\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning and	ending					
	heck if	C Name of organization		D Employer identifi	cation number			
	Addres							
	Name change			35-21970	19			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2610 UNIVERSITY AVENUE W	Room/suite <b>550</b>	E Telephone numbe (612)871				
	termin ated			<b>G</b> Gross receipts \$ 4,818,545.				
	Ameno return			H(a) Is this a group re				
	Applic tion	F Name and address of principal officer: MAKNA ANDERSON		for subordinates		No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes	No		
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instruction	ns		
	Vebsit			H(c) Group exemption	n number			
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2002 n	State of legal domic	ile: <b>MN</b>		
Pa	rt I	Summary						
ø		Briefly describe the organization's mission or most significant activities: WE PI	ROTECT	CIVILIANS :	IN VIOLENT			
Activities & Governance		CONFLICTS THROUGH UNARMED STRATEGIES.						
ern		Check this box if the organization discontinued its operations or dispos		l l	sets. I	1 2		
Š				<u>3</u> 4		$\frac{13}{13}$		
æ		Number of independent voting members of the governing body (Part VI, line 1b)				$\frac{13}{27}$		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				25		
ţ		Total number of volunteers (estimate if necessary)				0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				0.		
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Yea			
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,140,333.	3,525,2			
				233,957.	332,5			
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,902.	91,8			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100.	31,0	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,403,292.	3,949,6			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		785,157.	630,0			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	,	0.		
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		964,816.	1,497,2	228.		
se		Professional fundraising fees (Part IX, column (A), line 11e)		9,872.	10,8			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 576,60	62.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		588,303.	744,6	513.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,348,148.	2,882,6	65.		
		Revenue less expenses. Subtract line 18 from line 12		55,144.	1,066,9	955.		
t Assets or id Balances			Ве	ginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)		3,232,711.	4,107,6			
t As Id B	21	Total liabilities (Part X, line 26)		62,500.	190,3			
Net, Fund		Net assets or fund balances. Subtract line 21 from line 20		3,170,211.	3,917,2	222.		
	rt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief	f, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer		I Date				
Sigr				Date				
Here	е	MARNA ANDERSON, DIRECTOR, NPUSA Type or print name and title						
		Print/Type preparer's name Preparer's signature	Ţ,	Date Check	PTIN			
aid		RICHARD J. LOCASTRO, CPA	0	06/21/2023 if self-employ		L <b>4</b>		
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN	- Colo		2-1392008			
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		, iiii o Eiii o				
		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090	)		
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes	No		
1		Endered and the second and second						

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE PROTECT CIVILIANS IN VIOLENT CONFLICTS THROUGH UNARMED STRATEGIE	
	WE BUILD PEACE SIDE BY SIDE WITH LOCAL COMMUNITIES. WE ADVOCATE FOR	
	THE WIDER ADOPTION OF THESE APPROACHES TO SAFEGUARD HUMAN LIVES AND	)
	DIGNITY. WE ENVISION A WORLDWIDE CULTURE (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	≳S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	, and
	revenue, if any, for each program service reported.	
4a		2 <b>,533.</b> )
	NONVIOLENT PEACEFORCE (NP) IS AN INTERNATIONAL NONPROFIT ORGANIZATI	
	THAT USES UNARMED CIVILIAN PROTECTION (UCP) METHODOLOGIES TO DETER	AND
	PREVENT VIOLENCE IN LOCATIONS AROUND THE WORLD WHERE CIVILIANS ARE	
	UNDER THREAT OF VIOLENT CONFLICT. NP CONDUCTS UCP PROGRAMMING IN TH	
	UNITED STATES IN ADDITION TO SUPPORTING INTERNATIONAL PROGRAMS WITH	
	ADMINISTRATION, FUNDRAISING, COMMUNICATIONS, AND ADVOCACY.	
	INTERNATIONAL PROGRAMS DO NOT RELY SOLELY ON FUNDS RAISED IN THE U.	<u>s.</u>
	AND THE MAJORITY OF NP'S EXPENSES ARE REFLECTED IN TAX REPORTS AND	
	FINANCIAL AUDITS FILED IN OTHER COUNTRIES AND NOT IN THE UNITED STA	TES.
	NP TEAMS OPERATE IN THE PHILIPPINES, SOUTH SUDAN, SUDAN, MYANMAR,	ъ
	UKRAINE, IRAQ AND THE UNITED STATES. THE U.S. OFFICE PROVIDES SUPPO	
	FOR NEW PROJECT EXPLORATION AND START UP AND (CONTINUED ON SCHEDULE	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 2,053,609.	n <b>990</b> (2022)
	Form	1 222 (2022)

