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(<u>-</u>	l* =		tended to N		1/, 2021	7000Z 1		OMB No 1545-0047
Form 990-T	EX	empt Orga	nization Bus	sine	ess Income T) -	OMB No 1545-0047
	For colondar		nd proxy tax und		19 and ending JU	N 30, 202	οl	2019
r ~1	T G Calenca				ons and the latest inform		<u> </u>	2013
Department of the Treasury Internal Revenue Service	▶ Do				de public if your organiz			Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Nar	me of organization (Check box if name of	changed	and see instructions.)		(Emple	yer identification number byees' trust, see ctions)
B Exempt under section	Print So	ojourners,	Inc.				2	3-7380554
X 501(q) 3)	or Nu		n or suite no. If a P.O. bo	x, see ir	nstructions.		E Unrela	ted business activity code structions)
408(e) 220(e)	Type 4	08 C Stree	t NE				,000	314043.13)
408A 530(a)			vince, country, and ZIP o	or foreig	n postal code			
529(a)	Wa	ashington,	DC 20002				541	800
C Book value of all assets at end of year 8,007,1	2 F G	Group exemption num	ber (See instructions.)	<u> </u>		T 1404(-)	A A	I louis such
H Enter the number of the	. 35 • GC	neck organization typ	e 🖊 🔼 501(c) cor	poration	501(c) trust	#ba asty (as first) us		Other trust
trade or business here	_		Jusinesses.			the only (or first) un complete Parts I-V.		than one
· · · · · · · · · · · · · · · · · · ·			us sentence complete P	arts I ar	nd II, complete a Schedule			
business, then complete	•	t the end of the provid	as somenos, completo i	u, to 1 u,	ia ii, compicio a concour			.
		ion a subsidiary in an	affiliated group or a pare	nt-subs	idiary controlled group?	▶ [Yes	s X No
If "Yes," enter the name								
J The books are in care of				-	Teleph	one number 🕨 2	02-	
Part I Unrelate	d Trade (or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sal								
b Less returns and allo			c Balance	1c				
2 Cost of goods sold (2			-	
3 Gross profit. Subtrac		•		3 4a			+	
4 a Capital gain net incor b Net gain (loss) (Form		l, line 17) (attach Forn	n 4797)	4b				
c Capital loss deductio	-	i, iiie 17) (attacii i osii		4c				
		or an S corporation (a	ttach statement)	5				
6 Rent income (Schedi			,	6				
7 Unrelated debt-finance		Schedule E)		7			Ì	
8 Interest, annuities, ro	yalties, and re	ents from a controlled	organization (Schedule F)	/8				
9 Investment income of	f a section 50)1(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt act	-	(Schedule I)		10	200,836.	129,5		71,251.
11 Advertising income (11	137,692.	246,2	79.	-108,587.
12 Other income (See in	•			12	338,528.	375,8	61	-37,336.
13 Total, Combine line: Part II Deduction			/ .		ations on deductions.)	373,0	04.	-37,330.
			rth the unrelated busi					
14 Compensation of of	ficers, directo	ors, and trustees (Schi	edule K)				14	.
15 Salaries and wages	•		R	ECE	EIVED		15	······································
16 Repairs and mainter	nance	/ .	2	^-	2 2021		16	
17 Bad debts			- B815	EB 2	2 2021 C		17	
18 Interest (attach, sch	edule) (see in	structions)					18	
19 Taxes and licenses	. /	•			EN, UT 201		19	250.
20 Depreciation (attach	,		1					
	aimed on Sci	hedule A and elsewher	e on return .		. 21a		21b 22	
22 Depletion 23 Contributions to del	erred compe	neatinn nlane	•				23	
24 Employee benefit pr		noution plans					24	
25 Excess exempt expe		ule I)	•				25	50,000.
26 Excess readership of					_	•	26	
27 Other deductions (a					·		27	
28 Total deductions. A	add lines 14 tl	hrough 27					28	50,250.
/			o loss deduction. Subtra				29	-87,586.
· /	perating loss	arısıng in tax years be	ginning on or after Janua	ary 1, 20				^
(see instructions)		.			See State	ement 1	30	0.
