** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2021 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Address	NONVIOLENT PEACEFORCE			
	Name change	Doing business as		35-21970	19
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 2610 UNIVERSITY AVENUE W	Room/suite 550	E Telephone numbe (612)871	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,469,814.
3	Amende	ST. PAUL, MN 55114		H(a) Is this a group re	
	Applica	F Name and address of principal officer:MARNA ANDERSON		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
-	Tay.eve	mpt status: X 501(c)(3)	or 527		list, See instructions
		₩WW.NONVIOLENTPEACEFORCE.ORG	01 021	H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	I Vear		State of legal domicile; MN
_		Summary	L Toda	or formation. 2002 R	y State of regal dofflicite, PILY
	T	Briefly describe the organization's mission or most significant activities: WE P	BOUECI	CTUTLTANG	TN VIOLENT
Activities & Governance	' 6	CONFLICTS THROUGH UNARMED STRATEGIES.	ROIDCI	CIVIDIMO	IN VIOLENI
E.	2 0	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	seets
3Ve	3 1	사는 전 - '' '' '' '' '' '' '' '' '' '' '' '' '		3	11
ŏ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			11
80	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)	*************		19
ijį	6 T	otal number of volunteers (estimate if necessary)		6	75
慧	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			0.
_				Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)		3,849,706.	2,140,333.
ã	9 F	Program service revenue (Part VIII, line 2g)		0.	233,957.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		33,195.	28,902.
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,453.	100.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,911,354.	2,403,292.
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		934,910.	785,157.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
40	The Cart of Cart	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		500,451.	964,816.
Expenses	16a F			12,009.	9,872.
per	ьт	Professional fundraising fees (Part IX, column (A), line 11e) Otal fundraising expenses (Part IX, column (D), line 25) 351,6	61.		-7-1-1
ŭ	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		502,698.	588,303.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,950,068.	2,348,148.
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,961,286.	
Net Assets or	3		Be	ginning of Current Year	End of Year
Sign	20 T	otal assets (Part X, line 16)		3,173,805.	3,232,711.
ASS	21 T	otal liabilities (Part X, line 26)		146,377.	62,500.
Net	22 N	let assets or fund balances, Subtract line 21 from line 20		3,027,428.	3,170,211.
P	art II	Signature Block	coccessories.		
Und	der penalt	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of wi			
	T	Muna Madian 7/27/2022			
Sig	ın l	Signature of officer		Date	
He		MARNA ANDERSON, DIRECTOR OF USA			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	72	RICHARD J. LOCASTRO, CPA Duland & holas	1	07/25/22 If self-employs	P00288314
Pre		Firm's name GELMAN, ROSENBERG & FREEDMAN			52-1392008
Use		Firm's address 4550 MONTGOMERY AVE SUITE 800N			CATTO DE DATE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION
	(482)	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ma	y the IR:	S discuss this return with the preparer shown above? See instructions			X Yes No

SEE SCHEDULE O FOR CONTINUATION(S)

3

24148 1

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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 public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
3350	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	15855		- Cara
7020	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?	12		v
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	_	X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	40		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10	-	
	as applicable.	1 5		
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	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	VC-40400	37	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Λ	_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			
	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			
0020	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	2000		17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
13		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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		х

Form 990 (2021) 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	E====0	-1-1	
2778	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
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			10000
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	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		х
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		х
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 Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance			45
	Check if Schedule O contains a response or note to any line in this Part V	*******	ourses.	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	7		
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Tu.		
	(gambling) winnings to prize winners?	1c	990	

NONVIOLENT PEACEFORCE 35-2197019 Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 19 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 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)? X 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? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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? 9b 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter: Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14h Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	_		
	False the number of voting marrham of the equation body at the end of the tay year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
(12)	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
	Enter the number of voting members included on line 1a, above, who are independent	6.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
	officer, director, trustee, or key employee?	2		- 21
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
	of officers, directors, trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	6	5 - 5	Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a	_	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b	_	Δ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	⊢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.788		١.,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	5)	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		102	700
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		25	
12a	Did the organization have a written conflict of interest policy? If 'No," go to line 13	12a	X	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			l
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
0.77	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		and the said	8
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	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		
Sac	tion C. Disclosure			
0.000	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0			
17	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) avai	lable
18	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fine	ncial	
19		na mid	ruidi	
**	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSIE KOLSTAD - (612)871-0005 2610 UNIVERSITY AVENUE W. 550, ST PAUL, MN 55114		_	_
_	2610 UNIVERSITY AVENUE W, 550, ST PAUL, MN 55114	-	aan	

