efil	e GR	APHIC print - DO NOT PROCESS As Filed Data -		DL	N: 93493057008054			
	99	Return of Organization Exempt From I	ncome <sup>-</sup>	Гах	OMBNo 1545-0047			
Form	33	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)	Code (excep	t black lung	2012			
	ient of the Revenue	PTreasury Service The organization may have to use a copy of this return to satisfy sta	ate reporting	requiremen	ts Open to Public Inspection			
A Fo	r the 2	2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30	-2013					
	•	pplicable C Name of organization Sojourners Inc		D Employe	r identification number			
_	lress ch ne char	Doing Business As		23-7380	0554			
	ne char ial retur							
	minated	Number and street (of P O box in mains not delivered to street address) Room/suite	2	E Telephone	e number			
_	ended r			(202)32	28-8842			
		Washington, DC 20010		G Gross roca	eipts \$ 4,994,069			
		<b>F</b> Name and address of principal officer	H(a) Is the	s a group re	<u> </u>			
		Jim Wallis 3333 14th Street NW No 200	affilia		└ Yes 🗸 No			
		Washington, DC 20010	H(b) Are a	ll affiliator i	ncluded? [Yes [No			
					list (see instructions)			
I Ta	x-exem	pt status 🔽 501(c)(3) 🔽 501(c) ( ) 📲 (insert no ) 🔽 4947(a)(1) or 🔽 527	H(c) Grou	ıp exemptior	number 🕨			
J W	ebsite	x ► www.sojo.net						
<b>K</b> Forr	n of org	janization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🕨	L Year of fo	rmation 1972	<b>M</b> State of legal domicile IL			
Ра	rt I	Summary						
Governance	-	ndividuals, communities, the church and the world	more than 2	5% of its ne	at accetc			
<b>న</b> ల్ల		Number of voting members of the governing body (Part VI, line 1a)		·  -	3 24			
Activitie		Number of independent voting members of the governing body (Part VI, line 1b) Fotal number of individuals employed in calendar year 2012 (Part V, line 2a) .		· ·  -	<b>4</b> 23 <b>5</b> 56			
Acti		Fotal number of volunteers (estimate if necessary)			<b>6</b> 5			
-		Fotal unrelated business revenue from Part VIII, column (C), line 12		🗖	<b>7a</b> 438,185			
	ЬМ	Net unrelated business taxable income from Form 990-T , line 34		🗖	<b>7b</b> -39,578			
			Prio	r Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		3,211,39				
Revenue	9	Program service revenue (Part VIII, line 2g)		1,506,26				
Ч÷Ч	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,44 61,40				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		01,40				
		12)		4,808,51				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		8,09				
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)			0 0			
\$	15	5-10)		2,475,64	7 2,839,745			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	sional fundraising fees (Part IX, column (A), line 11e)					
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) <b>•</b> 576,208		_				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,268,11					
	18 19	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		4,751,86				
Net Assets or Fand Balances			Beginning	g of Current ear				
sset Jafal	20	Total assets (Part X, line 16)		3,277,51	3 2,435,809			
A B E A	21	Total liabilities (Part X, line 26)		1,953,73				
	22	Net assets or fund balances Subtract line 21 from line 20		1,323,78	2 426,781			
Pa	't II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	**	****							
Sign	SIC	nature of officer							
Here	MI	chael Norman Vice President & CFO							
	🖡 Ту	pe or print name and title							
Doid		Print/Type preparer's name Nicole M Prince CPA	Preparer's signature						
Paid Prepare	r	Firm's name 🕨 Rogers & Company PLLC							
Use Onl		Firm's address Þ 8300 Boone Boulevard Suite 600							
Vienna, VA 22182									

May the IRS discuss this return with the preparer shown above? (see instructio

#### For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2012)					Page <b>2</b>
Par		<b>It of Program Serv</b> nedule O contains a resp				٦
1	Briefly describe th	e organızatıon's mıssıon				
	mission of Sojourner munities, the church		lıcal call to so	cıal justice, inspirin	g hope and building movemer	nt to transform ındıvıduals,
2		n undertake any signific or 990-EZ?			ear which were not listed on	<b>[</b> Yes <b>[</b> No
	•	hese new services on So				
3	services?	n cease conducting, or r				🦵 Yes 🖓 No
4	Describe the organ expenses Section	lization's program servic	e accomplishr ) organization	s are required to rep	three largest program servic port the amount of grants and	
4a	(Code	) (Expenses \$	1,296,552	including grants of \$	) (Revenue \$	1,200,718 )
	In FY13, Sojourners re	eceived the following awards	Evangelical Pres	s Association A total of :		line and print readership of 250,000 e awards Associated Church Press A ve other first place awards
4b	(Code	) (Expenses \$	806,460	including grants of \$	603 ) (Revenue :	\$ 14,764 )
	bringing people toget able to do this becaus	her, even across traditional po se our moral appeal allows us ograms that serve low-income	litical and theolog to transcend the	gical divides, to find real usual ideological debate	oint for people of faith in this count solutions to some of the most sign s and find common ground based o the world, war and peace, humane	ficant concerns of our time We are n shared values In FY13, our issue
4c	(Code	) (Expenses \$	1,916,000	including grants of \$	10,682 ) (Revenue :	\$ 72,251 )
	range of issues Sojou media platforms (Sojo Politics blog is among	Sojourners (www sojo net) Irners articulates a strong mo ourners magazine, social med	broadens the put ral and religious in ia, and our blog),	blic dialogue in the United mperative behind more j , and through the speaki	d States regarding the moral values ust and responsible policies through ng tours and interviews of Sojourne	that should guide our policies on a
	(Code	) (Expenses \$	439,716	including grants of \$	250) (Revenue s	\$ 179,431 )
	Education Resources	Sojourners sells and provides	educational reso	urces through our resour	, ,	s are mission-related We create and
	Other program as	nucae (Decembe in Cab				
4d	(Expenses \$	rvices (Describe in Sche 439,716 inc	luding grants	of\$	250 ) (Revenue \$	179,431)
4e	Total program ser		4,458,728			. ,
		•	, , = -			