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			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		τ,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		τ,	
	Schedule D, Parts XI and XII	12a	Х	
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	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Ψ,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		ν,	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a	• • • • • • • • • • • • • • • • • • • •	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) NONVIOLENT PEACEFO
Part IV Checklist of Required Schedules (continued)

	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ <sub>3,7</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	552		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	X	(2022)

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Form	990 (2022) NONVIOLENT PEACEFORCE 35-2197	019	Р	age 5					
Par				J					
			Yes	No					
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 27	'							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	<b>b</b> If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?  N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:								
а	Gross income from members or shareholders N/A 11a								
b	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? N/A	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
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	4							
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities N/A17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

NONVIOLENT PEACEFORCE 35-2197019 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **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 on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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MN

550, ST PAUL,

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

JESSIE KOLSTAD - (612)871-0005 2610 UNIVERSITY AVENUE W,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	١,,		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer ar	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	98			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee ee	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		yoldı	st con	_	1		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARNA ANDERSON	40.00	_	_			1 0				
DIRECTOR, NPUSA	0.00			х				128,750.	0.	966.
(2) LUCY NUSSEIBEH	2.00									
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(3) FATUMA IBRAHIM	2.00									
BOARD VICE CHAIR	1.00	Х		Х				0.	0.	0.
(4) RACHEL JULIAN	2.00									
BOARD SECRETARY	1.00	Х		Х				0.	0.	0.
(5) BRIAN MCLEOD	2.00									
BOARD TREASURER	1.00	X		Х				0.	0.	0.
(6) MEENAKSHI GOPINATH	2.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) THOMAS KURMANN	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) FRANCOIS MARCHAND	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) ANNA MATVEEVA	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) DEEPA SUREKA	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) TIFFANY TOOL	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) GABRIELA VOGELAAR	2.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) JEROME ELIE	2.00								_	_
BOARD MEMBER (FROM 9/2022)	1.00	Х						0.	0.	0.
(14) ISAIAH KIPYEGON TOROITICH	2.00									
BOARD MEMBER (FROM 9/2022)	1.00	Х						0.	0.	0.
		4								
		1	-			-				
		-								
		1	$\vdash$			$\vdash$	-			
		1								
-				<u> </u>	<u> </u>	<u> </u>	<u> </u>	1		- 000 (cccs)

Form 990 (2022) NONVIOLE	NT PEACE	FC	RC	Έ					35-21	97019	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	director	not cl , unles	ss per	ition more son is irecto	Highest compensated hard so that a compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC)	Est amo comp C/ fro orga and	imated ount of other pensation om the anization related nizations
		•									
1b Subtotal								128,750.		0.	966.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								128,750.		0.	966.
2 Total number of individuals (including but n									000 of reportable		
compensation from the organization											1 Yes No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				5	<u> </u>
Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	ensation fro	m
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	thin T		ear.		
<b>(A)</b> Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	( <b>C</b> ) Compen	) sation
							$\dashv$				
<ul> <li>Total number of independent contractors (ii</li> <li>\$100,000 of compensation from the organization</li> </ul>	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than		
w 100,000 of compensation from the organia	Lation					-				Form S	990 (2022)