132006 12-09-21

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	d any current officer, c (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employes	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARNA ANDERSON DIRECTOR OF USA	40.00			х				119,022.	0.	0
(2) LUCY NUSSEIBEH BOARD CHAIR	1.00	х		х				0.	0.	0
(3) FATUMA IBRAHIM BOARD VICE CHAIR	0.25 1.00	х		х			00	0.	0.	0
(4) RACHEL JULIAN BOARD SECRETARY	0.25 1.00	x		х				0.	0.	- 0
(5) BRIAN MCLEOD INTERIM TREASURER	1.00	х		х				0.	0.	0
(6) MEENAKSHI GOPINATH BOARD MEMBER	0.25 1.00	x						0.	0.	0
(7) THOMAS KURMANN BOARD MEMBER	1.00	х						0.	0.	0
(8) ANNA MATVEEVA BOARD MEMBER		х					0 - 2	0.	0.	0
(9) FRANCOIS MARCHLAND BOARD MEMBER		х						0.	0.	0
(10) TIFFANY TOOL BOARD MEMBER		х						0.	0.	0
(11) DEEPA SUREKA BOARD MEMBER		x	8 8					0.	0.	0
(12) GABRIELA VOGELAAR BOARD MEMBER	1.00	Х						0.	0.	0

132007 12-09-21

(A) Name and title	(B) Average hours per week	Average hours per box, u week officer				is bot	nan I	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	t of r
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	9 11 4	from the organization and relations organizations organizations.	he ition ited
										+		
										+		
				80 3						+		
		-								+		
										1		
1b Subtotal c Total from continuation sheets to P	art VII. Section A	<u>1</u>					A	119,022.		1		0
d Total (add lines 1b and 1c) 2 Total number of individuals (including compensation from the organization	but not limited to t						>	119,022. eceived more than \$100				0
3 Did the organization list any former of	fficer, director, trus									Γ	Yes	No
line 1a? If "Yes," complete Schedule 3 For any individual listed on line 1a, is t and related organizations greater than	the sum of reportat	ole c	omp	ensa	atio	n an	d oth	ner compensation from			4	x
Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors	e or accrue compe	ensat	tion i	from	an	y uni	elate	ed organization or indiv			5	х
Complete this table for your five higher the organization. Report compensation.										ınsa	tion from	
(A Name and bus)		ON					(B) Description of s		Co	(C) ompensatio	on
				_			+					
		not I	imit	of to	Alex.		atad	above) who received n	and the same			

16370725 745960 24148

	990 (EACEFORCE			35-2197	019 Page 9
		Check if Schedule O			or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (control All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributi grant dabov	1b 1c 1d 1d 1s, and 1f 2 , 1a-1f 1g \$	98,700. ,041,633. 66,522.	2,140,333.	The Control of the Co		The state of the s
Program Service Revenue		CONTRACTS			Business Code 900099	233,957.	233,957.		
Pro	f g 3	All other program service Total. Add lines 2a-2f Investment income (include other similar amounts)	ding	dividends, inter	est, and	233,957.			30,347.
	ь	Income from investment of Royalties	6a 6b	k-exempt bond					
	d 7 a	Rental income or (loss) Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis	7a	NUMBER OF STREET				10 15 20 15 20 15 15 15 15 15 15 15 15 15 15 15 15 15	
Other Revenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi including \$ contributions reported on	7c ng ev	ents (not of 1c). See	.	-1,445.			-1,445.
	c 9 a b	Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	fund ng ac	raising events tivities. See 9a	· · · · · · · · · · · · · · · · · · ·				The second of
	10 a b	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from	less	returns 10:	· •		1 101525		STATE OF
Miscellaneous Revenue	b	MISCELLANEOUS All other revenue			9 0 0 0 9 9	100.			100.

▶ 100.
▶ 2,403,292.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

233,957.

0.