101111 2 2 0 (2012)	Form	990	(2012)	
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	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? If "Yes," complete Schedule C, Part II 🔂	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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</i> " <i>Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? <i>If</i> " <i>Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> " <i>Yes,"</i>	7		
	complete Schedule D, Part III 🕲	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😨	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	DId the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> " <i>Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😨	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔞	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 🔞	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) 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? <i>If</i> "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> " <i>Yes</i> ," <i>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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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? <i>If "Yes," complete Schedule R, Part I</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? If "Yes," complete Schedule R, Part V, line 2	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 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2012)			Page <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	   No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   80		res	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	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?	7a		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
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No
g	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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2012)			Page <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang See instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			
-		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
	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 R	eveni	ie Coa Yes	e.) No
102	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	O ther officers or key employees of the organization	15b	Yes	
	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AL, AZ, CT, FL, IL, KY, MD, MI, MS WI, DC, AK, KS, MA, MO, NY, OK, V SC, WA, AK, GA, ME, MN, NJ, ND, F	A,NI	Η,ΝĊ,	OR,

CO, DE, GU, HI, ID, IN, IA, MT, LA, NE, NV, PR, SD, TX, VT, VI, WY Section 6104 requires an organization to make its Form 1023 (or 1024 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

☐ O wn website ☐ A nother's website ☑ Upon request ☐ O ther (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

18

interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►The Organization 3333 14th Street NW No 200 Washington, DC (202) 328-8842

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check If Schedule O contains a response to any question 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	tion ( han ( on is	one t both ector	oox, an c /tru:	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations
See Additional Data Table										
						-	-			Farma 000 (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation compensatio from the from related organization (W-		-	<b>(F)</b> Estima amount of compens from t	ted other ation he				
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	0	rganızatı relate organıza	d
											-		
					-						+		
											_		
											_		
1b	Sub-Total	<u> </u>					<u> </u>	•					
с	Total from continuation shee	ts to Part VII, S	ection /	۹.				•					
d	Total (add lines 1b and 1c) .							•	498,907		0		52,300
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) wl	ho received more th	an			
												Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete</i> .										3		No
4	For any individual listed on lir organization and related organ												

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or	Ind	ivid	ual	for		
	services rendered to the organization? If "Yes," complete Schedule J for such person	•	•	•	•	5	

# Section B. Independent Contractors

individual .

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

		5	
	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization <b>F</b> 0	who received more than	

Yes

Νo

Form	990	(2012)	
		(/	

Part V	/111	Statement o	<b>f Revenue</b> ule O contains a respon	co to any question	in this Part VIII			Г
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
n B	1a	Federated cam	oaigns 1a					
ant	Ь	Membershıp du	es <b>1b</b>					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	ations 1d					
mij.	е	Government grants	s (contributions) <b>1e</b>					
Si Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	3,323,466				
buti		sımılar amounts no	t included above					
li o	g	1a-1f \$	ons included in lines	42,743				
a C	h	Total. Add lines	s1a-1f	· · · 🕨	3,323,466			
9				Business Code				
Program Serwice Revenue	2a	Publications		541800	1,200,718	762,533	438,185	
Fe	b	Resource center sa	lles	900099	139,083	139,083		
ИСе	С	Honoraria		900099	72,251	72,251		
Ser	d	Registration reven	le .	900099	14,764	14,764		
an B	e							
1001	f		im service revenue					
	g		s 2a-2f		1,426,816			
	3		ome (including dividenc ar amounts)	is, interest,	14,265			14,265
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties	· · · · · ·	►				
	6a	Gross rents	(I) Real 185,586	(11) Personal				
	b	Less rental	180,520					
	с	expenses Rental income	5,066					
	d	or (loss) Net rental incoi	me or (loss)		5,066			5,066
			(I) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,588					
	Ь	Less cost or other basis and	1,650					
		sales expenses	· · · · · · · · · · · · · · · · · · ·					
	c d	Gain or (loss) Net gain or (los	1,938 s)		1,938			1,938
	8a	Gross income f	-		,			,
Other Revenue		events (not inc \$	luding					
л Ц			а					
ţ			penses b					
0	с 9а		loss) from fundraising e rom gaming activities e 19	events				
			а					
			penses b	ution				
	с 10а	Gross sales of returns and allo						
	.		a					
			oods sold b	ntory				
		Miscellaneous		Business Code				
	11a	O ther income		900099	40,348	40,348		
	Ь							
	с							
	d		ue [					
	e	Total. Add lines		· · · •	40,348			
	12	Total revenue.	See Instructions	· · · •	4,811,899	1,028,979	438,185	21,269

# Form 990 (2012) Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response to any question in this Pa ot include amounts reported on lines 6b,	(A)	(B)	(C)	<u> </u>
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,535	11,535		
2	Grants and other assistance to individuals in the United States See Part IV , line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	449,722	346,911	54,877	47,93
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,909,881	1,473,263	233,052	203,566
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,966	16,173	2,558	2,23
9	Other employee benefits	290,438	229,792	29,306	31,340
10	Payroll taxes	168,738	130,163	20,590	17,98
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,127	103	5,746	278
с	Accounting	74,337	1,251	69,714	3,37
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	427 504	246 205	00.052	2.22
12	Schedule O)	437,584	346,385	88,962	2,23
12 13	Office expenses	143,836 445,256	143,625 305,083	99,676	21: 40,49
13 14			,	,	
14 15	Information technology	140,660	113,217	15,956	11,48
16	Occupancy	405,854	76,859	328,995	
17		,		867	26.19
18	Travel	145,385	118,335	807	26,18
19	Conferences, conventions, and meetings	78,561	76,745	1,810	
20		380		380	Y
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,150		72,150	
23	Insurance	14,869		14,869	
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)				
а	Bad debt expense	396,892		396,892	
b	Subscriber acq/renewals	181,708	181,708		
с	Taxes	94,021		94,021	
d	Allocated costs	0	697,204	-794,426	97,222
е	All other expenses	303,400	190,376	21,369	91,65
25	Total functional expenses. Add lines 1 through 24e	5,792,300	4,458,728	757,364	576,20
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F [] if following SOP 98-2 (ASC 958-720)	,,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,-	,,		,

