DLN: 93493208001000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable THE SARAH MICHELLE PETERSON FOUNDATION ☑ Address change 47-1041065 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 4400 COLLEY AVE ☐ Application pending (571) 330-5337 City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA $\,$ 23508 $\,$ G Gross receipts \$ 41,089 Name and address of principal officer H(a) Is this a group return for MICHELLE PETERSON □Yes ☑No subordinates? 4400 COLLEY AVE H(b) Are all subordinates NORFOLK, VA 23508 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► SARAHMPETERSONFOUNDATION ORG L Year of formation 2014 M State of legal domicile VA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE FOUNDATION ENVISIONS A WORLD WITHOUT SUICIDE OUR MISSION IS SAVING LIVES BY PROVIDING DEPRESSION AND SUICIDE PREVENTION AWARENESS PROGRAMS AND RESOURCES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 22 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Prior Year Current Year** 0 41,089 8 Contributions and grants (Part VIII, line 1h) . . 0 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 0 0 O 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 41.089 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 18,637 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶930 0 26,235 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 0 44,872 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -3,783 19 Revenue less expenses Subtract line 18 from line 12 . n Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 14,257 10,474 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 10,474 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 2020-07-26 Signature of officer Sign Here MICHELLE PETERSON EXECUTIVE DIRECTOR Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)				Page 2
Pa	rt III Stateme	ent of Program Service	Accomplishments		
	Check ıf S	chedule O contains a respons	e or note to any line in this P	art III	<u> </u>
1	Briefly describe th	he organization's mission			
		ISIONS A WORLD WITHOUT S SS PROGRAMS AND RESOUR		VING LIVEES BY PROVIDING DEPRESSI	ON AND SUICIDE
2	Did the organizat	tion undertake any significant	program services during the	year which were not listed on	
		90 or 990-EZ?			☐ Yes 🗹 No
		these new services on Sched			
3	Did the organizat	ion cease conducting, or mak	e significant changes in how i	it conducts, any program	
		these changes on Schedule (☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3)	anization's program service ac	complishments for each of its are required to report the an	s three largest program services, as mea nount of grants and allocations to others	asured by expenses s, the total
	(Code) (Expenses \$	43,942 including grants	of \$) (Revenue \$	41,089)
Tu	See Additional Data	, , ,	10,5 /L melading grants	, (Notellie	
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding grants	of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule includi	O) ng grants of \$) (Revenue \$)
4e	• •	service expenses ▶	43,942) (nevenue 4	<i>'</i>
	. otal programs	on the expenses r	19/5 12		Form 990 (2019)

or X as applicable

17

Nο

Nο

No

Nο

No

Nο

No

Nο

No

Nο

No

Form **990** (2019)

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9 10

11a

11b

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11d

11e

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12a

12b

13

14a

14b

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16

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20a

20b

21

Pa	t 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)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			NI-

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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Par	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	 V	<u> </u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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1c

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	If "Yes," enter the name of the foreign country \(\bigsize \). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
u	The less, indicate the number of Pornis 6262 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	_		N .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines ✓
Se	ction A. Governing Body and Management			
		\square	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9	.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 4400 COLLEY AVE NORFOLK, VA 23508 (571) 330-5337			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- See 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

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		ne bo	ox, ι n of or/t	t cha unle: ficer rust	ss pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	organization and related organizations	
(1) FRANKLIN HUDGINS PRESIDENT	1 00	Х		X				0	0	0	
(2) ERIC PETERSON VICE PRESIDENT	1 00	Х		x				0	0	0	
(3) PAULA COOK TREASURER	1 00	Х		x				0	0	0	
(4) AMY WOODS SECRETARY	1 00	Х		x				0	0	0	
(5) CARL ST REMY DIRECTOR	1 00	Х						0	0	0	
(6) VANESSA FLEMING DIRECTOR	1 00	X						0	0	0	
(7) STEVE BELL DIRECTOR	1 00	Х						0	0	0	
(8) SUSAN NIXON DIRECTOR	1 00	Х						0	0	0	
(9) MICHELLE PETERSON EXECUTIVE DIRECTOR	40 00	Х		х				12,500	0	0	
										Form 990 (2019)	
										roim 990 (2019)	

week (list any hours	is both an officer and director/trustee)						from the organization	from related organizations	compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b Sub-Total		 •	>		