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 Do not include amounts reported on lines 6b, Program service Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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 785,157. 785,157. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 22,943. 28,079. 68,000. 119,022. 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) 171,493. 726,938. 415,319. 140,126. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 24,795. 55,927. 29,902. 1,230. Other employee benefits 24,795. 2,696. 62,929. 35,438. Payroll taxes 10 Fees for services (nonemployees): a Management 7,205. 7,205. Legal 39,230. 39,230. Accounting Lobbying 9,872. 9,872. Professional fundraising services, See Part IV, line 17 545. 545. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 4,659. 162,115. 157,456. column (A), amount, list line 11g expenses on Sch O.) 2,312. 43,227. 13,146. 27,769. Advertising and promotion 43,851. 68,145. 131,682. 19,686. 13 Office expenses 45,710. 1,030. 44,680. Information technology 14 15 Royalties 16,722. 9,843. 8,801. 35,366. 16 Occupancy 2,329. 50,657. 4,257. 57,243. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,889. 654. 17,411. 12,868. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,734. 1,734. Depreciation, depletion, and amortization 13,502. 13,502. 23 Other expenses. Itemize expenses not covered 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.) 4,902. 23,233. 3,820. 14,511. MEMBER. & REGISTRATION 5,484. CREDIT CARD PROC. FEES 5,484. 2,657. 2,657. PAYROLL PROCESSING FEES 411. 1,548. d EQUIPMENT EXPENSES 1,959. All other expenses 375,876. 2,348,148. 1,620,611. 351,661. Total functional expenses. Add lines 1 through 24e 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)

		Check if Schedule O contains a response or n	ote to any line	in this Part X			Ц
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			736,651.	1	912.
	2	Savings and temporary cash investments				2	860,071.
	3	Pledges and grants receivable, net		1,733,675.	3	983,549.	
- 1	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current		tell fold		Maccalla per logit. I il	
- 1		trustee, key employee, creator or founder, sub	stantial contr	ibutor, or 35%			
- 1		controlled entity or family member of any of the	ese persons	L		5	
- 1	6	Loans and other receivables from other disqua	alified persons	s (as defined	PANELSON SOUTHWAY AND		Addison of the
- 1		under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			28,159.	9	30,113.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	65,745.	Andrea of the same	Test 1	edin organization
	b	Less: accumulated depreciation		55,252.	1,681.	10c	10,493.
	11	Investments - publicly traded securities			670,840.	11	1,338,711.
- 1	12	Investments - other securities. See Part IV, line				12	
- 1	13	Investments - program-related. See Part IV, lin	e 11	************		13	
- 1	14	Intangible assets			14	100	
- 1	15	Other assets, See Part IV, line 11			2,799.	15	8,862.
_	16	Total assets. Add lines 1 through 15 (must ed			3,173,805.	16	3,232,711
	17	Accounts payable and accrued expenses		47,677.	17	57,965	
- 1	18	Grants payable		18			
	19	Deferred revenue			19		
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of So	chedule D		21	
0	22	Loans and other payables to any current or fo		17.10±1±10		20 10	
		trustee, key employee, creator or founder, sub				183	
Liabilities		controlled entity or family member of any of the				22	
1	23	Secured mortgages and notes payable to unre				23	
- 1	24	Unsecured notes and loans payable to unrelate				24	
- 1	25	Other liabilities (including federal income tax, p					
- 1		parties, and other liabilities not included on lin	es 17-24). Co	mplete Part X	00 700		4 505
- 1	200000	of Schedule D			98,700.	25	4,535.
-	26	Total liabilities. Add lines 17 through 25		TV	146,377.	26	62,500.
0		Organizations that follow FASB ASC 958, cl	neck here	· LXL			
[]		and complete lines 27, 28, 32, and 33.			1 276 142	1233	2 015 762
8	27	Net assets without donor restrictions	1,276,142.		2,015,762.		
9	28	Net assets with donor restrictions			1,751,286.	28	1,154,449.
5		Organizations that do not follow FASB ASC	958, check h	nere 🕨 📖			
:		and complete lines 29 through 33,					
2	29	Capital stock or trust principal, or current fund				29	
ž į	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated			2 007 400	31	2 170 011
ž	32	Total net assets or fund balances			3,027,428.	32	3,170,211.
	33	Total liabilities and net assets/fund balances			3,173,805.	33	3,232,711.

Form 990 (2021)

Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

За

Form 990 (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

2021

Open to Public Inspection

Name of the organization Employer identification number NONVIOLENT PEACEFORCE 35-2197019 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (iii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 NONVIOLENT PEACEFORCE 35-21970

[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.)