#### Form 990 (2012)

**Balance Sheet** 

Part X

. (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . 105,573 83,834 1 1 401.314 2 510.432 2 Savings and temporary cash investments . . . . . 1,276,433 566,146 3 з Pledges and grants receivable, net 4 26.655 4 22.007 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . . . . . . . 43,557 9 48,243 10a Land, buildings, and equipment cost or other basis Complete 1,265,519 10a Part VI of Schedule D 843,529 b Less accumulated depreciation . . . . 10b 485,150 10c 421,990 803,780 631.874 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . . . 14 14 135,051 151,283 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 3,277,513 16 2,435,809 17 281,585 17 359,142 Accounts payable and accrued expenses . . . . . . 18 18 19 728,242 19 737,450 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 943,904 25 912,436 26 1,953,731 26 2,009,028 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . 27 528,599 27 -175,942 795,183 602,723 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🦵 and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 1,323,782 33 426,781 34 Total liabilities and net assets/fund balances . . . . . . . . . 3,277,513 2,435,809 34

Form	990	(201	.2)
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Par	t XI	<b>Reconcilliation of Net Assets</b> Check If Schedule O contains a response to any question in this Part XI				୮
1	Total	revenue (must equal Part VIII, column (A ), line 12)	1		4,8	811,899
2	Total	expenses (must equal Part IX, column (A ), line 25)	2		5.7	92,300
3	Reve	nue less expenses Subtract line 2 from line 1				
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A ))	3			80,401
5	Net u	nrealized gains (losses) on investments	4		1,3	323,782
6	Dona	ted services and use of facilities	5			83,400
			6			
7	Inves	stment expenses	7			
8	Prior	period adjustments	8			
9	Othe	r changes in net assets or fund balances (explain in Schedule O )	9			0
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, nn (B))	10		2	26,781
Par	t XII	Financial Statements and Reporting	I			
		Check if Schedule O contains a response to any question in this Part XII				
					Yes	No
1	Ifthe	unting method used to prepare the Form 990 Cash 🔽 Accrual COther organization changed its method of accounting from a prior year or checked "Other," explain in dule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	Γs	eparate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
	হ ম	eparate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separate basis				
с		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl , review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
		organızatıon changed eıther ıts oversıght process or selectıon process durıng the tax year, explaın ı dule O	n			
За	Asa	result of a federal award, was the organization required to undergo an audit or audits as set forth in th e Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Ye	s," did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required			

# Software ID: Software Version: EIN: 23-7380554 Name: Sojourners Inc

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										1
<b>(A)</b> Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or dilector	Institutional Trustee	Officei	Key employee	Highest compensited employee	Former			organizations
Mary Nelson Board Chair	1 50	x		x				0	0	0
Thomas Getman Secretary	80	x		x				0	0	0
Dr Peter Borgdorff Treasurer, Dec-Jun	30	x		x				0	0	0
Chuck Collins Treasurer, Jul-Nov	1 00	x		x				0	0	0
Rev Dr Wes Granberg-Michaelson Vice-Chair	1 00	x		x				0	0	0
Paul Alexander Director	30	x						0	0	0
Oneleilove Alston Director	50	x						0	0	0
Kevın Carnahan Director	50	x						0	0	0
David Cortright Director	30	x						0	0	0
Joseph Daniels Director	30	x						0	0	0
Joshua DuBois Director	50	x			$\square$			0	0	0
Peggy Flanagan Director	50	x						0	0	0
Anne Grizzle Director	50	x						0	0	0
Davıd Gushee Dırector	50	x						0	0	0
Rev Dr Derrick Harkins Director	30	x						0	0	0
Kevin Hunter Director	30	×			$\square$			0	0	0
Carol Keehan Director	50	x						0	0	0
Debra McLeod Director	50	x			$\square$			0	0	0
Lynn Muto Director	50	x			$\square$			0	0	0
Tom Pernello Director	10	x						0	0	0
Rev Dr Soong-Chan Rah Director	50	x						0	0	0
Rev Gabrial Salguero Director	10	x			$\square$			0	0	0
Stephen Schneck Director	30	x			$\square$			0	0	0
Dr Helene Slessarev-Jamır Dırector	30	x			$\square$			0	0	0
Dr Glen Stassen Director	30	x						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organızatıons
Rev Adam Taylor Director	30	x						0	0	0
Alexie Torres-Fleming Director	30	x						0	0	0
Rev Dr Sharon Watkıns Dırector	50	x						0	0	0
Jım Wallıs President	35 00	x		x				184,929	0	33,121
Joan Bisset COO & Chief of Staff	35 00			x				101,025	0	1,812
Mıchael Norman VP & CFO	35 00			x				96,762	0	433
Rob Wilson-Black VP & Chief Advancement Officer	35 00					x		116,191	0	16,934