1b Sub-Total						▶ _				
c Total from continuation sheets to Part VII, Section A ▶										

1b Sub-Total											

1b Sub-Total				•			
c Total from continuation sheets to Pa	ırt VII, Section	Α		•			
d Total (add lines 1b and 1s)					12 500	0	

1b Sub-Total				>		•	
c Total from continuation sheets to Pa	art VII, Section	Α		>			
d Total (add lines 1b and 1c)				•	12,500	0	0

1b Sub-Total						•				
c Total from continuation sheets to	Part VII, Section	Α.				▶[
d Total (add lines 1b and 1c)						•		12,500	0	0
2 Total number of individuals (including	ng but not limited	to thos	e list	ed a	bove	e) who	received m	ore than	\$100,000	_

1b	Sub-Total						•				
С	Total from continuation sheets to Pa	art VII, Section	Α.				•				
d	Total (add lines 1b and 1c)						►		12,500	0	0
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) wh	o rec	eived more than	\$100,000	

Yes

3

(B)

Description of services

No

No

(C)

Compensation

Form 990 (2019)

	individual	4		No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
Se	Section B. Independent Contractors							

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

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? If "Yes," complete Schedule J for such

line 1a? If "Yes," complete Schedule J for such individual .

compensation from the organization ▶ 0

3

4

		(2019)		.							Page 9
Part	VIII				race	ince or note to	any li	ne in this Part VIII			
		CHECK II SCHEC	auie	O CONTAINS &	respo	anse of flote to a	arry II	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	11.	a Federated campa	uane	, [1a				revenue		512 - 514
nts nts	1	b Membership dues		L	1b		_				
irat 10u	Ι.	c Fundraising even		Ļ	1c		_				
ls, (An		d Related organiza		L	1d		_				
Gif	١,	e Government grants		Ļ	1e		_				
ns, Sim	1	f All other contributio	ns, g	lifts, grants,			_				
utio		and similar amounts above		L	1f	41,0	89				
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contributio lines 1a - 1f \$	ns in	cluded in	1g						
Con		h Total. Add lines :	1a-1	f		•	_	41,000			
						Business Cod	e	41,089			
	2a										
RIE											
Program Service Revenue	b	•									
Ce F	С										
λerν											
anı Ş	d						_				
ogra	е	•									
Φ	f	All other program	serv	ice revenue							
		Total. Add lines 2			>						
	3	Investment income				nterest, and oth					
		similar amounts). Income from invest		• • • • • • • • • • • • • • • • • • •		ond proceeds	▶				
	5	Royalties					<u> •</u> [
				(ı) Rea	ıl	(II) Persona	al				
	6a	Gross rents	6a								
	b	Less rental expenses	6Ь								
	С	Rental income	_								
		or (loss) 6c d Net rental income or (loss)				<u> </u>					
		- Net rental income		(i) Securi		(II) Other	<u>•</u>				
	7a Gross amount from sales of 7a										
		assets other than inventory	, "								
	b	Less cost or	7b								
		other basis and sales expenses									
	С	Gain or (loss)	7c								
	c	Net gain or (loss)	•				<u> </u>				
16	8a	Gross income from fu (not including \$	ındra	ısıng events of							
/en		contributions reported See Part IV, line 18									
Re	b	Less direct expen			8a 8b						
Other Revenue		Net income or (los			ing ev	ents	-				
	9 <i>></i>	Gross income from	gami	ing activities							
		See Part IV, line 19	•		9a						
		Less direct expen			9b						
	C	: Net income or (los	s) fr	om gaming	activit	es)	<u> </u>				
	10	aGross sales of inve returns and allowa	entor	ry, less							
	Ь	Less cost of good			10a 10b						
		Net income or (los					-				
		Miscellaneo				Business Cod	de				
	11	.a									
	b										
		•									
	c	:					-				
	d	All other revenue	•								
	€	Total. Add lines 1	1a-1	11d			•				
	12	Total revenue. S	ee ır	nstructions .			▶ [41,089			0 0
											Form 000 (2010)

01111 990 (2019)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	ne must complete co	umn (A)
Check if Schedule O contains a response or note to a		_	ns must complete co	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
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	17,312	17,312		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,325	1,325		
11 Fees for services (non-employees)		·		
a Management				
b Legal				
c Accounting				
-				
d Lobbying				
e Professional fundraising services See Part IV, line 17			-	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	9,284	8,354		930
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,365	1,365		
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				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TRAINING AND PROGRAMS	11,622	11,622		
b LEGAL & PROFESSIONAL FE	1,828	1,828		
c PROMOTIONAL ITEMS	1,815	1,815		
d PAYROLL EXPENSE	321	321		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,872	43,942	0	930
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

2 3

Assets

Page **11**

10.474

10,474

10,474

10,474

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

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Accounts payable and accrued expenses .