Form 990 (2022) NONVIOL
Part VIII Statement of Revenue

			Check if Schedule O contains a re	sponse o	or note to anv lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ္ထ	1	_	Federated campaigns 1	а					
Contributions, Gifts, Grants and Other Similar Amounts	•		_	b b					
جَ ق				c					
fts, Ar				d					
ig ig				_					
ns, Sim			J ( )	e					
e ti		Ť	All other contributions, gifts, grants, and		EGE 930				
듗됨			•••		525,238.				
d Di		-	_	g  \$	71,420.	2 525 220			
<u>0 g</u>		h	Total. Add lines 1a-1f			3,525,238.			
					Business Code	222 - 222			
မွ	2	а	CONTRACTS		900099	332,533.	332,533.		
e <u>Š</u>		b							
S I		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			332,533.			
	3		Investment income (including dividend						
						44,758.			44,758.
	4		Income from investment of tax-exempt						_
	5		Royalties						
			(i) F	Real	(ii) Personal				
	6	а	Gross rents 6a						
	Ū		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
	7			urities	(ii) Other				
	′	а	assets other than inventory 7a 916,		(ii) Garioi				
		<b>.</b>	·	010.					
o o		D	Less: cost or other basis	925					
ğ			and sales expenses 76 868,	001					
her Revenue			Gain or (loss) 7c 47,			47 001			47 001
Ř			Net gain or (loss)			47,091.			47,091.
ipe	8	а	Gross income from fundraising events (not	1					
ō			including \$ c	1					
			contributions reported on line 1c). See	1					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising e						
	9	а	Gross income from gaming activities.						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activ	ities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inve						
					<b>Business Code</b>				
ons	11	а							
ne Due		b							
Miscellaneous Revenue		С							
<u>8</u>			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,949,620.	332,533.	0.	91,849.

232009 12-13-22

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 630,020. 630,020. Benefits paid to or for members ..... Compensation of current officers, directors, 12,972. 6,486. 129,716. 110,258. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,169,888. 820,200. 63,646. 286,042. Other salaries and wages 7 Pension plan accruals and contributions (include 4,390. 1,956. 312. 2,122. section 401(k) and 403(b) employer contributions) 77,603. 40,234. 5,914. 31,455. Other employee benefits 9 115,631. 83,706. 1,904. 30,021. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 51,332. 51,332. Accounting Lobbying 10,804. 10,804. Professional fundraising services. See Part IV, line 17 177. 177. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 222,256. 166,406. 50,209. 5,641. column (A), amount, list line 11g expenses on Sch O.) 45,647. 21,329. 9,886. 14,432. Advertising and promotion 12 105,774. 11,757. 8,889. 85,128. 13 Office expenses 27,489. 10,792. 5,905. 10,792. Information technology 14 Royalties 15 23,735. 134,399. 84,256. 26,408. 16 Occupancy 53,754. 46,001. 3,896. 3,857. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 22,148. 13,170. 3,425. 5,553. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,536.  $\overline{2,418}$ 1,118. Depreciation, depletion, and amortization 22 24,471. 316. 24,155. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 20,791. 33,087. 5,419. 6,877. MEMBER. & REGISTRATION EQUIPMENT EXPENSES 10,405. 6,610. 3,357. 438. 5,989. 2. 5,987. CREDIT CARD PROC. FEES 3,924. PAYROLL PROCESSING FEES 3,924. 225. 61. 113. 51. e All other expenses \_ 2,882,665. 2,053,609. 252,394. 576,662. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

art X	Balance Sneet					
	Check if Schedule O contains a response or note	e to any	line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		912.	1	575	
2	Savings and temporary cash investments			860,071.	2	1,074,904
3	Pledges and grants receivable, net			983,549.	3	1,595,632
4	Accounts receivable, net				4	38,057
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		5	
6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
	under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
2 7	Notes and loans receivable, net				7	225,000
8 8	Inventories for sale or use				8	
ž   9				30,113.	9	39,83
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	65,745.			
k	Less: accumulated depreciation	10b	58,788.	10,493.	10c	6,95 <sup>1</sup> 1,010,40
11	Investments - publicly traded securities		1,338,711.	11	1,010,40	
12	Investments - other securities. See Part IV, line 1			12		
13	Investments - program-related. See Part IV, line 1			13		
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			8,862.	15	116,25
16	Total assets. Add lines 1 through 15 (must equa	3)	3,232,711.	16	4,107,61	
17	Accounts payable and accrued expenses			57,965.	17	81,30
18	Grants payable			18		
19	Deferred revenue		19			
20	Tax-exempt bond liabilities	<u> </u>		20		
21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
22	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, page					
	parties, and other liabilities not included on lines	17-24).	Complete Part X	4 525		100 00
1			·····	4,535.	25	109,08
26			\tag{\tag{\tag{\tag{\tag{\tag{\tag{	62,500.	26	190,39
,	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.			2 015 762		2 412 06
27			·····	2,015,762.	27	2,413,06
28	Net assets with donor restrictions			1,154,449.	28	1,504,15
	Organizations that do not follow FASB ASC 9	o8, che	ck here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated inc			3,170,211.	31	2 017 22
_	Total liebilities and get seed (find balances			3,232,711.	32	3,917,22
33	Total liabilities and net assets/fund balances			J, 4J4, 111.	33	4,107,612