efi	le G	RAPHIC	print - D	O NOT PROCESS	As File	ed Data -				DLN: 93493	05700	08054
		OULE A		Public C	Charity S	Status a	and Publi	c Suppo	ort	OMBN	10 154	5-0047 <b>7</b>
Depart	ment of th	ne Treasury le Service		Complete if the o	4947(a)(1)	nonexempt	501(c)(3) org : charitable tri Z. ► See sepa	ıst.			en to P nspect	
Nam	e of t	he organiz	 ation	P Attuch to I						identification		
Sojou	Imers II	nc										
Da	rt I	Baaco	n for Du	blic Charity Sta	tue (All or			alata thic r	23-7380			
				te foundation becaus		<u> </u>				instructions.		
1	Cigan C		-	ion of churches, or a	-			-				
2	' <b>_</b>			d in section 170(b)(1								
3	, L			perative hospital se				n 170(b)(1)				
4	Γ			h organization opera							or tho	
-	,			ity, and state	tea în conjan			andea in <b>se</b>			er the	
5	Γ			erated for the benefi	t of a college	e or univers	ity owned or o	perated by	a governmen	tal unit describ	ed in	
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )							
6	Г	A federa	al, state, or	local government o	r governmen	tal unit des	crıbed ın <b>sect</b> i	on 170(b)(1	L)(A)(v).			
7	ন			at normally receives			s support from	a governme	ental unit or f	rom the genera	ıl public	2
_	_			on 170(b)(1)(A)(vi).								
8				described in <b>sectio</b>								
9	ļ	-		at normally receives							-	SS
		-		rities related to its e	-	-						
			-	oss investment inco				•		tax) from busi	nesses	
	_	-	-	ganızatıon after June	-			-	-			
10		-		ganized and operate	-							_
11	 _	one or m the box <b>a</b>	nore public that descr Type I	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr porting organ	ribed in sec iization and I - Functio	tion 509(a)(1 complete line nally integrate	) or section s 11e throu d <b>d /</b>	509(a)(2) S gh 11h Type III - No	ee <b>section 509</b> on-functionally	(a)(3). Integra	Check ated
e f	I	other th section	an foundat 509(a)(2)	ox, I certify that the ion managers and ot received a written d	her than one	or more pu	blicly support	ed organızat	tions describ	ed in section 5	09(a)(	1)or
-		check th		2006, has the organ		atad any gi	t or contributi	on from only	oftho			L_
g			g persons?	, .		Jieu any gn		on noni any	orthe			
				rectly or indirectly o	controls, eith	ner alone or	together with	persons de	scribed in (ii)	)	Yes	No
		and (III)	below, the	governing body of th	ne supported	organizatio	on?			11g(i)		
		<b>(ii)</b> A fa	mily memb	er of a person descr	ıbed ın (ı) ab	ove?				<b>11g(ii</b> )	)	
		<b>(iii)</b> A 3	5% contro	lled entity of a perso	on described	ın (ı) or (ıı)	above?			<b>11g(iii</b>	)	
h		Provide	the followı	ng information about	the support	ed organıza	tion(s)				•	
	i) Nar	me of	(ii) EIN	(iii) Type of	<b>(iv)</b> Is	the	(v) Did you	notify	(vi) Is	the 1	vii) An	nount of
	suppo		(	organization (described on lines 1- 9 above or IRC section <b>(see</b>	organizat col (i) lis your gove docume	ion in ted in erning	the organi in col (i) c suppor	zation of your	organizat col (i) org in the U	ion in Janized	mone	etary port
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

Schedule A	(Form	aan	or Q	an_	FZ	201	-
Schedule A		990	019	90-	ΞZ,	201	4

С

_	edule A (Form 990 or 990-EZ) 2012						Page <b>2</b>
Ра	Art II Support Schedule fo (Complete only if you of Part III. If the organization	hecked the box	x on line 5, 7, c	or 8 of Part I or	if the organization	tion failed to q	
S	ection A. Public Support				,		
	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,802,661	2,695,678	2,349,362	3,211,395	3,323,466	14,382,562
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						
4	to the organization without charge <b>Total.</b> Add lines 1 through 3	2,802,661	2,695,678	2,349,362	3,211,395	3,323,466	14,382,562
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 shown on line 11, column						1,643,896
6	(f) <b>Public support .</b> Subtract line 5 from line 4						12,738,666
S	ection B. Total Support		•				
Cal	endar year (or fiscal year	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	<b>(f)</b> Total
7	beginning in)  Amounts from line 4	2,802,661	2,695,678	2,349,362	3,211,395	3,323,466	14,382,562
8	Gross income from interest,	2,002,001	2,055,070	2,313,302	5,211,555	5,525,100	11,302,302
	dividends, payments received on securities loans, rents, royalties and income from similar sources	159,028	154,695	178,019	69,834	199,851	761,427
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	29,070		6,282	1,622	40,348	77,322
11	Total support (Add lines 7 through 10)						15,221,311
12	Gross receipts from related activiti	es, etc (see instr	ructions)			12	7,600,251
13	First five years. If the Form 990 is this box and stop here	-	•				
S	ection C. Computation of Pub						
14	Public support percentage for 2012	(lıne 6, column (	f) divided by line	11, column (f))		14	83690%
15	Public support percentage for 2011	Schedule A, Par	t II, lıne 14			15	84 370 %
16a	<b>33</b> 1/3% support test—2012. If the	organization did n	ot check the box	on line 13, and li	ne 14 is 33 1/3% (	or more, check t	his box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2011.</b> If the box and <b>stop here.</b> The organization	llifies as a publicl organization did r n qualifies as a pu	y supported orga not check a box o iblicly supported	nızatıon n lıne 13 or 16a, organızatıon	and line 15 is 33	1/3% or more, ch	
	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organization in Part IV how the organization meet organization	tion meets the "fa ets the "facts-and	acts-and-cırcums I-cırcumstances"	tances" test, che test The organiz	ck this box and <b>s</b> ation qualifies as	t <b>op here.</b> Explair a publicly suppo	
b	<b>10%-facts-and-circumstances test</b> - 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	lization meets the	e "facts-and-circu	ımstances" test,	check this box an	d stop here.	ly ▶[
18	Private foundation. If the organizat Instructions	ion did not check	a box on line 13	16a, 16b, 17a, c	or 17b, check this	box and see	▶

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

 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support			_	-		
Cale	ndar year (or fiscal year beginning in) 🏲	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	. (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						
4	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
L	persons Amounts included on lines 2 and 3						
U	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	in) ► Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
Ь	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
с	June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in Part						
4.5							
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organizati	on's first, second	, thırd, fourth, or	fifth tax year as	a 501(c)(3) o	rganization,
	check this box and stop here		<u> </u>				▶
<u>Se</u>	ction C. Computation of Publi Public support percentage for 2012			12 column (f))			
				15, column (1))		15	
16	Public support percentage from 2011					16	
<u>Se</u> 17	ction D. Computation of Inve Investment income percentage for 20				on (f))		
						17	
18	Investment income percentage from					18	
19a	<b>33</b> 1/3% support tests—2012. If the of more than 33 1/3%, check this box ar						and line 17 is not
b	<b>33</b> 1/3% support tests—2011. If the o						
	is not more than 33 1/3%, check this	box and stop he	e <b>re.</b> The organizat	tion qualifies as a	a publicly suppor	ted organızatı	on 🕨 🦳
20	Private foundation. If the organization	on did not check	a box on line 14	, 19a, or 19b, ch	eck this box and	see instructi	ons 🕨