Section A. Public Support			70			
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	1,689,576.	1,735,580.	1,396,425.	3,849,706.	2,140,333.	10,811,620.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to			- 1			
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	1,689,576.	1,735,580.	1,396,425.	3,849,706.	2,140,333.	10,811,620.
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly					1000000	
supported organization) included						
on line 1 that exceeds 2% of the	effect and					
amount shown on line 11,						
column (f)						3,313,338.
6 Public support, Subtract line 5 from line 4.						7,498,282.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,689,576.	1,735,580.	1,396,425.	3,849,706.	2,140,333.	10,811,620.
8 Gross income from interest,						
dividends, payments received on			1			
securities loans, rents, royalties,	(20022)		14.1747 T T T T T T T T T T T T T T T T T T			
and income from similar sources	28.	49.	20,645.	33,195.	30,347.	84,264.
9 Net income from unrelated business			1			
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital			2211127272	10/27 10/2/27		
assets (Explain in Part VI.)			7,503.	28,453.	100.	36,056.
11 Total support. Add lines 7 through 10						10,931,940.
12 Gross receipts from related activities,					12	233,957.
13 First 5 years. If the Form 990 is for the	organization's firs	t, second, third, f	ourth, or fifth tax y	ear as a section !	501(c)(3)	
organization, check this box and stop						▶∟
Section C. Computation of Public						60 50
14 Public support percentage for 2021 (lin					14	68.59 %
15 Public support percentage from 2020	Schedule A, Part II	, line 14			15	63.20 %
16a 33 1/3% support test - 2021. If the or						
stop here. The organization qualifies a	s a publicly suppo	rted organization				►X
b 33 1/3% support test - 2020. If the or						
and stop here. The organization qualif						
17a 10% -facts-and-circumstances test						
and if the organization meets the facts					Marie Color II Carrocci Consept Chican	2000
meets the facts-and-circumstances tes						
b 10% -facts-and-circumstances test						10% or
more, and if the organization meets the						
organization meets the facts-and-circu		(75)				SAMOODINE DRIVE
18 Private foundation. If the organization	did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	and see instructions	·

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

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

Section A. Public Support	low, picase com	piete i are ny				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
membership fees received. (Do not include any "unusual grants.")						
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 bus- iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	1000		Indiana and a second		and the same of	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(0) 2011	12/2010	(0)2010	(4)2020	(6) 2.02 1	(i) rotar
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 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.)				L		
14 First 5 years, If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Public		The second secon				
15 Public support percentage for 2021 (lir	ne 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 2020 5				***************************************	16	
Section D. Computation of Inves	tment Incom	ne Percentage			VO	
17 Investment income percentage for 202	1 (line 10c, colu	mn (f), divided by I	ne 13, column (f))	***************************************	17	- 3
18 Investment income percentage from 20					18	- 6
19a 33 1/3% support tests - 2021. If the o	organization did i	not check the box			33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2020. If the cline 18 is not more than 33 1/3%, check	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20 Private foundation. If the organization						
Lo I Tivate roundation. If the organization	and not offect a	DUA OIT III C 14, 13	a, or rob, crieck t	I II DON AIR SEE II	ISTRUCTION	Constituence .

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Organization	ations
--	--------

- 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		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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.
Parent of Supported Organizations. Answer lines 3a and 3b below.
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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.

2b	_
За	
3b	
	 S

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

16370725 745960 24148

Schedule B (Form 990)

Department of the Treasury

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

2021

Internal Revenue Service

Name of the organization

Employer identification number

NONVIOLENT PEACEFORCE 35-2197019 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 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 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ 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.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		ss	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s111,998.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		s100,000.	Person X Payroli

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	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
8	3 		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
POTRONICA CONTRACTOR	SHARES PAYCHEX	ss	03/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-==		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$- \Xi$		s	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Schedule B (Form 990) (2021) 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. ence.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (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 Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Open to Public Inspection

NONVIOLENT PEACEFORCE

Employer identification number 35-2197019

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts.Complete if the
	organization arowered Tee Strictmesos, Factor, in	(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Control of the Contro
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		1,000
Pai		ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	- 100 T - 100	
	Preservation of land for public use (for example, recrea	A STATE OF THE STA	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	listed in the National Register		10000
3	Number of conservation easements modified, transferred, re		
•	year >	ionical de la company de la co	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
~	b		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
52	> \$		9 9
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
0	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	manager and the second of the
9	balance sheet, and include, if applicable, the text of the foots		
	organization's accounting for conservation easements.	note to the organization a financial statem	in the trial describes the
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
ı a	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ia	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
	If the organization elected, as permitted under FASB ASC 95		
D	그리아 아이들은 얼마를 살아보고 아이들이 있는 것이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아	교리 이번에 있는 사람이 아래를 하는데 하는데 하면서 살아온 사람들이 되었다. 그 사람들이 아니는 것은 사람들이 아니는 것이다.	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
-	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

10.493.