OIII	000 (2022) 1(01(120221(1212102101102				ı aç	<del>,</del>	
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,8				
3	Revenue less expenses. Subtract line 2 from line 1	3				55.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,1				
5	Net unrealized gains (losses) on investments	5	- (	<u> 319</u>	<u>,94</u>	<u>44.</u>	
6							
7	7 Investment expenses 7						
8							
9							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
column (B)) 10 3,							
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	`	es/	No	
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?						X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		🚅	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u> :	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u></u> ;	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		:	3b			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public

Inspection

NONVIOLENT PEACEFORCE Employer identification number 35-2197019

Pá	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found										
1		A church, convention of ch					I)(A)(i).					
2	一	A school described in <b>sect</b>					- N N- 1-					
3	一	A hospital or a cooperative				)(b)(1)(A)(ii	ii).					
4	Ħ	A medical research organiz					=	the hospital's name.				
·		city, and state:	ŗ					,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in				
·		section 170(b)(1)(A)(iv). (C				, 9-						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X							oublic described in				
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ II )							
9	H	An agricultural research org			•	ad in coni	inction with a land-grant	college				
,		or university or a non-land-g				-	-	•				
		university:	grant conege or agric	ulture (see iristructions).	Litter tite i	name, city	, and state of the college	; OI				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ne membershin fees and	d arose receipts from				
10		activities related to its exen										
		income and unrelated busin										
		See section 509(a)(2). (Coi		(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	inter durie 30, 1973.				
11		An organization organized a	•	ivolv to tost for public so	oty Soo	coction 5(	00(2)(4)					
12		An organization organized a	•	•	•			nurnoses of one or				
12		more publicly supported or	•	•	•		•					
		lines 12a through 12d that						DIRECK THE DOX OH				
á		Type I. A supporting orga	* *			-		aivina				
٠	'	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-						
		organization. <b>You must o</b>			majority C	n the direc	iors or trustees or the st	apporting				
ı		¬ ~			ion with it	o oupporto	od organization(s) by bay	vina				
k	,		•					-				
		control or management o			arrie perso	ris triat co	ntroi or manage the supp	ontea				
,		organization(s). You mus  Type III functionally inte			in connoct	tion with	and functionally intograte	od with				
(	, L	its supported organization					• •	eu witti,				
		¬ ''		·				ration(a)				
(	'						• • • • • • • • • • • • • • • • • • • •	* *				
		that is not functionally int requirement (see instructi	-		•		•	/6/1622				
_		¬ ' `	•	•	•							
•	•	☐ Check this box if the orga					Type I, Type II, Type III					
	Ent	functionally integrated, or er the number of supported or	• •	nany integrated supporti	ig organiz	ation.						
1		vide the following information		d organization(s)								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	, ,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)				
				above (see instructions))		''						
	al											

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1735580.	1396425.	3849706.	2140333.	3525238.	12647282.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1735580.	1396425.	3849706.	2140333.	3525238.	12647282.
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 (f)						3746871.
6	Public support. Subtract line 5 from line 4.						8900411.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1735580.	1396425.	3849706.	2140333.		12647282.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49.	20,645.	33,195.	30,347.	44,758.	128,994.
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 VI.)		7,503.	28,453.	100.		36,056.
11	<b>Total support.</b> Add lines 7 through 10						12812332.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	566,490.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	69 <b>.4</b> 7 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	68.59 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

(Complete only if you checked the box on line 10 of Part I or	rif the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						7 is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						L and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	J		
	9a		
	9b		
	9c		
	10a		
	.54		
	10b		
ule	A (Forn	n 990)	2022

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Par	rt IV Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.	(555	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3b