Investments—other securities See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

or family member of any of these persons

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related See Part IV, line 11 .

basis Complete Part VI of Schedule D

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets Other assets See Part IV, line 11 . . .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Grants payable .

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	
Loans and other navables to any current or former officer, director, trustee	

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1), and persons described in section 4958(c)(3)(B).

(A)

Beginning of year

14.257

2

3 4

5

6 7

8

9

10c

11 12

13

14

15

16

17 18

19

20 21

22 23

24

25

26

27

28

29

30

31

32

33

14,257

14,257

14.257

14,257

Assets 30

31

32

33

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41,089
2	Total expenses (must equal Part IX, column (A), line 25)	2			44,872
3	Revenue less expenses Subtract line 2 from line 1	3			-3,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			14,257
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			10,474
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗎 Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3ь		

3b Form **990** (2019)

Additional Data

Software ID:

Software Version:

EIN: 47-1041065

Name: THE SARAH MICHELLE PETERSON FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE FOUNDATION PROVIDES DEPRESSION AND SUICIDE PREVENTION AWARENESS PROGRAMS PRIMARILY IN THE HAMPTON ROADS COMMUNITY. THESE PROGRAMS TAKE PLACE IN SCHOOLS, CHURCHES, COMMUNITY CENTERS, AND OTHER COMMUNITY GATHERING PLACES

efil	e GR	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493208001000			
SCI	H ED m 99	ULE A		Public	Charity Statu rganization is a sect 4947(a)(1) nonexe	ort –	2019					
		f the Treasury	▶ (Go to <u>www.irs</u>	s.gov/Form990 for i			ormation.	Open to Public Inspection			
Nam	e of tl	nie Service he organiza MICHELLE DETE	t ion RSON FOUNDA	TION				Employer identific	<u> </u>			
						47-1041065	47-1041065					
	rt I				us (All organization : it is (For lines 1 thro			See instructions.				
1	n ganiz		•		sociation of churches	•		(A)(i)				
2		·										
					1)(A)(ii). (Attach Sch	· ·	, ,					
3	Ц	·	·	•	vice organization desc			•				
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			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7	<u>~</u>	section 17	O(b)(1)(A)(vi). (Complete	•			init or from the genera	al public described in			
8	Ш		•		170(b)(1)(A)(vi)	` '	•					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and i	ıts exempt fur ınrelated busın	(1) more than 331/39 ections—subject to cer ess taxable income (le emplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its su	•			
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>				
a		organizatio	n(s) the powe		ated, supervised, or cappoint or elect a majo							
b		Type II. A manageme	supporting o	rganization sup	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ions) You must com				ted with, its			
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ	, ,			
e		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type III	functionally			
f	Enter	-		organizations	egratea supporting	o. gamzation						
g	Provi	de the follow	ing information	on about the su	ipported organization(s)						
	(i)	Name of supp organizatior	I	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota					nstructions for	Cat No 11285			90 or 990-EZ) 2019			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
F	art II Support Schedule for (Organizations	Described in Se	ctions 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you che						nder Part III.
	If the organization failed	to qualify under	the tests listed l	pelow, please co	omplete Part III.	.)	
5	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	0	7,669	14,657	25,432	41,089	88,847
	include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3		7,669	14,657	25,432	41,089	88,847
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
J	line 4						88,847
S	ection B. Total Support	•	•	•	•		
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶	(4) 2010					
7	Amounts from line 4		7,669	14,657	25,432	41,089	88,847
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, whether or not the business is regularly carried on						
10	· · · · · · · · · · · · · · · · · ·						_
	loss from the sale of capital assets						
	(Explain in Part VI)						
11							88,847
1 2	10 Gross receipts from related activities, e	tc (see instructio	ns)	L		12	
13	First five years. If the Form 990 is for	<u>-</u>			·		nization,
	check this box and stop here				<u> </u>	▶⊔	
	ection C. Computation of Public	• •					
	Public support percentage for 2019 (lin			lumn (f))		14	100 000 %
	Public support percentage for 2018 Sch					15	
16a	33 1/3% support test—2019. If the	organization did n	ot check the box or	line 13, and line	14 is 33 1/3% or i	more, check this b	
	and stop here. The organization qualif	ies as a publicly s	upported organızatı	on			▶ ☑
Ŀ	33 1/3% support test—2018. If the	e organization did	not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	this
	box and stop here. The organization						▶□
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets it						
		tile racts-allu-circ	umstances test m	le organization qu	iaillies as a publici	y supported	▶□
	organization	. 2010 If the en		سار سم برموا مرامموا	- 12 16- 16h	17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			_	•	. ,	►□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17	b, check this box a	and see	
	instructions		,				►□
	mat, acciona				Schedule	A (Form 990 or	990-FZ\ 2019