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2012

efi	le GRAPHIC pr	int - DO NO	T PROCESS	As Filed Data -			DLN	: 93493057008054
SC	HEDULE C		Political C	Campaign and	Lobbying <i>i</i>	Activitie	es	OMBNo 1545-0047
<b>(For</b>	m 990 or 990-EZ) nent of the Treasury Revenue Service			ot From Income Tax tion is described belo ▶ See separate i	w. 🕨 Attach to F			Open to Public Inspection
<ul> <li>\$</li> <li>\$&lt;</li></ul>	Section 501(c)(3) c Section 501(c) (oth Section 527 organize organization ar Section 501(c)(3) c Section 501(c)(3) c	organizations ( ner than section zations Comple nswered "Ye organizations th organizations th nswered "Ye	Complete Parts I., n 501(c)(3)) orga ete Part I-A only s" to Form 990 nat have filed For nat have NOT file s" to Form 990	A and B Do not compl inizations Complete P , Part IV, Line 4, or F m 5768 (election unde d Form 5768 (election , Part IV, Line 5 (Pro	lete Part I-C arts I-A and C belo Form 990-EZ, Par er section 501(h)) under section 50	ow Donoto <b>rt VI, line 4</b> Complete F 1(h)) Comp	complete Part I-I <b>7 (Lobbying A</b> Part II-A Do not lete Part II-B Do	n paign Activities), then B ctivities), then complete Part II-B o not complete Part II-A
Na	me of the organiza ourners Inc						Employer iden	tification number
Dow	Comple	to :6 the or		exempt under s	cotion FO1/a	) er is s	23-7380554	
2 3 Par 1 2 3	Enter the amoun Enter the amoun	<b>te if the or</b> t of any excise t of any excise	e tax incurred by e tax incurred by	<b>exempt under s</b> the organization und organization manage , did it file Form 472	er section 4955 ers under section		* 	\$ \$ \$ \$ \$ \$ Yes [ No
4a	Was a correction	n made?		, ala te me i orm 472	o for this year.			∏Yes ∏No
b Dar	If "Yes," describ		anization is	exempt under s	section 501(c	) excent	section 50	1(c)(3)
1				ig organization for sec				¢
2		t of the filing o		nds contributed to oth				\$
3	Total exempt fur	nction expendi	tures Add lines	1 and 2 Enter here a	nd on Form 1120	)-POL, line	17b 🕨	\$
4	Did the filing org	anızatıon file <b>F</b>	orm 1120-POL f	or this year?				↓ Yes 「 No
5	Enter the names organization mad amount of politic	, addresses ar de payments F al contributior	nd employer ider For each organiz ns received that	ntification number (EI ation listed, enter the were promptly and di committee (PAC) If a	amount paid from rectly delivered t	n the filing o o a separat	organızatıon's f e political orga	unds Also enter the nızatıon, such as a
	<b>(a)</b> Name	9	(b)	Address	(c) EIN	filing or	unt paid from ganization's one, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For P	aperwork Reductio	n Act Notice, se	æ the instruction	s for Form 990 or 990-	EZ.	at No 500849	Schedule C //	Form 990 or 990-EZ) 2012

Sch	edule C (Form 990 or 990-EZ) 2012			Page <b>2</b>					
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check F if the filing organization belongs to a expenses, and share of excess lobb	an affiliated group (and list in Part IV each affiliate ying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EIN,					
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals					
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)	10,569						
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	2,654						
С	Total lobbying expenditures (add lines 1a and 1	))	13,223						
d	Other exempt purpose expenditures		5,397,558						
е	Total exempt purpose expenditures (add lines 1	5,410,781							
f	Lobbying nontaxable amount Enter the amount f	4 2 0 ,5 3 9							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	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							
	Over \$1,500,000 but not over \$17,000,000								
	Over \$17,000,000								
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	105,135						
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0						
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0						
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4720	) reporting	TYes ∏ No					

## 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 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> Total			
2a	Lobbying nontaxable amount	368,940	332,774	370,754	420,539	1,493,007			
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					2,239,511			
_ c	Total lobbying expenditures	14,488	17,786	11,199	13,223	56,696			
d	Grassroots nontaxable amount	92,235	83,194	92,689	105,135	373,253			
e	Grassroots ceiling amount (150% of line 2d, column (e))					559,880			
_f	Grassroots lobbying expenditures	10,750	15,755	,	10,569	· · · · ·			

Schedule C (Form 990 or 990-EZ) 2012

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(8	a)	(	(b)	
	activity.		No	Am	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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 similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)^{2}$		Γ			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Г			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), oi	r sec	tion	
				Y	'es	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				

**c** Total

**3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and
	political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

# Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
		Schedule C (Form 990 or 990EZ) 2012

2c

3

4 5

efile GRAPHIC p	orint - DO NOT PROCESS As F	iled Data -			DLN: 93493057008054
CHEDULE D					OMB No 1545-0047
(Form 990) Supplement		tal Financi	al Statements		2012
			ered "Yes," to Form 990		
epartment of the Treasury remal Revenue Service			, 11d, 11e, 11f, 12a, or 1 parate instructions.	12b	Open to Public Inspection
Name of the organi Sojourners Inc	zation			Emp	loyer identification number
	institute Maintaining Descard				7380554
	izations Maintaining Donor Adv ation answered "Yes" to Form 990			unds	or Accounts. Complete if the
		(a) Dor	or advised funds		(b) Funds and other accounts
Total number a					
	ributions to (during year)			_	
	ts from (during year)			_	
Aggregate valu	,	L			
funds are the o	ation inform all donors and donor advis rganization's property, subject to the oi	rganızatıon's exc	lusive legal control?		∏Yes ∏No
used only for c	ation inform all grantees, donors, and d haritable purposes and not for the bene ermissible private benefit?				
art II Conse	rvation Easements. Complete if	the organizat	ion answered "Yes" t	o Forn	n 990, Part IV, line 7.
	conservation easements held by the org on of land for public use (e g , recreation			bictor	ically important land area
	of natural habitat	i or education)	_		d historic structure
	on of open space		,		
	2a through 2d if the organization held :	a qualified conse	viviation contribution in t	the form	n of a conservation
	he last day of the tax year				
					Held at the End of the Year
-	f conservation easements			2a	
	restricted by conservation easements			2b	
-	servation easements on a certified histo		.,	2c	
	servation easements included in (c) acc ire listed in the National Register	quired after 8/17	/06, and not on a	2d	
	servation easements modified, transfer	red, released, ex	tinguished, or terminate	ed by th	ne organization during
the tax year 🕨					
Number of stat	es where property subject to conservat	ion easement is	located 🕨		
	nzation have a written policy regarding the conservation easements it holds?	the periodic mor	ntoring, inspection, han	dlıng of	violations, and <b>Yes INO</b>
Staff and volun ▶	teer hours devoted to monitoring, inspe	ecting, and enfor	cing conservation easer	ments o	luring the year
A mount of expe	enses incurred in monitoring, inspecting	g, and enforcing	conservation easement	s durın	g the year
-	servation easement reported on line 2(	d) above satisfy	the requirements of sec	ction 17	70(h)(4)(B)(1) <b>「Yes 「No</b>
balance sheet,	escribe how the organization reports co and include, if applicable, the text of th n's accounting for conservation easeme	e footnote to the			
	izations Maintaining Collection			or Ot	her Similar Assets.
	ete if the organization answered "Y cion elected, as permitted under SFAS 1				tement and balance sheet
works of art, his	storical treasures, or other similar asse e, in Part XIII, the text of the footnote	ets held for publi	c exhibition, education,	or rese	arch in furtherance of public
works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse e the following amounts relating to thes	ets held for publi			
(i) Revenues II	ncluded in Form 990, Part VIII, line 1				▶\$
(ii) Assets Incl	uded in Form 990, Part X				▶\$
If the organizat	cion received or held works of art, histor nts required to be reported under SFAS				
<b>a</b> Revenues inclu	ided in Form 990, Part VIII, line 1				▶\$
<b>b</b> Assets include	d ın Form 990, Part X				▶ \$