Sche	dule A (Form 990) 2022 NONVIOLENT PEACEFORCE			35-2197019 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** 

35-2197019 NONVIOLENT PEACEFORCE Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributory year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. It is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$	f this box

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# NONVIOLENT PEACEFORCE

35-2197019

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$110,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

Part I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# NONVIOLENT PEACEFORCE

35-2197019

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	185 SHARES OF AAPL STOCK	_	
$\frac{7}{}$			02/10/22
		\$30,440.	03/10/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
_			
(-)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
223453 11-15		\$	Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** NONVIOLENT PEACEFORCE 35-2197019 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

223454 11-15-22

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Inspection

**Employer identification number** 35-2197019

NONVIOLENT PEACEFORCE

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Account	S. Complete if the
	organization answered Tes off official 330, Fattiv, line	(a) Donor advis	ed funds	(b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	l funds	
	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				······
	for charitable purposes and not for the benefit of the donor or			•	
	impermissible private benefit?				Yes No
Pai					
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati	· · · · · · · · · · · · · · · · · · ·	_	historically in	nportant land area
	Protection of natural habitat	´ [	Preservation of a	•	•
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of	a conservation	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
				ا ما	
	Number of conservation easements on a certified historic structure.				
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				uring the tax
	year		•		-
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it I	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conser	vation easen	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservatio	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	its of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statemen	ts that descri	bes the
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	er Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its rev	venue statement and	d balance she	eet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	n, or research in furtl	herance of pu	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenu	e statement and ba	lance sheet v	vorks of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	or research in further	rance of publ	ic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	(m) A			•	
2	If the organization received or held works of art, historical treas	sures, or other similar	assets for financial g	ain, provide	
	the following amounts required to be reported under FASB AS	C 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		5	Schedule D (Form 990) 2022

232051 09-01-22

	t III Organizations Maintaining Coll			orical Tro	asuras o	r Other			3 /+		age 🚄
	<u> </u>								(conti	nuea)	
3	Using the organization's acquisition, accession,	and other records	, check	any of the f	ollowing that	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explain	how th	ey further th	ne organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations of	art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange	ments. Complet	e if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part X	(, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for o	contributions	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
	3	į	3						Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
f	Distributions during the year										
	Ending balance								Yes		l NIa
	_						•		_		」No □
	If "Yes," explain the arrangement in Part XIII. Chart V Endowment Funds. Complete if the										
ı aı		a) Current year			(c) Two yea		<b>(d)</b> Three y	nare hack	(e) Fou	rvoore	hack
	<del></del>	a) Current year	(D)	rior year	(C) TWO yea	15 Dack	(u) Tillee y	cais Dack	( <b>e)</b> 1 0u	years	Dack
		+									
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current		(line 1g	j, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	-								
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	egual 100%.									
За	Are there endowment funds not in the possession		ion tha	t are held ar	nd administer	red for the	e				
	organization by:	o., o. i., o o. ga <b>_</b> a.								Yes	No
	(i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations	no listed as require	d on C	abadula D2							
	Describe in Part XIII the intended uses of the organization								_ SD		
Par	t VI Land, Buildings, and Equipmer	ganization's endow	ment	urius.							
ı uı	Complete if the organization answered "		Part IV	line 11a S	66 Form 990	Dart Y I	line 10				
	<u> </u>					i i			/ N D		
	Description of property	(a) Cost or other			or other (other)		ccumulate	a	( <b>d</b> ) Boo	k valu	е
		basis (investme	ent)	Siesa	(otrier)	aep	preciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment			6	5,745.		58,78	88.		6,9	<u> 57.</u>
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X	. colun	nn (B). line 1	0c.)					6,9	57 <b>.</b>

Schedule D (Form 990) 2022

Scriedule D (Form 990) 2022 NONVIOLENT I	LACLI ORCL		ZIJIUIJ Page
Part VII Investments - Other Securities.	5	0 5	
Complete if the organization answered "Yes" o			d of voor mortest value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) DOOK Value	(c) Wethod of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	10.)		I
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			109,083
(3)			, , , , , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Calumn /b) must agual Farm 000 Port V and (P) line	05.)		109 083