10,493.

55,252.

Other

c Leasehold improvements

d Equipment

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

65,745.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of (a) Description of investment	on Form 990, Part IV, line (b) Book value	t1c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
A CONTRACTOR OF THE CONTRACTOR	(b) Dook value	1-2 montes of remainded south at and of your marries retire
(1)		
(2)		
(3)		
(4)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15,
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>
Part X Other Liabilities.	AN ANNUAL AND	ndeta bestoppdant da definación de partido enero.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) RELATED PARTY PAYABLE		4,535
(3)		
(4)	2	
(5)		
(6)		
10/		
(7)		
**		
(7)		▶ 4,535

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) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NOI	NVIOLENT PEAC					35-21970	
Pa			ctivities Ou	tside the United States. Complete	e if the organ	ization answered '	'Yes" on
	Form 990, Part IV			ds to substantiate the amount of its gran	te and other	perietanea	
1	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the g	grants or ass	istance?LX	Yes No
2	United States.			procedures for monitoring the use of its		ther assistance ou	tside the
3	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	an be duplicated if additional space is ne (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
BURG			0	GRANT TO RECIPIENT LOCATED			785,157.
2011	7. 15						
_							785,157.
	Subtotal Total from continuation	0					
c	sheets to Part I	- 0					0.

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

Schedule F (Form 990) 2021

and 3b)

35-2197019

NONVIOLENT PEACEFORCE

Schedule F (Form 990) 2021

Page 2

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 needed.

cash disbursement assistance assistance appraisal, other)	785,157.WIRE TRANSFER 0.	7				ecognized as a tax 1	Schedule F (Form 990) 2021
of cash grant c	785,157.					foreign country, r tion 501(c)(3) equ	
grant	TO SUPPORT THE MISSION OF NONVIOLENT PEACEFORCE, INC.					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	EUROPE					ns listed above that any or for which the grante	rentities
(b) IKS code section and EIN (if applicable)	R					recipient organization inization by the IRS, o	other organizations o
(a) Name of organization			÷			0.000	 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2021

NONVIOLENT PEACEFORCE

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? // "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		000000
	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)	X Yes	☐ No

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 M (Form 990)

Noncash Contributions

2021

Open to Public

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.

NONVIOLENT PEACEFORCE

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

Inspection Employer identification number

Pai	rt I	Туре	es of Property								
				(a) Check if applicable		(c) Noncash cont amounts repo Form 990, Part V	rted on	noncash co	(d) d of determin ontribution a		s
1	Art -	 Works o 	f art								
2	Art -	- Historica	al treasures								
3	Art -	- Fraction	al interests								
4	Boo	ks and p	ublications	*******							
5			household goods								
6			er vehicles								
7			anes					9			
8	Inte	llectual p	roperty	0.0000				0			
9	Sec	urities - F	ublicly traded	X	9	64	,436.	FMV			
10	Sec	urities - C	Closely held stock	7							
11	Sec	urities - F	artnership, LLC, or s	9-							
12	Sec	urities - N	/liscellaneous	77.77							
13	Qua	alified con	servation contribution - ctures								
14			servation contribution - Oth								
15			Residential								
16			Commercial								
17			Other		1						
18											
19			ory		+						
20	Dru	ns and m	edical supplies								
21					1						
22	Higt	torical art	ifacts		1						_
23			ecimens		1						
24			artifacts								
25		er 🕨	BITCOIN	, X	1 1	-	2,086.	FMV			
26		er 🕨	-	-: 	† -	-	,,000.	227			-
27	97/70	er 🕨	(-(
28		er 🕨	-	-,							
29			orms 8283 received by the	organization duel	na tha tay wass far	antilla itlana	т т				
20			organization completed Fo	1 To	79		29			0	
	101	WINCH THE	organization completed re	7111 0203, Fait V,	Dollee Acknowleds	lement	29			_	Ma
20.0	Down	lan sha u	ear, did the organization rec	alua bu aantribu	lan anu menastu va	nastad in Doct I fo	4 #6	cab 00 that it		Yes	No
oua											
			r at least three years from the		J. 1987 J. P. L. W. W. W. W. L. W.						v
1980			oses for the entire holding						30a		Х
			cribe the arrangement in Pa				0140200004		233	v	
31			anization have a gift accept						31	Х	-
	con	tributions			_				32a		х
b			cribe in Part II.								
33		e organiz cribe in P	ation didn't report an amou art II.	int in column (c) f	for a type of propert	y for which colum	in (a) is ch	ecked,			
LHA			work Reduction Act Notic	e, see the Instru	ctions for Form 99	0.		Sche	dule M (For	m 990	202

Schedule M (Form 990) 2021

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.

2021
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:

NON-U.S. FUNDING FOR THE FIELD OPERATIONS. NP TEAMS CONTINUED TO

OPERATE IN THE PHILIPPINES, SOUTH SUDAN, MYANMAR, LEBANON AND IRAQ. THE

UNITED STATES OFFICE PROVIDES SUPPORT FOR NEW PROJECT EXPLORATION AND

START UP, AND PROVIDING STAFF WELFARE SUPPORT FOR FIELD TEAMS. THESE

ACTIVITIES ARE ESSENTIAL FOR DUE DILLIGENCE AND EFFECTIVE PROGRAMMING

AND TO OBTAIN FIELD PROJECT FUNDS. THUS, U.S. FUNDING AND NON-U.S.

FUNDING ARE INTER-RELATED. IN 2020, THE U.S. OFFICE INITIATED A PROGRAM

ASSESSMENT TO USE UNARMED CIVILIAN PROTECTION METHODS IN THE U.S.,

SPECIFICALLY IN THE TWIN CITIES WHERE THE U.S. OFFICE IS LOCATED AND

WAS THE SITE OF A NATIONAL UPRISING AGAINST RACIAL INJUSTICE.

ADVOCACY: NP ADVANCED THE UNDERSTANDING OF POLICY AND FUNDING SUPPORT

FOR UNARMED CIVILIAN PROTECTION AT THE UNITED NATIONS (UN) THROUGH

BRIEFINGS, MEETINGS WITH UNITED NATIONS OFFICIALS AND STAFF OF AN

AGENCIES AND MISSIONS. NP ADVOCATED FOR THE INCLUSION OF UNARMED

CIVILIAN PROTECTION LANGUAGE AND CONCEPT IN A VARIETY OF UN

RESOLUTIONS, GUIDANCE DOCUMENTS, NON-GOVERNMENTAL UN PARALLEL EVENTS

AND CONFERENCES. IN 2020, NP INITIATED SIMILAR ADVOCACY WORK IN

WASHINGTON D.C. TO INFLUENCE THE U.S. GOVERNMENT TO INVEST IN CIVILIAN

PROTECTION METHODS.

OUTREACH: NP GAVE PRESENTATIONS TO EDUCATIONAL, CIVIC AND RELIGIOUS

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

Schedule O (Form 990) 2021

Name of the organization NONVIOLENT PEACEFORCE

Employer identification number 35-2197019

ORGANIZATIONS TO EDUCATE THE PUBLIC ON CIVILIAN UNARMED PROTECTION. NP
PROVIDED BACKGROUND INFORMATION TO AND CONSULTED WITH UN AGENCIES AND
MISSIONS ON UNARMED CIVILIAN PROTECTION AND VIOLENCE PREVENTION. NP
WORKED WITH OTHER SIMILAR ORGANIZATIONS TO IDENTIFY GOOD PRACTICES IN
THE FIELD AND THEIR E-LEARNING COURSE ON UNARMED CIVILIAN PROTECTION.

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:

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

132212 11-11-21

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

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

▼ Attach to Form 990.

Open to Public Inspection 2021

OMB No. 1545-0047

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

Employer identification number 35-2197019

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

NONVIOLENT PEACEFORCE

Name of the organization

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a)	(b)	(c)	(d) Evennt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
of related organization	rilliary activity	foreign country)	section	status (if section	entity	entity?	2 6
•		a		501(c)(3))		Yes	No.
NONVIOLENT PEACEFORCE AISBL					NONVIOLENT		
RUE BELLIARD 205					PEACEFORCE	ð	
BRUSSELS, BELGIUM 1040	PEACEKEEPING	BELGIUM	501(C)(3)		INTERNATIONAL	×	
NONVIOLENT PEACEFORCE INTERNATIONAL							
RUE DE LAUSANNE 82							
GENEVA, SWITZERLAND 1202	PEACEKEEPING	SWITZERLAND	501(C)(3)		N/A		×
NONVIOLENT PEACEFORCE FRANCE					NONVIOLENT		
13 A CHEMIN DU LEVANT					PEACEFORCE		
FERNEY-VOLTAIRE, FRANCE 01210	PEACEKEEPING	FRANCE	501(C)(3)		INTERNATIONAL	×	

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

Schedule R (Form 990) 2021

Page 2

35-2197019

Schedule R (Form 990) 2021 NONVIOLENT PEACEFORCE

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

General or Percentage managing ownership partner? Schedule R (Form 990) 2021 Section 512(b)(13) controlled entity? Yes No 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. B Percentage ownership Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv 6 å Disproportionate allocations? Ξ Yes Share of total income ε Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) (e) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē (e) Legal domicile (state or foreign country) O Direct controlling Î Primary activity (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization æ 132162 11-17-21 Part IV

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ž	.1
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?	ons with one or more re	elated organizations listed	in Parts II-IV?	+	-	i ii
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	iţì	8	e_	B	×	ii
b Gift, grant, or capital contribution to related organization(s)			qt	N q		1
c Gift, grant, or capital contribution from related organization(s)			10	o	×	. 1
			14	Р	×	Li
			16	e X		1
						ř.
f Dividends from related organization(s)			1	-	×	
 Sale of assets to related organization(s) 			- 19	9	×	
Purchase of assets from related organization(s)			4	ч	×	V
i Exchange of assets with related organization(s)			-		×	
j Lease of facilities, equipment, or other assets to related organization(s)			<u> </u>		×	. 1
k Lease of facilities, equipment, or other assets from related organization(s)			¥	*	×	
	ganization(s)		=	=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)		Ep.	Е	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)		- L	u	×	1
 Sharing of paid employees with related organization(s) 			01	0	×	5.1
p Reimbursement baid to related organization(s) for expenses				_	×	i j
			10		×	
						1
r Other transfer of cash or property to related organization(s)			1	_	×	ួា
.42			s)	s	×	
If the answer to any of the above is "Yes," see the instructions for infor-	who must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			[/ T
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pe		1
(1) NONVIOLENT PEACEFORCE AISBL	В	785,157.WIRE	WIRE TRANSFER			1
(2) NONVIOLENT PEACEFORCE AISBL	Ħ	4,535.	FMV			- 4
(3)						1
(4)						1
(5)						1
(9)						1
132163 11-17-21	43		Schedule R (Form 990) 2021	orm 99	0) 202	2

Schedule R (Form 990) 2021 NONVIOLENT PEACEFORCE

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 reparation for partial investment partnerships.

Trimary activity (state or toriego scountry) sections 12-5-14) Trimary activity activity (related from 24 united bed sections 12-5-14) Triple of sections 12-5-14	Tringly activity Legal controls Tright Inflating Tright Inflatin	(a) (b) (c) (d)	(q)	(o)	(9)	(e)	€ ;	(6)	3	(3)	9	æ
		Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income particle (related, unrelated, so excluded from tax under sections 512-514)	11(c)(3) 11(s)(3) 11(s) (3)	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
	Schedule R Form 980) 2021											
	Schedule R (F cm 309) 2021											
	Schedule R (Form 360) 2021											33
	Schedule R (Form 390) 2021											
	Schedule R (Form 590) 2021											
	Schedule R (Form 990) 2021											
	Schedule R (Form 990) 2021											
	Schedule R (Form 990) 2021											
											_	
	Schedule R (Form 990) 2021										_	
	Schedule R (Form 990) 2021											
	Schedule R (Form 990) 2021											
	Schedule R (Form 990) 2021											
						t					H	
	Schedule R (Form 990) 2021		0,									
	Schedule R (Form 990) 2021											
	Schedule R (Form 990) 2021											