262</b>	
<b>Excess or (Deficit)</b>	<b>301,144</b>	<b>389,452</b>	<b>574,381</b>	<b>238,639</b>	<b>109,586</b>	
<b>Total exempt revenue</b>	<b>2,702,035</b>	<b>2,631,652</b>	<b>2,950,736</b>	<b>2,623,134</b>	<b>2,631,848</b>	
Total unrelated revenue						
Total excludable revenue	53,779	47,185	23,677	20,715	40,987	
Total Assets	4,474,059	4,641,264	5,278,536	5,638,066	5,749,215	
Total Liabilities	249,306	150,711	151,494	184,746	141,393	
Net Fund Balances	4,224,753	4,490,553	5,127,042	5,453,320	5,607,822	

**Federal Statements**

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 10,483			14 AR		
Total	<u>\$ 10,483</u>					

**Tax-Exempt Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 36,538			14 AR		
Total	<u>\$ 36,538</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Total	\$ 4,576	\$ 2,293	\$ 0	\$ 2,283
	\$ 4,576	\$ 2,293	\$ 0	\$ 2,283

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Charges	\$ 10,082	\$ 7,689	\$ 261	\$ 2,132
Employee Training & Dev	8,440	827	6,196	1,417
Work Study	7,602	7,087	515	
Total	\$ 26,124	\$ 15,603	\$ 6,972	\$ 3,549
	\$ 26,124	\$ 15,603	\$ 6,972	\$ 3,549

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Anonymous Family Foundation	\$ 650,000	\$ 376,369
Alice L Walton Foundation	445,000	171,369
Anonymous	62,500	
Leslie Belden	31,000	
Impressions Boutique	50,000	
Anonymous	178,200	
Walmart	21,700	
Fayetteville Junior League	25,100	
Arvest Foundation	28,000	
Bank of America	27,500	
Walmart Foundation	6,000	
Walton Family Foundation	95,000	
Excellerate Foundation	108,350	
Anonymous Family Foundation	25,000	
United Way	40,000	
Willard and Pat Walker Charitable	426,000	152,369
Geraldine Jones	34,375	
Darla Newman	30,185	
Anonymous	10,000	
Susan Schell	68,800	
Chuy's Opco, Inc.	6,358	
Tyson Foods	5,938	
CAF - Walmart	5,640	
American Endowment Foundation	100,000	
Red Rover	60,000	
Arkansas Animal Rescue	40,000	
Articulate Global	25,417	
Anonymous Family Foundation	10,500	
Tyler Bensen	6,000	
Total	<u>\$ 2,622,563</u>	<u>\$ 700,107</u>

# Federal Statements

## Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 10,483
	<u>36,538</u>
Total	\$ <u>47,021</u>

## Schedule A, Part II, Line 10(e)

Description	Amount
Special Events	\$ 8,000
Total	\$ <u>8,000</u>

## Schedule A, Part II, Line 12 - Current year

Description	Amount
Inventory Sales	\$ 339,565
Total	\$ <u>339,565</u>