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

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 NONVIOLENT PEACEFORCE				2197019 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			2 602 422
1				1	3,629,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	210 044		
а	Net unrealized gains (losses) on investments		-319,944.	-	
b				-	
С	, , ,			-	
d	,				210 044
е	Add lines 2a through 2d			2e	-319,944.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,949,443.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	100		
а	, , , , , , , , , , , , , , , , , , , ,		177.	-	
	Other (Describe in Part XIII.)	·			100
С	Add lines <b>4a</b> and <b>4b</b>			4c	177.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,949,620.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per r	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			T . T	2 002 400
1	Total expenses and losses per audited financial statements			1	2,882,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а				-	
b	• • • • • • • • • • • • • • • • • • • •			-	
С				-	
	Other (Describe in Part XIII.)				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,882,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	4		
а	, , , , , , , , , , , , , , , , , , , ,		177.	-	
b	Other (Describe in Part XIII.)	4b			4==
	Add lines <b>4a</b> and <b>4b</b>			4c	177.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,882,665.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			l; Part X	, line 2; Part XI,
PAI	RT X, LINE 2:				
FOI	R THE YEAR ENDED DECEMBER 31, 2022, THE O	RGANIZAT	ION HAS DO	CUME	ENTED ITS
COI	NSIDERATION OF FASB ASC 740-10, INCOME TA	XES, THA	T PROVIDES	GU]	DANCE FOR
REI	PORTING UNCERTAINTY IN INCOME TAXES AND H	AS DETER	MINED THAT	NO	MATERIAL
JNC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNIT	ION OR DIS	CLOS	SURE IN
гні	E FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2022

### SCHEDULE F (Form 990)

Department of the Treasury

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization **Employer identification number** NONVIOLENT PEACEFORCE 35-2197019 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANT TO RECIPIENT LOCATED EUROPE IN REGION 630,020. 0 0 630,020. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 630,020. and 3b)

232071 10-17-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is r	needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT THE MISSION OF NONVIOLENT PEACEFORCE, INC.					
		EUROPE	WORLDWIDE BY	630,020.	WIRE TRANSFER	0.		
			recognized as charities by the for counsel has provided a sect			<b>&gt;</b>		1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1						

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

NONVIOLENT PEACEFORCE AISBL (BELGIUM) IS A SISTER, OR RELATED ORGANIZATION TO NONVIOLENT PEACEFORCE, INC. (USA). NONVIOLENT PEACEFORCE AISBL (BELGIUM) IS A NONPROFIT ORGANIZATION IN BELGIUM AND IS AUDITED EACH YEAR BY AN EXTERNAL AUDITOR. NONVIOLENT PEACEFORCE AISBL (BELGIUM) OVERSEES THE DISTRIBUTION OF FUNDS TO PROGRAM SERVICES. ALL NONVIOLENT PEACEFORCE AISBL (BELGIUM) BOARD MEMBERS ARE ON THE NONVIOLENT PEACEFORCE, INC. (USA) BOARD OF DIRECTORS. BOTH ORGANIZATIONS HAVE THE SAME EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. THE NONVIOLENT PEACEFORCE ED FROM NONVIOLENT PEACEFORCE INC. (USA) MANAGES ALL GRANTED FUNDS FROM EXTERNAL FUNDING SOURCES FOR PROGRAM SERVICES. THE NONVIOLENT PEACEFORCE, INC. (USA) FINANCIAL STAFF MANAGES NONVIOLENT PEACEFORCE, INC. (USA) OPERATIONS. NONVIOLENT PEACEFORCE AISBL (BELGIUM) HAS A CHIEF FINANCIAL OFFICER THAT MANAGES THE NONVIOLENT PEACEFORCE AISBL (BELGIUM) FINANCIAL OPERATIONS. CONSOLIDATED ACCOUNTING FOR THE RELATED ORGANIZATIONS IS COLLECTED, MONITORED AND RECORDED IN THE NONVIOLENT PEACEFORCE AISBL (BELGIUM) OFFICE.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF NONVIOLENT PEACEFORCE, INC. WORLDWIDE BY PROMOTING, DEVELOPING AND IMPLEMENTING UNARMED CIVILIAN PEACEKEEPING AS A TOOL FOR REDUCING VIOLENCE AND PROTECTING CIVILIANS.