20

r	(Complete only if you c	_		•		to qualify i	under Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.)	
Se	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support		Ī	1			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
Ь	income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
с 11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13							
	11, and 12) First five years. If the Form 990 is for	the organization	 's first second tl	l bird fourth or fift	h tay yaar as a sa	ction 501(c)(3) organization
14	check this box and stop here	the organization	is mise, second, c	ina, ioaran, or me	ii tax year as a se	CCION 301(C)(.	organization, ► □
Se	ection C. Computation of Public S	Sunnort Perce	ntage				
15	Public support percentage for 2019 (lin	e 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2018 S			V-77		16	
	ection D. Computation of Investr		*			-0	
17	Investment income percentage for 201			line 13, column (f))	17	
18	Investment income percentage from 20			, 3(1	• •	18	
	331/3% support tests—2019. If the	•		on line 14, and lin	e 15 is more than		d line 17 is not
	more than 33 1/3%, check this box and s	_					→ □
	33 1/3% support tests—2018. If the	-					· —
,	not more than 33 1/3%, check this box	_					▶□

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

ightharpoons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2019

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations

			Yes	NO
L	e all of the organization's supported organizations listed by name in the organization's governing documents? "No," describe in Part VI how the supported organizations are designated If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
	D.d.th			

	,, ,		
	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	Ι
1	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Τ

3a below 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4с Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

6 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

-	rt IV Supporting Organizations (continued)		<u>'</u>	age S
C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			.10
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
	cetion by Type 2 dupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	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? 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	2		
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	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)? 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)	1		
_	ection D. All Type III Supporting Organizations			
	ection D. All Type III Supporting Organizations		Yes	No
1	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		. 00	
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstrud	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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? 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a 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>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3 h		

3b

Sched	lule A (Form 990 or 990-EZ) 2019			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
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				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-F7) 2019

Total annual distributions. Add lines 1 through 6		
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
Distributable amount for 2019 from Section C, line 6		

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	9 Distributable amount for 2019 from Section C, line 6			
10	10 Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

Additional Data

Software ID:

Software Version: EIN: 47-1041065

Name: THE SARAH MICHELLE PETERSON FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)
Facts And Circumstances Test

efile GRAPH	IC print - DO NOT I	PROCESS	As Filed Data -		DLN:	93493208001000
SCHEDUL (Form 990 or EZ)	990- Com	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional informatio ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.qov/Form990 for the latest information.		ions on n.	OMB No 1545-0047 2019 Open to Public Inspection	
	enfization ELLE PETERSON FOUNDATIO e O, Supplemental:		n		Employer identi 47-1041065	fication number
Return Reference	Explanation					
FORM 990, PART VI, SECTION A, LINE 2	ERIC PETERSON (BOARD MEMBER) AND MICHELLE PETERSON (EXECUTIVE DIRECTOR) HAVE A FAMILY RELATIONSHIP					

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, THE EXECUTIVE DIRECTOR REVIEWS FORM 990 AND SHARES IT ELECTRONICALLY WITH ALL BOARD MEMBERS PART VI, SECTION B.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE UPON REQUEST PART VI, SECTION C. LINE 19