For Paperwork Reduction Act Notice	. see the Instructions for Form 990.
Tor Tupermore Requestor Act notice	, see the instructions for form system

Sche	dule D (Form 990) 2012										Page <b>2</b>
Part	Organizations Maintaining Co	llections of Art,	Hist	torica	l Trea	sures	, or Ot	her	<sup>.</sup> Similar As	ssets (a	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	eck any	/ of the	followin	g that ar	re a	sıgnıfıcant use	e of its	
а	Public exhibition		d	Γι	oan or e	xchang	le progra	ms			
b	☐ Scholarly research		е	Γo	ther						
с	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and explai	n how	they fu	urther th	ne orgar	nization's	sex	empt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	∏ Yes	∏ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						swered	"Ye	es" to Form 9	990,	
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for con	tributior	ns or ot	her asse	ts n	ot	∏ Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ing tab	le		_				
									A	mount	
с	Beginning balance							LC			
d	Additions during the year							Ld			
e ¢	Distributions during the year							le			
f	Ending balance							lf			
2a	Did the organization include an amount on F									∏ Yes	
b	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	if the organization (a)Current year		wered Prior yea					t IV, line 10. Three years back		years back
а	Beginning of year balance	(u)current year	(5)	r nor yea			Lars back	(4)1	filee years back		Jeans back
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
d	Other expenditures for facilities										
e	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	e 1g, co	olumn (a	ı)) held	as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
с	Temporarily restricted endowment <b>&gt;</b> The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
Ba	Are there endowment funds not in the posse organization by	ssion of the organiza	ition t	hat are	held an	d admır	nıstered	for 1	the	Yes	No
	(i) unrelated organizations		• •		• •	• •	• •	•	3a		
	(ii) related organizations								<u>3a</u> (		<u> </u>
ь Г	If "Yes" to 3a(II), are the related organizatio Describe in Part XIII the intended uses of the					• •	• •	•	3	b	
	t VI Land, Buildings, and Equipme										
GII	Description of property		<u>, ru</u>	(a) C	ost or oth		Cost or ot asıs (othe		(c) Accumulate depreciation		Book value
a	_and			1							
b	Buildings										
С	_easehold improvements						862,	786	454,7	799	407,987
d	Equipment						402,	733	388,7	730	14,003
е	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . 🕨 . . . .

421,990

Part VII Investments-Other Securities. Se	e Form 990, Part X, line 1	2.	
(a) Description of security or category	( <b>b)</b> Book value		od of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S		13	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-of	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription		<b>(b)</b> Book value
(1) Deposits			80,105
(2) Deferred tax assset			54,946
(3) Deferred benefit plan assets			16,232
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		151,283
Part X Other Liabilities. See Form 990, Part			,-••
1 (a) Description of liability	(b) Book value		
Federal Income taxes			
Annutiy obligation	134,941		
Deferred rent and lease incentives	761,263		
Deferred benefit plan obligations	16,232		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	■ 912,436		and the second second
- Finder (NEC) (40) Footpoto In Part VIII provide the t	ext of the toothote to the orde	nization's financial stater	nents that reports the

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,087,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	94,700
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,992,419
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	-180,520
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,811,899
Part	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	, per	Return
1	Total expenses and losses per audited financial statements	1	5,984,120
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	191,820
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,792,300
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b <b>4a</b>		
Ь	Other (Describe in Part XIII )		
		1.	0
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> C	0

Part XIII Supplemental Information

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

Identıfıer	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	For the year ended June 30, 2013, Sojourners has determined that no material uncertain tax positions qualify for either recognition or disclosure in the financial statements Tax years ending June 30, 2009, 2010, 2011, 2012, and 2013 remain open with both Federal and state taxing authorities
Part XI , Lıne 4b - Other Adjustments		Rental expense -180,520
Part XII, Lıne 2d - Other Adjustments		Rental expense 180,520

Circord 990)       Grants and Other Assistance to Organizations, Governments and Individuals in the United States       2012         Department of the Treasury Internal Revenue Served       > Attach to Form 990, Part IV, line 21 or 22. > Attach to Form 990       Department of the Treasury Internal Revenue Served       Part O Public Trespection number         Name of the organization Sojourners Inc       Soportion answered "Yes," to Form 990, Part IV, line 21 or 22. > Attach to Form 990       Employer Identification number         2 Jost Ho organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection on them used to award the grants or assistance?       Image: Circord States         2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States       Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (a) Name and address of or government       (b) EIN       (c) IRC Code section (d) Amount of cash grant       (e) Amount of non- cash assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of or assistance       (h) Purpose of or assistance         (1) Christian Community Development Association 3827 W 0 gden Avenue Chicago, IL 60623       41-2227656       501(c)(3)       8,232	efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLN: 93493057008054
Name of the organization       Employer identification number 23-7380554         Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Imployer identification number         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States       Imployer identification answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (a) Name and address of organization or government       (b) EIN (c) IRC Code section (f applicable grant       (e) Amount of non- cash       (f) Method of (g) Description of (h) Purpose of or assistance       (book, FMV, appraisal, other)         (1) Christian Community       41-2227656       501(c)(3)       8,232       Sponsorship for "Newcomers"         (1) Christian Community       41-2227656       501(c)(3)       8,232       Sponsorship for "Newcomers"         (1) Christian Community       41-2227656       501(c)(3)       8,232       Sponsorship for "Newcomers"         (2) Grade Avenue Chicago, IL 60623       CDA's 2012 Conference in       Conference in       300 people at CCDA's 2012	(Form 990) Department of the Treasury		Governments ar	nd Individuals i on answered "Yes," to	in the United S Form 990, Part IV, lin	States		Open to Public
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Name of the organization						Employer ide	
<ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li></ul>	-						23-738055	4
(a) Name and address of organization or government(b) EIN(c) IRC Code section if applicable(d) Amount of cash grant(e) Amount of non- cash assistance(f) Method of valuation (book, FMV, appraisal, other)(g) Description of non-cash assistance(h) Purpose of or assistance(1) Christian Community Development Association 3827 W Ogden Avenue Chicago, IL 6062341-2227656501(c)(3)8,232\$\$ Sponsorship for "Newcomers Welcome" dinne 300 people at CCDA's 2012 conference in\$\$ Sponsorship for "Newcomers Welcome" dinne 300 people at CCDA's 2012 conference in	<ol> <li>Does the organization the selection critering</li> <li>Describe in Part IV</li> </ol>	on maintain records to subs a used to award the grants the organization's procedui	stantiate the amount of t or assistance? res for monitoring the us	e of grant funds in the	United States			
organization or governmentif applicablegrantcash ssistancevaluationnon-cash assistanceor assistance(1) Christian Community Development Association 3827 W Ogden Avenue Chicago, IL 6062341-2227656501(c)(3)8,232Sponsorship for "Newcomers Welcome" dinne 300 people at CCDA's 2012 conference in	Form 990, F	Part IV, line 21, for any	recipient that receive	d more than \$5,000	). Part II can be du	plicated if additional sp	bace is needed.	
Development Association 3827 W Ogden Avenue Chicago, IL 60623 Corperation Conference in	organization	of <b>(b)</b> EIN			cash	valuation (book, FMV, appraisal,		
Image: series of the series	Development Association 3827 W Ogden Avenue	/	501(c)(3)	8,232				Welcome" dınner for 300 people at CCDA's 2012
Image: state s								
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2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								1

Schedule I (Form 990) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or as	ssistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
		1	1	1	1	1
	ental Informa					
Complete this part to provide	e the information	required in Part I, li	ne 2, Part III, column (b), and	l any other additional inform	nation	
Identifier	Return Referen	ice	Explanation			
Procedure for Monitoring Grants in the U S	Part I, Line 2		Schedule I, Part I, Line 2 Aw place	ards are made in the form o	of sponsorships to events tha	t the organization confirms will take

Schedule I (Form 990) 2012

efil	e GRAPHIC p	orint - DO NOT PROCESS	As Filed	Data -	DLN	: 9349305	57008	8054
Sch	edule J	Co	mpensat	tion In	formation	OMBNo 1	L545-(	047
	m 990)	For certain Office	•	Trustees, ated Emp	Key Employees, and Highest	20	12	)
		► Complete if			ered "Yes" to Form 990,			
	nent of the Treasury Revenue Service			, question		Open t Insp		
	ne of the organiz		to Form 990.	. ⊫ See se	parate instructions. Employer ident			
	ourners Inc						IDEI	
			-		23-7380554			
Ра	rt I Questi	ons Regarding Compensa	ition				1	
							Yes	No
1a					llowing to or for a person listed in Form evant information regarding these items			
		or charter travel	·		allowance or residence for personal use			
	·	companions	·	-	for business use of personal residence			
		ification and gross-up payments		-	social club dues or initiation fees			
		ary spending account		Personal	services (e g , maid, chauffeur, chef)			
b					written policy regarding payment or "No," complete Part III to explain	16	Yes	
2	Did the organiz	ation require substantiation prior	r to reimbursi	ng or allo	wing expenses incurred by all officers,			
	dırectors, trust	ees, and the CEO/Executive Dire	ector, regardı	ng the ite	ms checked in line 1a?	2	Yes	
3	organization's	, if any, of the following the filing CEO/Executive Director Check	all that apply	Do not c	heck any boxes for methods			
	used by a relat	ed organization to establish com	pensation of	the CEO/I	Executive Director, but explain in Part III			
		tion committee	·		nployment contract			
		nt compensation consultant		-	ation survey or study			
	Form 990	of other organizations	<b>v</b>	Approval	by the board or compensation committee			
4	During the year or a related org		90, Part VII,	, Section A	A , line 1a with respect to the filing organiz	zation		
а	Receive a seve	rance payment or change-of-cor	ntrol payment	?		4a		No
b		or receive payment from, a suppl			etirement plan?	4b		No
с	Participate in.	or receive payment from, an equi	tv-based con	npensatio	n arrangement?	4c		No
-			•		le amounts for each item in Part III			
	Only 501(c)(3)	and 501(c)(4) organizations onl	v must compl	lete lines	5-9.			
5	For persons lis	ted in Form 990, Part VII, Sector contingent on the revenues of						
а	The organizatio	on?				5a		No
b	Any related org	janization?				5b		No
	If "Yes," to line	e 5a or 5b, describe in Part III						
6		ted in Form 990, Part VII, Section contingent on the net earnings of		dıd the or	ganization pay or accrue any			
а	The organizatio	on?				6a		No
b	Any related org	janization?				6b		No
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Section described in lines 5 and 6? If "Ye			ganization provide any non-fixed	7		No
8		ints reported in Form 990, Part V nitial contract exception describ			rsuant to a contract that was Ion 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line	8, did the organization also follo	w the rebutta	ble presu	nption procedure described in Regulation			
-	section 53 495			p. cou		<b>9</b>		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred In prior Form 990
	(i) [ii)	171,164 0	10,000 0	3,765 0	17,588 0	15,533 0	218,050 0	0 0

Schedule J (Form 990) 2012

# Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
		The President of Sojourners receives certain specified benefits pursuant to his annual compensation agreement approved by the Executive Committee of the Board or its designee This package includes companion travel for an annual retreat, reimbursement of certain home office expenses and a small discretionary spending account All of these items are grossed up for taxes and are included in the federal form W2 of the officer
		President's Employment agreement provides specific allowances for items marked YES- details available on request
Supplemental Information		Please see Schedule O, Part VI, for more about the executive compensation process The following important points should also be noted 1 For more than 40 years, 100% of the honoraria from each and every one of Jim Wallis's speaking engagements has gone, not to Jim Wallis himself, but directly from the hosting organization to Sojourners This Sojourners revenue, generated by Jim Wallis's speaking engagements, sustains our work and makes a major six-figure contribution to our revenue year after year 2 Over 43 years of working at Sojourners, Wallis's salary averaged near subsistence level, for many years far less than other members of his organization by design, and far less than the honoraria revenue he generated year after year 3 Only in the past few years, with Wallis in his sixties, did the Sojourners board decide it wanted to increase his salary to compensate for years of underpayment and to create a basic retirement plan for him and his family 4 The standards the board chose for all Sojourners organizational salaries are based on comparable market rates in Washington DC for non-profit organizations based on position, size of organization and years of experience 5 The board also noted that the value of Jim's public profile, global credibility and access to many leaders in public life is priceless 6 As required by law, total compensation reported here includes, among other things, the cost of health insurance (an employer-paid benefit provided to all Sojourners staff), and contributions for retirement and life insurance Jim's actual salary for FY13 was 179,000

Schedule J (Form 990) 2012

	<u></u>	00805	<u>54</u>
	MBNo 15	545-004	47
(Form 990) NONCASTI CONTRIBUTIONS	20	10	
►Complete if the organizations answered "Yes" on Form	<b>20</b> <sup>-</sup>		
990, Part IV, lines 29 or 30.	Open to	Public	G
Internal Revenue Service Attach to Form 990.	Inspe		
Name of the organization Employer ident if i	cation nun	nber	
Sojourners Inc 23-7380554			
Part I Types of Property			
(a) (b) (c)	(d)		
	fdetermin	-	
If or items contributed amounts reported on noncash cont applicable Form 990, Part VIII, line	tribution a	mounts	
1g			
1 Art—Works of art			
2 Art—Historical treasures .			
3 Art-Fractional interests			
4 Books and publications			
5 Clothing and household goods			
6 Cars and other vehicles			—
7 Boats and planes			
8 Intellectual property			
9 Securities—Publicly traded . X 4 42,743 Fair value			
10 Securities—Closely held stock .			
11 Securities—Partnership, LLC, or trust interests			
12 Securities—Miscellaneous			
13 Qualified conservation			
contribution—Historic			
structures			
14 Qualified conservation contribution—Other			
15 Real estate—Residential .			
16 Real estate—Commercial			
17 Real estate—Other			
18 Collectibles			
19 Food inventory			
20 Drugs and medical supplies .			
21 Taxidermy       22 Historical artifacts			
23 Scientific specimens     .			
24 Archeological artifacts			
<b>25</b> O ther ▶ ()			
26 Other ▶()			
27 Other▶()			
28 Other►()			
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283 Part IV. Dones A cknowledgement 29			
for which the organization completed Form 8283, Part IV , Donee Acknowledgement 29		Yes	10
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it			<u> </u>
must hold for at least three years from the date of the initial contribution, and which is not required to be used			
for exempt purposes for the entire holding period?	30a	N	lo
<b>b</b> If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		lo
			<u> </u>
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			
	32a	N	0
<ul> <li>b If "Yes," describe in Part II</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>			
describe in Part II			

For	Paperwork Reducti	on Act Notice, se	e the Instructions	for Form 990.

Schedule M (Form 990) (2012)         Part II       Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the					
32b	, and 33, and w	hether the organization is reportin	g in Part I, column (b), the number of contributions, the		
nur	nber of items re	ceived, or a combination of both.	Also complete this part for any additional information.		
Ident	ıfıer	Return Reference	Explanation		

Schedule M (Form 990) (2012)

efile GRAPHIC pri	nt - DO NOT PROCESS As Filed Data -	DLN: 934930570	<u>08054</u>
CHEDULE O Form 990 or 990-EZ)	Supplemental Information to Form 990 of	or 990-EZ	
epartment of the Treasury emal Revenue Service	Complete to provide information for responses to specific q Form 990 or to provide any additional information ► Attach to Form 990 or 990-EZ.	questions on	Public
ame of the organizatio journers Inc	n	Employer identification numbe	: <b>r</b>
dentifier Return Referen	•		
Form 990, Part VI, Section B, line 11	Sojourners engages a certified public accountant to prepare the federeview ed and approved by the Chief Financial Officer and the return the corporation Prior to filing the form 990, a PDF version of the return	n is signed, after review, by another offi	cer of
Form 990, Part VI, Section B, line 12c	Key employees, officers, and members of the Board of Directors are policy and acknow ledge that they have done so in writing to the orga individuals must complete a disclosure form identifying any potential i which the individual, member of their family, or an organization in wh or director is involved that he or she believes could contribute to a co	anization Annually, each of the above relationships, positions, or circumstance nich the individual serves as an owner, o	es in
Form 990, Part VI, Section B, line 15	The salary and benefits of the President are review ed annually by an Directors based on market data for similar positions in the Washingto session and therefore no minutes are maintained for these meetings compensation committee are memorialized in a compensation agreem President which details all compensation and fringe benefits to be re and compensated officers of the corporation are subject to the salar are all other employees. The salary ranges for each position were de surveys for nonprofits of similar size and scope. Employees' pay is r and subject to annual review and with a possibility of merit increase. Executive Officer and the Vice President for Human Resources. All s employees personnel file. Please see Schedule J, Part III, for more ab	on DC area The committee meets in exec How ever, the decisions reached by the nent between the organization and the ceived in the upcoming year. Key employ y administration system of the organiza- etermined through market based salary maintained within these market based ra Salary administration is managed by the salary decisions are documented in the	cutive ie oyees tion as anges
Form 990, Part VI, Section C, line 19	Not made available to the public		