Schedule F (Form 990) 2022

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

NONVIOLENT PEACEFORCE Employer identification number 35-2197019

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ar	nounts	5
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	5	71,420.	FMV			
10	Securities - Closely held stock		-	, -				
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory  Drugs and medical supplies							
21								
22	Taxidermy Historical artifacts							
23								
23 24	Scientific specimens							
	Archeological artifacts Other ( )							
25 26	,							
	,							
27	Other ()							
<u>28</u> 29	Other ( )  Number of Forms 8283 received by the organiz	ration during	the tax year for a	antributions				
29	for which the organization completed Form 828						0	
	for which the organization completed Form 626	oo, Fait V, D	onee Acknowledg	ement			Yes	No
200	During the year, did the organization receive by	, contributio	n any proporty ron	arted in Bart L lines 1 through	h 20 that it		162	NO
Sua	must hold for at least 3 years from the date of t			· · · · · · · · · · · · · · · · · · ·				
				•		200		х
h	exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance p	olicy that re	auires the review	of any nonetandard contribut	ione?	21	х	
31	Does the organization have a gift acceptance p				10115 !	31	-22	$\vdash$
s∠a						20-		x
L	contributions?					32a		
	If "Yes," describe in Part II.  If the organization didn't report an amount in co	aluma (a) f-:	o tupo of propert	for which column (a) is the	okod			
33	describe in Part II.	Jiullill (C) fOf	a type of property	nor which column (a) is ched	neu,			
	ucounde III Fait II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Supplemental Information. 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 number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS.
PART I, LINE 31:
NONVIOLENT PEACEFORCE (NP) SOLICITS AND ACCEPTS GIFTS FOR PURPOSES THAT
WILL HELP THE ORGANIZATION FURTHER AND FULFILL ITS MISSION. TO PROTECT
THE INTERESTS OF NP AND THE INDIVIDUALS AND ENTITIES WHICH SUPPORT ITS
PROGRAMS, THIS POLICY IS DESIGNED TO ASSURE THAT ALL GIFTS TO NP ARE
CHECKED TO PROVIDE MAXIMUM BENEFITS TO BOTH PARTIES. THIS DOCUMENT WILL
FOCUS ON BOTH CURRENT AND DEFERRED GIFTS, WITH SPECIAL EMPHASIS ON
VARIOUS TYPES OF DEFERRED GIFTS AND GIFTS OF NONCASH PROPERTY. THE GOAL
IS TO ENCOURAGE FUNDING OF NP WITHOUT ENCUMBERING THE ORGANIZATION WITH
GIFTS WHICH MAY PROVE TO GENERATE MORE COST THAN BENEFIT, OR WHICH ARE
RESTRICTED IN A MANNER THAT IS NOT IN LINE WITH THE GOALS OF NP.

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

NONVIOLENT PEACEFORCE

Employer identification number 35-2197019

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF PEACE IN WHICH CONFLICTS WITHIN AND BETWEEN COMMUNITIES AND

COUNTIRES ARE MANAGED THROUGH NONVIOLENT MEANS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES STAFF WELFARE SUPPORT. THESE ACTIVITIES ARE ESSENTIAL FOR

EFFECTIVE PROGRAMMING AND TO OBTAIN ADDITIONAL PROJECT FUNDS. NP ALSO

CONDUCTED SEVERAL TRAININGS TO COMMUNITY GROUPS ON DE-ESCALATION AND

CONFLICT TRANSFORMATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY

MANAGEMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS,

AND EMPLOYEES WHO MAY INFLUENCE THE ACTIONS OF NONVIOLENT PEACEFORCE. ALL

COVERED INDIVIDUALS MUST COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST

AND GIFT DISCLOSURE STATEMENT. POTENTIAL CONFLICTS MUST BE FULLY DISCLOSED;

