

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust

2000

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning 07/01, 2000, and ending 06/30, 2001

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

C Name of organization, number and street, city, town, state, and ZIP code
SOJOURNER HOUSE, INC.
5460 PENN AVENUE
PITTSBURGH, PA 15206

D Employer identification number
25-1737004

E Telephone number
(412) 441-7783

F Check ☐ if application pending

G Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to sec 527 orgs

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ☐

H(c) Are all affiliates included? (If "No," attach a list. See inst.) ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

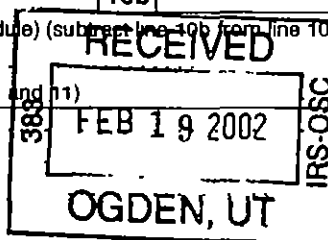
I Enter 4-digit group exemption no. (GEN) ☐

L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)	
REVENUE	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a	61,870.
	b Indirect public support	1b	37,871.
	c Government contributions (grants)	1c	21,000.
	d Total (add lines 1a through 1c) (cash \$ 120,741. noncash \$)	1d	120,741.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	607,456.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	8,187.
	5 Dividends and interest from securities	5	8,230.
	6a Gross rents	6a	
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	76,676.	8a	
	94,522.	8b	
	-17,846.	8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-17,846.	
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	4,983.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	731,751.	
EXPENSES	13 Program services (from line 44, column (B))	13	581,835.
	14 Management and general (from line 44, column (C))	14	191,425.
	15 Fundraising (from line 44, column (D))	15	7,769.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 13 and 14, column (A))	17	781,029.
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-49,278.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	943,594.
	20 Other changes in net assets or fund balances (attach explanation)	20	2,536.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	896,852.

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2000)



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions.)

Do not include amounts reported on line 8b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	405,070.	336,208.	68,862.
27	Pension plan contributions	27			
28	Other employee benefits	28	39,373.	36,824.	2,549.
29	Payroll taxes	29	38,356.	31,835.	6,521.
30	Professional fundraising fees	30			
31	Accounting fees	31	42,016.	42,016.	
32	Legal fees	32	3,769.	3,769.	
33	Supplies	33	21,618.	4,607.	17,011.
34	Telephone	34	8,876.	7,367.	1,509.
35	Postage and shipping	35	10,648.	2,879.	7,769.
36	Occupancy	36	19,927.	16,539.	3,388.
37	Equipment rental and maintenance	37	9,441.	3,399.	6,042.
38	Printing and publications	38			
39	Travel	39	2,063.	2,063.	
40	Conferences, conventions, and meetings	40	2,251.	2,251.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	52,679.	43,724.	8,955.
43	Other expenses (itemize) a See Attached	43a	124,942.	101,332.	23,610.
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	781,029.	581,835.	191,425.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

☐ Yes
☒ No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions)What is the organization's primary exempt purpose? **RESIDENTIAL TREATMENT FACILITY**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)

a CLIENT SERVICES PROVIDES COMPREHENSIVE SERVICES INCLUDING COUNSELING, TREATMENT AND SPIRITUALITY GROUPS, ON-SITE NARCOTICS/ALCOHOLICS ANONYMOUS, LIFE SKILLS TRAINING, AND PARENTING EDUCATION.		(Grants and allocations \$ _____)	581,835.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e Other program services (attach schedule)		(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)			581,835.

Part IV Balance Sheets (See Specific Instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
A S S E T S	45	Cash -- non-interest-bearing		80,352.	45	590.
	46	Savings and temporary cash investments		107,282.	46	258,601.
	47a	Accounts receivable	47a 246,954.			
	b	Less allowance for doubtful accounts	47b	337,539.	47c	246,954.
	48a	Pledges receivable	48a		48c	
	b	Less allowance for doubtful accounts	48b			
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		1,902.	53	3,836.
	54	Investments -- securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	131,370.	54	124,289.
	55a	Investments -- land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments -- other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 1,080,835.			
	b	Less accumulated depreciation (attach schedule)	57b 352,227.	761,942.	57c	728,608.
58	Other assets (describe <input type="checkbox"/>)			58		
	59	Total assets (add lines 45 through 58) (must equal line 74)		1,420,387.	59	1,362,878.
L I A B I L I T I E S	60	Accounts payable and accrued expenses		20,266.	60	21,393.
	61	Grants payable		107,282.	61	107,282.
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		332,619.	64b	324,286.
	65	Other liabilities (describe <input type="checkbox"/> See Statement Attached)		16,626.	65	13,065.
		66	Total liabilities (add lines 60 through 65)		476,793.	66
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		943,594.	67	886,852.
	68	Temporarily restricted			68	10,000.
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		943,594.	73	896,852.
		74	Total liabilities and net assets / fund balances (add lines 66 and 73)		1,420,387.	74

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

a Total revenue, gains, and other support per audited financial statements	a 734,287.
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$ 2,536.	
(2) Donated services & use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify)	
Add amounts on lines (1) through (4)	b 2,536.
c Line a minus line b	c 731,751.
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 731,751.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a 781,029
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services & use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 781,029.
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 781,029.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Barbara Dixon Pittsburgh, PA.	PRESIDENT 5.	0.	0.	0.
Iburia Scott-Johnson PITTSBURGH, PA.	VICE-PRES 5.	0.	0.	0.
Patricia Ramirez PITTSBURGH, PA.	TREASURER 5.	0.	0.	0.
Gerri Maurer Murrysville, PA.	SECRETARY 5.	0.	0.	0.
NORMA RAIFF, Ph.D. PITTSBURGH, PA.	EXEC. DIR. 50.	51,230.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule -- see Specific Instructions

☐ Yes ☒ No

Part VI Other Information (See Specific Instructions)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b	N/A	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
90a	List the states with which a copy of this return is filed PENNSYLVANIA	90b		27
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)			
91	The books are in care of FINANCE DIRECTOR Telephone no (412) 441-7783 Located at 5460 PENN AVENUE PITTSBURGH, PA ZIP code 15206			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					538,108.
g Fees & contracts from govt. agencies					69,348.
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	8,187.	
96 Dividends & interest from securities			14	8,230.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-17,846.	
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a Misc.					4,983.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-1,429.	612,439.
105 Total (add line 104, columns (B), (D), and (E))					611,010.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Medical fees and Contracts with Governmental entities are generated from services provided as a Residential Treatment Facility and are integral to the continued provision of services.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 and correct. (Important: If preparer is not an officer or authorized person, this statement is required.)

2-14-02

Date

Type or print name and title

NORMA R. RAIFE, Executive Director

Date

Signature

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2000

Name of the organization

SOJOURNER HOUSE, INC.

Employer identification number

25-1737004

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See the instructions.)		

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	80,655.	92,896.	99,274.	128,072.	400,897.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,348.	14,467.	19,104.	9,020.	55,939.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		1,017.			1,017.
23 Total of lines 15 through 22	94,003.	108,380.	118,378.	137,092.	457,853.
24 Line 23 minus line 17	94,003.	108,380.	118,378.	137,092.	457,853.
25 Enter 1% of line 23	940.	1,084.	1,184.	1,371.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 9,157.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 44,550.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 457,853.
d Add: Amounts from column (e) for lines 18 55,939. 19 22 1,017. 26b 44,550.					26d 101,506.
e Public support (line 26c minus line 26d total)					26e 356,347.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.83 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)					

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)

- Check here **a** if the organization belongs to an affiliated group
- Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(1) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

C Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

SOJOURNER HOUSE, INC.

Employer identification number

25-1737004

Organization type (check one)-- Section ☒ 501(c)(3) ◀ (enter number) | 527 or | 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations--

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** in instructions) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

Name of organization

SOJOURNER HOUSE, INC.

Employer identification number

25-1737004

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Form 990 - Exempt Organization Tax Return
Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund- raising
Advertising	1,046.	0	1,046.	0
Bank Fees	452.	0.	452.	0
Building Maintenance	30,251.	25,108.	5,143.	0
Client Activities	2,450.	2,450.	0.	0
Client Transportation	8,097.	8,097.	0.	0.
Consulting Fees	10,615.	10,615.	0.	0.
Dues & Subscriptions	3,264.	0.	3,264.	0.
Food & Clothing	3,724.	3,724.	0.	0.
Housekeeping	12,254.	10,171.	2,083.	0.
Insurance	19,517.	16,199.	3,318.	0.
Miscellaneous	3,033.	0.	3,033.	0.
Other Client Services	22,914.	22,914.	0.	0.
Physician Services	617.	617.	0.	0.
Staff Development	5,271.	0	5,271.	0.
Vehicle Maintenance	1,437.	1,437.	0.	0
TOTAL	124,942.	101,332	23,610	0.

Form 990 - Part IV - Balance Sheets
Line 65 - Other Liabilities

Description	Amount
Client Savings Deposits	12,931.
Unremitted Payroll Taxes	134.
TOTAL	13,065.

Notes
Company: SOJOURNER HOUSE, INC.

2000
EIN: 25-1737004

Note # 1 - DEPRECIATION

PART IV - LINE 57b - ACCUMULATED DEPRECIATION

	BALANCE 6-30-00 -----	EXPENSE -----	BALANCE 6-30-01 -----
BUILDING AND IMPROVEMENTS	192,203	30,432	222,635
FURNITURE AND EQUIPMENT	45,188	10,413	55,601
APARTMENT FURNISHINGS	39,310	6,700	46,010
AUTOMOBILE	22,847	5,134	27,981
	-----	-----	-----
TOTAL	299,548 =====	52,679 =====	352,227 =====

Notes
Company: SOJOURNER HOUSE, INC.

2000
EIN: 25-1737004

Note # 2 - PAYMENT OF COMPENSATION

PART III - STATEMENTS ABOUT ACTIVITIES - LINE 2d

The Executive Director, a key employee, was paid more than \$1,000 for performance of her duties.

Notes
Company: SOJOURNER HOUSE, INC.

2000
EIN: 25-1737004

Note # 3 - OTHER CHANGES IN NET ASSETS

PART 1 - LINE 20

OTHER CHANGES IN NET ASSETS

Other Changes in Net Assets are the result of Unrealized Gains on Investments.