31 Unrelated business	taxable incon	ne. Subtract line 30 fro	m line 29				31	-87,586.

Form 990-	Sojourners, Inc.	23-7380)554	Page 2
Part I	▼ Total Unrelated Business Taxable Income			
32	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -8	37,5	86.
33 A	mounts paid for disallowed fringes	33		
34 C	Charitable contributions (see instructions for limitation rules)	34		0.
35 T	otal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 38		37,5	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		0.
37 T	otal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -8	37,5	86.
38 S	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		00.
39 L	Inrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
е	nter the smaller of zero or line 37	39 -8	37,5	86.
Part I	V Tax Computation			
40 C	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	41		
42 P	Proxy tax See instructions	42		
	Iternative minimum tax (trusts only)	43		
	ax on Noncompliant Facility Income. See instructions	44		
	otal Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part \	/ Tax and Payments	 		
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	T		
	Other credits (see instructions) 46b	1		
-	ieneral business credit. Attach Form 3800	1		
	credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	otal credits. Add lines 46a through 46d	46e		
	jubtract line 46e from line 45	47		0.
	other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
	otal tax. Add lines 47 and 48 (see instructions)	49		0.
	019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
	ayments: A 2018 overpayment credited to 2019			
	019 estimated tax payments 51b	1 1		
	ax deposited with Form 8868 51c	1 1		
	oreign organizations. Tax paid or withheld at source (see instructions) . 51d	1		
	ackup withholding (see instructions) 51e	1		
	redit for small employer health insurance premiums (attach Form 8941)	1		
	Ither credits, adjustments, and payments: Form 2439	1 1		
٦٠	Form 4136			
52 T	otal payments. Add lines 51a through 51g	52		
	stimated tax penalty (see instructions). Check if Form 2220 is attached	53		
	ax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
	Iverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
	nter the amount of line 55 you want; Credited to 2020 estimated tax	56		
Part \				
	t any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	ere >			X
	ouring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	"Yes," see instructions for other forms the organization may have to file			
59 E	nter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of people is decided that have examined this return, including accompanying schedules and statements, and to the best of my know correct, and coggregate peclaration of penalties (other than taxpayer) is based on all information of which preparer has any knowledge	wledge and belief it	s true,	
Sign				
Here	1) //////// (* ///	ay the IRS discuss the preparer shown bel		Willi
		structions)? X Y	es 🗀	No
	Print/Type preparer's name Preparer's signature Date Check if	f PTIN		
	ring Chan CRA Self-employed			
Paid		P01049	760	
Prepa	arer	58-267	626	1
Use C	8300 Boone Boulevard, Suite 600			
	Firm's address ➤ Vienna, VA 22182 Phone no (703) 893	<u>-03</u>	00
923711 01		Form 9	90-T	2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A					-
1 Inventory at beginning of year	1		_	Inventory at end of year	ar		6		_
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6			_
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,]	
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a	_	8	Do the rules of section	with respect to		Yes No	<u> </u>	
b Other costs (attach schedule)	. 4b		_	property produced or a	acquired	I for resale) apply to			-
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Pro	pert	(y) 	
1. Description of property									
(1)					•				_
(2)									_
(3)									_
(4)							_		_
		ed or accrued				2(a) Dadications discard		ated with the leasure to	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar	d 2(b)	cted with the income in (attach schedule)	
(1)				, ,					
(2)									_
(3)									_
(4)				·					_
Total	0.	Total			0.	(A) Total deductions			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0	<u>.</u>
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstruc	ctions)					_
			2	Gross income from	1	Deductions directly con to debt-finance	nected ed prop	with or allocable perty	
1. Description of debt-flu	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	,	(b) Other deductions (attach schedule)	
(1)			†		<u> </u>		+-		_
(2)			 		-		1		_
(3)			†	· · · · · · · · · · · · · · · · · · ·			+-	 	_
(4)			1				1		_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6.	Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	,	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))	,
(1)				%					_
(2)				%					_
(2)				%					_
(4)				%					_
						nter here and on page 1, lart I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	-
Totals				▶.		0		0	_
Total dividends-received deductions in	cluded in column	8		·		. •		0	_
								Form 990-T (201	9)

, ,				Exempt	Controlled O	rganizatı	ons		· ·		
Name of controlled organization	ident		organization 2. Employer 3. Net unrelated income (loss) (see instructions) number 1.		4. Tot payr	al of specified nents made	includ	5. Part of column 4 that is included in the controlling rganization's gross income		Deductions directly connected with income in column 5	
_(1)				· · · · · · · · · · · · · · · · · · ·		-					
(2)											
(3)			_	-		١.					
(4)			·			Ì					
Nonexempt Controlled Organi	zations					<u> </u>			_		
7. Taxable Income		inrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of column in the controlling gross		nization's		ductions directly connected income in column 10
(1)											<u> </u>
(2)											
(3)											
(4)											
	•			•			Add colun Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investme		me of a	Section	1 501(c)((7), (9), or	(17) Or	ganization)			<u></u>
(see insti	ription of inco	ıme			2. Amount of	income	3. Deduction	cted	4. Set-	asides chedule)	5. Total deductions and set-asides
/1\					<u> </u>		(attach sched	ule)	(41.66.10		(col 3 plus col 4)
(1)			-								
(2)											
					 				Ì		
(4)					Enter here and	on page 1.			<u></u>		Enter here and on page 1
-					Part I, line 9, co	lumn (A)					Part I, line 9, column (B).
Totals Schedule I - Exploited	Exempt	Activity	/ Incom	e. Othe	r Than Ac	0 . [Ivertisi	na Income	<u> </u>			0.
(see instru	-										
Description of exploited activity	unrelated	èross business e from business	directly of with pro	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross Inco from activity t is not unrelat business Inco	hat ed	6. Exp attribut colur Stmt	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) Online											
(2) advertising (3)	200	,836.	129	,585.	71,	251.			50	,000	50,000.
(4)											<u> </u>
	Enter her page 1 line 10,	, Part I,	page 1	re and on , Part I, cof (B)	٠						Enter here and on page 1, Part II, line 25
Totals	200	,836.	129	,585.							50,000.
Schedule J - Advertisi	ng Inco	me (see i	nstruction	ns)							· · ·
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co	in, compute	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			\neg		-						
(2)					_						
(3)					7						
(4)											
Totals (carry to Part II, line (5))			0.	0						Ī	0.
					- 1 –						Form 990-T (2010)

Form 990-T (2019) Sojourners, Inc. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols 5 through 7	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Sojourners	-		·			
(2) Magazine	137,692.	246,279.	-108,587.			
(3)					-	
(4)				·		
Totals from Part I	0.	0.		-		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			·	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	137,692.	246,279.			. ,	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Form 990-T	, Net	Operating Lo	oss Dedu	ction	Statement	1
Tax Year	Loss Sustained	Loss Previously Applied		Loss Remaining	Available This Year	
06/30/19	73,814.	73,814.		73,814.	73,814	1.
NOL Carryov	er Available This	Year		73,814.	73,814	1 . =
Form 990-T	Net	Operating Lo	oss Dedu	ction	Statement	2
Tax Year	Loss Sustained	Loss Previously Applied		Loss Remaining	Available This Year	
06/30/11 06/30/13 06/30/14 06/30/16 06/30/17 06/30/18	4,031. 39,578. 2,007. 19,787. 19,292. 36,963.	78. 0. 07. 0. 87. 0. 92. 0.		4,031. 39,578. 2,007. 19,787. 19,292. 36,963.	4,031 39,578 2,007 19,787 19,292 36,963	3. 7. 7.
NOL Carryov	er Available This	Year		121,658.	121,658	}. =
Form 990-T	Schedule I - 1 Production	Expenses Dire			Statement	3
Description			Activity Number	/ Amount	Total	
Direct onli	ne advertising exp	pense - Subtotal -	1	129,58	129,58	35.
Total of Fo	rm 990-T, Schedule	e I, Column 3	3		129,58	35.

Form 990-T , Schedule I - Expenses Not with Production of Unrela	Statement	4		
Description	Activity Number	Amount	Total	
Excess readership costs - Subtotal -	1	50,000.	50,00	00.
Total of Form 990-T, Schedule I, Column	6		50,0	00.