WITH THE CONFLICTED INDIVIDUAL BEING EXCLUDED FROM DISCUSSION AND VOTING ON

THE TRANSACTION. DETERMINATIONS WILL BE MADE BY REMAINING BOARD OR

COMMITTEE MEMBERS. SHOULD ANY CONFLICT OF INTEREST ARISE THEY WOULD BE

DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** NONVIOLENT PEACEFORCE 35-2197019 COMPENSATION WAS DETERMINED AS FOLLOWS: (1) NONVIOLENT PEACEFORCE ESTABLISHED A REVIEW COMMITTEE; (2) USED "COMPARABILITY DATA," I.E. SALARY SURVEYS, THAT PROVIDE DATA FROM NONPROFITS OF SIMILAR MISSION FOCUES, BUDGET SIZE, AND GEOGRAPHIC REGION, AND; (3) APPROVED COMPENSATION, AS DOCUMENTED THROUGH MINUTES OF THE BOARD MEETING, AND; (4) COMPENSATION WAS MOST RECENTLY REVIEWED IN APRIL 2022. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT OPEN TO THE PUBLIC.

232212 10-28-22

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

35-2197019

(b) Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-year	I	controlling	
anizations. Complete if the organiza	ation answered "Yes" on Form 990	0, Part IV, line 34, I	Decause it had one	or more related tax-exe	empt	
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
	,,		501(c)(3))		Yes	No
				NONVIOLENT		
				PEACEFORCE		
PEACEKEEPING	BELGIUM	501(C)(3)		INTERNATIONAL	X	
PEACEKEEPING	SWITZERLAND	501(C)(3)		N/A		Х
				NONVIOLENT		
				PEACEFORCE		
PEACEKEEPING	FRANCE	501(C)(3)		INTERNATIONAL	X	
	(b) Primary activity  PEACEKEEPING  PEACEKEEPING	(b) Primary activity Legal domicile (state or foreign country)  PEACEKEEPING BELGIUM  PEACEKEEPING SWITZERLAND	(b) Primary activity Legal domicile (state or foreign country)  PEACEKEEPING  PEACEKEEPING  BELGIUM  501(C)(3)  PEACEKEEPING  SWITZERLAND  501(C)(3)	(b) Primary activity Legal domicile (state or foreign country)  PEACEKEEPING  BELGIUM  (c) Legal domicile (state or foreign country)  Exempt Code section  Sol1(c)(3))  PEACEKEEPING  SWITZERLAND  501(C)(3)	(b) Primary activity Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Exempt Code section Sol(c)(3))  NONVIOLENT PEACEKEEPING  PEACEKEEPING  BELGIUM  FEACEKEEPING  SWITZERLAND  SUITZERLAND  Direct controlling entity  NONVIOLENT PEACEFORCE INTERNATIONAL  NONVIOLENT PEACEFORCE	Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  NONVIOLENT PEACEFORCE INTERNATIONAL  PEACEKEEPING  PEACEKEEPING  Section 5 Controlling entity  Yes  NONVIOLENT PEACEFORCE INTERNATIONAL  X  PEACEKEEPING  SWITZERLAND  501(C)(3)  N/A  NONVIOLENT PEACEFORCE

NONVIOLENT PEACEFORCE

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign  (d) Direct controlling entity ext	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income						(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)	sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country)		,				Yes	No
-									
-									-
-									

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				. 1b	Α.		
c Gift, grant, or capital contribution from related organization(s)				. 1c		_X_	
				l	Х		
e Loans or loan guarantees by related organization(s)				1e		_X_	
f Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)						X	
h Purchase of assets from related organization(s)						X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
Performance of services or membership or fundraising solicitations for related organizations.						X	
						X	
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>							
				l _		<u>X</u>	
O Sharing or paid employees with related organization(s)				. 10			
p Reimbursement paid to related organization(s) for expenses				. 1p		X	
q Reimbursement paid by related organization(s) for expenses						X	
r Other transfer of cash or property to related organization(s)				. 1r		_X_	
s Other transfer of cash or property from related organization(s)				. 1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.				
(a)	(b)	(c)	(d)				
Name of relatèd organization	Transaction type (a-s)	Amount involved	Method of determining amount	involved			
(1) NONVIOLENT PEACEFORCE AISBL	В	630,020.	WIRE TRANSFER				
NONTITOLENE DEAGEEODGE A LODI		225 000	ENGZ				
(2) NONVIOLENT PEACEFORCE AISBL	D	225,000.	FMV				
(0)							
(3)							
(4)							
\''.							
(5)							
(6)							
	1	1					

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership