Form 990

** 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.

MB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if C Name of organization Address NONVIOLENT PEACEFORCE Name 35-2197019 Doing business as return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address): 550 (612)871-0005 Final 2610 UNIVERSITY AVENUE W 3,928,255. term ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amend ST. PAUL, MN 55114 H(a) is this a group return Applica-F Name and address of principal officer: MARNA ANDERSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.NONVIOLENTPEACEFORCE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 2002 M State of legal domicile; MN Part I Summary Briefly describe the organization's mission or most significant activities: WE PROTECT CIVILIANS IN VIOLENT 1 Governance CONFLICTS THROUGH UNARMED STRATEGIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 05 25 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 35 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year 3,575,949. 3,525,238. Contributions and grants (Part VIII, line 1h) 332,533. 55,930. 9 Program service revenue (Part VIII, line 2g) 42,322. 91,849. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 3,500. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,949,620. 3,677,701. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 630,020. 1,000,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,497,228. 1,693,180. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,572. 10,804. 16a Professional fundraising fees (Part IX, column (A), line 11e) 548,795. b Total fundraising expenses (Part IX, column (D), line 25) 744,613. 1,384,853. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,087,605. 2,882,665. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,066,955. -409,904. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 눈없 4,107,612. 4,360,351. 20 Total assets (Part X, line 16) 190,390. 751,344. 21 Total liabilities (Part X, line 26) 3,917,222. 3,609,007. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ANNA ZAROS, INTERIM HEAD OF NPUSA Here Type or print name and title Date PTIN Chrox Preparer's signature. Print/Type preparer's name 07/05/2024 P00288314 RICHARD J. LOCASTRO, CPA Paid Firm's EIN 52-1392008 GELMAN, ROSENBERG & FREEDMAN Preparer Firm's name 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930

May the IRS discuss this return with the preparer shown above? See instructions

	1990 (2023) NONVIOLENT PEACEFORCE	35-2197019	Page 2
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 UNARY		
	WE BUILD PEACE SIDE BY SIDE WITH LOCAL COMMUNITIES. WE		
	THE WIDER ADOPTION OF THESE APPROACHES TO SAFEGUARD HUI		
_	DIGNITY. WE ENVISION A WORLDWIDE CULTURE (CONTINUED ON		
2	Did the organization undertake any significant program services during the year which were not listed on the		•
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O.		TE
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes [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,	신문하면 경기를 가지 않는데 모든 사람들이 하는데 되었다.	20
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, and	1
	revenue, if any, for each program service reported.	EE O	20
4a			
	NP WORKS ALONGSIDE COMMUNITIES TO INTERRUPT AND PREVEN		G
	UNARMED CIVILIAN PROTECTION (UCP). IN THE UNITED STATES		
	PEOPLE TO DE-ESCALATE CONFLICTS WITHOUT WEAPONS, LIAIS		5,
	AND ACCOMPANY VULNERABLE COMMUNITIES. IN NYC, NP TRAIN	and the first of the first fir	
	COMMUNITY MEMBERS IN UPSTANDER INTERVENTION, DE-ESCALA		
	SITUATIONAL AWARENESS. THROUGH THE COMMUNITY PEACEBUILD		
	NORTH MINNEAPOLIS, NP WORKED TO COLLECTIVELY ADDRESS CO	CONTRACTOR OF THE PARTY OF THE	CT
	AND VIOLENCE IN NORTH MINNEAPOLIS. NP COLLABORATED WITH		
	PUBLIC SCHOOLS TO TRAIN AND MENTOR UNARMED SCHOOL SAFE		_
	NP HAS ALSO PARTNERED WITH THE SCHOOL DISTRICT TO DEVE		8
	CO-COORDINATE A STUDENT PEACE ADVISORY GROUP: 15 STUDENT		_
467	THE LEAD IN DEVELOPING NEW SCHOOL SAFETY INITIATIVES A		
4b	(Code:) (Expenses 5	levenue \$	
			- 1
	And the second of the second o	201-197001	- 1
		27 34.00	
		27 14:00	
4c	[Code:] (Expenses \$	leverue \$	
4c	[Code:] (Expenses \$	leverue \$	
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4c	(Code:) (Expenses \$	levenue \$	
4c	(Code:) (Expenses 8including grants or \$) (F	leverue \$	
4 c	(Code:) (Expenses \$	leverue \$	
4c	(Code:) (Expenses \$	leverue \$	
4c	[Code:] (Expenses \$	leverue \$	
4 c	[Code:] (Expenses 8	levenue \$	
		leverue \$	
4c	Other program services (Describe on Schedule O.)	leverue \$	
4d		leverue \$	

Form 990 (2023) NONVIOLENT PEACEFORCE
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)?	20.	**	
	If "Yes," complete Schedule A	1	X	-
	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			x
12	public office? If "Yes," complete Schedule C, Part I	3	_	^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
2	during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	, J	x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	9		-
6	provide advice on the distribution or investment of amounts in such funds or accounts? # "Yes," complete Schedule D, Part I	6	15 37	x
<u>_</u>	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-
7	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	-		
0	[TOT TOT TOT TOT TOTAL	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	- 1918 -	9		x
10	If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	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, VII, IX, or X,	-	100	-
	as applicable.		199	
	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	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		10-15	2.30
000	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		15 21	
	Schedule D. Parts XI and XII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		Sec.	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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,		25	
	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			
	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 fundralsing services on Part IX,	555000		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	4	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	2.5.10		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	300000		
	complete Schedule G, Part III	19	0-0	X
		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	9	
		1		
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

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	(0.0015		**
	Part IX, column (A), line 27 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? // "Yes," complete			x
	Schedule J	23		Λ
248	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	2.0		v
	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
**	2000 (1900) 1900 (28a		x
	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV	280		-
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	00-		x
	"Yes," complete Schedule L, Part IV	28c	х	^
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1000		
2803	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		^
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
-	sections 301.7701-2 and 301.7701-37 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	- 00		
-	Part V, line 1	34	x	L .
25 n	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		-
	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?	300		
30		20		x
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
37				x
	and that is treated as a partnership for federal income tax purposes? // "Yes," complete Schedule R, Part VI	37		^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	02225		
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	-
r on	Check if Schedule O contains a response or note to any line in this Part V			
	7.77		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18	5		
		Ō		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	0
1000	12-21-23		990	maar

	t 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,	1	1			
	filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		1000
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			00000
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		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 A	Accour	nts (FBAR).		414	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	and the second of the second o			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	r gifts			
	were not tax deductible?			6b		_
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X
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 w	vas req	uired			-2.0
	to file Form 82827			7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1	-
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	:t?	7e	_	X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		+	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8	-	-
9	Sponsoring organizations maintaining donor advised funds.		37 / 3		15-11	
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		-
22	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:	1	T.			10
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106			130	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	1	1		100	
a		11a	-			
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against	116				
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	_		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125		120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-		1660	
13 a			N/A	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			100	-	
ь					124	1
	organization is licensed to issue qualified health plans	136	1			
0	Enter the amount of reserves on hand	130				
14a	military and the second of the first second of the first second of the s			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				1116	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
1290	If "Yes," complete Form 4720, Schedule O.			1		n.
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivitie	s			
000	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	40 CO	N/A	17		
	52 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		A SECURIOR S			

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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	CA-001500		10.000.0	_	000	
		£185039		400	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			MI
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					100	
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other		HIT II	100	
	officer, director, trustee, or key employee?		*************		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision	777	100000		1000
	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 9	990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						112.03
	more members of the governing body?				7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				1
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
a	The governing body?	myy ream.		000	8a	х	1 2
ь	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 rea				75.77	30/55	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri			-			
	This Section is requests information about policies not required by the internet ri	exemple.	OUUD./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	-	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly hefor	a filing the form	V-2	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y seion	o ming the form	" ·	110	-	1000
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? # *				IZM		
C					12c	х	
42	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	X	
14	Did the process for determining compensation of the following persons include a review and approvi				14	A	
15	사용하다 이 경기들이 하면 이 원이 1일을 하는데 10일이 10일이 있다면 하는데 10일이 되었다면 하는데 10일이 10일이 10일이 10일이 10일이 10일이 10일이 10일이		эарановін.		1		
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					х	
a	The organization's CEO, Executive Director, or top management official				15a	-	X
b	Other officers or key employees of the organization				15b		^
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						1000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange						v
	taxable entity during the year?		ACCUMENTATION OF THE PARTY OF T	****	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua-				-00		-77
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga-	nization	s				
0	exempt status with respect to such arrangements?			100	16b	_	-
-	tion C. Disclosure	^					_
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE		Timetic for	Labora .			ale
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ma 990	(section 501	(0)(3)8	unity) :	avalla	ove
	for public inspection. Indicate how you made these available. Check all that apply.	25/0825	100000				
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict o	f interest polic	y, and	financ	iai	
	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 bo	records					
	JESSIE KOLSTAD - (612)871-0005						_
	2610 UNIVERSITY AVENUE W, 550, ST PAUL, MN 55114						

332006 12-21-23

Form 990 (2023)

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.

Chack this boy 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) 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/hustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trystee or dendor	Institutional tradem	Other	Key employee	Highest compensated employee	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	40.00								240	
DIRECTOR, NPUSA	0.00		-	X	-	-	_	131,500.	0.	3,985.
(2) LUCY NUSSEIBEH	2.00			-20				020	020	
BOARD CHAIR		X	-	X	_	⊢	_	0.	0.	0.
(3) DEEPA SUREKA	2.00							020	1921	
BOARD VICE CHAIR		X	_	X	⊢	⊢	_	0.	0.	0.
(4) RACHEL JULIAN	2.00								200	
BOARD SECRETARY	3.00	X	_	X		⊢	_	0.	0.	0.
(5) BRIAN MCLEOD	2.00									•
BOARD TREASURER	3.00	X	-	X	-	-	_	0.	0.	0.
(6) MEENAKSHI GOPINATH	2.00									
BOARD MEMBER		X	-		-	⊢	2	0.	0.	0.
(7) THOMAS KURMANN	2.00									
BOARD MEMBER		X	-	-	Н	⊢	_	0.	0.	0.
(8) FRANCOIS MARCHAND	2.00									
BOARD MEMBER		X	-		H	\vdash	-	0.	0.	0.
(9) ANNA MATVEEVA	2.00									
BOARD MEMBER		X	-	-	\vdash	-	-	0.	0.	0.
(10) TIFFANY TOOL	2.00									0
BOARD MEMBER		X	-		-	-	-	0.	0.	0.
(11) GABRIELA VOGELAAR	2.00									0
BOARD MEMBER		X	-	-	H	\vdash	-	0.	0.	0.
(12) JEROME ELIE	2.00							0.	0.	0
BOARD MEMBER		X	-	-	-	\vdash	-	0.	0.	0.
(13) ISAIAH KIPYEGON TOROITICH	2.00	v						0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
<u>v. </u>										Enm 990 /2023

Form 990 (2023)

24148 1

(A) Name and title	(B) Average hours per week	off	mot d	Pos heck as pe	more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related			nated unt of ner
	(list any hours for related organizations below line)	individual trustee or director	nathational trastee	Officer	Stay employee	Highest compensated employee	former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	′	from organi and re organiz	the zation slated
					L					4		
					L					-		
	-	-		L		5.5				+		
				H	-		H			+		
		-	H	H	-					+		
			H	H	H					+		
			H			307				+		-
			H			87	-			+		_
1b Subtotal								131,500.			3,	985.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)								131,500.).	3,	985.
2 Total number of individuals (including compensation from the organization							o re	ceived more than \$100,0	00 of reportable	190000	11/0	1
3 Did the organization list any former of	flicer, director, trust	oe, k	cey e	mpl	oye	e, or	high	hest compensated emplo	ryee on	٢	Ye	es No
line 1a? // "Yes," complete Schedule J 4 For any individual listed on line 1a, is to	for such individual									-	3	Х
and related organizations greater than 5 Did any person listed on line 1a receive	\$150,000? // 'Yes,	° 00	mple	ete S	Sche	edule	JK	or such individual		-	4	х
rendered to the organization? # *Yes.* Section B. Independent Contractors								d organization of moreo	Jan ICI SSIVICES		5	X
1 Complete this table for your five highe	성기 (1985년 1일) 중요한 사람들은 사람들은 다른 사람들은 사람들이 되었다.	V / TO 100								nsati	ion from	
the organization. Report compensation (A Name and busi)	ear e	endir	g w	ntn (or wi	min.	(B) Description of se		0	(C) ompensa	ntion
NONVIOLENT PEACEFORCE A SQUARE AMBIORIX 50, 10	AISBL	Q	D	PT.	GT.	тм		INDIRECT PROJ	ECT	-		170.
SQUARE AMBIORIA 30, 10	O BROADIDE	5,	D	DU	GI	OPI	Ť	INFOIS AND OV	EKHEADS		104,	170.
2 Total number of independent contract \$100,000 of compensation from the or		ot lin	nited	to	thos 1		ted :	above) who received mo	re than			
										- 1	Form 99	0 (2023)

13330705 745960 24148

Form 990 (2023) NONVIOLENT PEACEFORCE
Part VIII | Statement of Revenue

		Check if Schedule O	CONTRACT	is a respor	INFO	A 1000 to any the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1	a	Federated campaigns	90000.010	1a				State		
1		Membership dues	**********	1b						
		Europeinia a accepta		4.						
		Delated assessmentions		4.4				33.774		
		Government grants (contr	dhe dine			624,723.		DIC.		
		All other contributions, gifts,				024,7231		*****		
	•	similar amounts not included		810	2	951,226.			- 300	
	-20					95,818.			-	
		Noncash contributions included in	lines 1a-	1 1g S	100		3,575,949.			
-	h	Total, Add lines 1a-1f	10001111			Business Code	3,373,343.			
		GOVERNA ORG					EE 030	55,930.		
2	a	CONTRACTS			_	900099	55,930.	35,930.		
2	ь				-0					
	c				_					
	d	d			_					
	e				_					
	1	All other program service	revent.	ie	eneca					
	g Total. Add lines 2a/2f						55,930.			
3		Investment income (inclus	ding di	vidends, in	tere	st, and				Danier Proposition
		other similar amounts)					42,426.			42,426
4		Income from investment of								
5	1	Royalties								
				(i) Real		(ii) Personal				
6	a	Gross rents	6a	3,50	0.	7,000				
	-	Less: rental expenses	10000		0.					-
		Rental income or (loss)	6c	3,50				Sie de marie		
		Net rental income or (loss	-	0,100	-		3,500.			3,500
-		Gross amount from sales of	-	(i) Securiti	99	(ii) Other	3,3001			
	a			50,45	_	(4,000)				
		assets other than inventory	/a 2	30,43	٠.					
	D	Less: cost or other basis	l h	50,55					and the second	
		and sales expenses	- Indiana China China	-10					777	24.10
		Gain or (loss)	7c				-104.			-104
	d	Net gain or (loss)			-		-104.			-104
8	a	Gross income from fundraisi	ing ever					CONT. P. ST.	THE RESERVE	
		including \$		of						-
		contributions reported on							ALC: NO PERSON	
		Part IV, line 18	10010100		8a					THE PARTY OF
		Less: direct expenses			8b			Control of the	BLUT BULLO	
	C	Net income or (loss) from	fundra	ising even	ts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.561 Z0150		
9	a	Gross income from gamir	ng activ	vities. See	100			100		
		Part IV, line 19			9a			DANCE LENGT	1736	
	b	Less: direct expenses			9b			1657	07-3-C10	
		Net income or (loss) from			8					
10		Gross sales of inventory,				0.000 0.000 0.000				
		and allowances			10a	8				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			Section 2					
		The Street Holls		S-11/1/42/15(C)	72.5	Business Code				
11	a									
7.89	b									
	-				_					
8	-	All other reviews	711 0000	A TOTAL DESIGNATION OF THE PARTY OF THE PART	-					
	a	All other revenue								
11		Total. Add lines 11a-11d						The second secon	I I I I I I I I I I I I I I I I I I I	

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons			10)	(D) X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		17 (000000000000000000000000000000000000		
	and domestic governments. See Part IV, line 21			Market State Bally B	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				prison III
3	Grants and other assistance to foreign			OCT - TO THE !	
	organizations, foreign governments, and foreign	1 000 000	1 000 000	Action of the Parket of the Pa	
00	individuals. See Part IV, lines 15 and 16	1,000,000.	1,000,000.		
4	Benefits paid to or for members			medical control of	
5	Compensation of current officers, directors, trustees, and key employees	135,485.	92,130.	9,484.	33,871.
6	Compensation not included above to disqualified	133,403.	22,230.	3,404.	33,071.
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	1,310,768.	1,054,049.	157.	256,562.
8	Pension plan accruals and contributions (include	2/520/1001	2,002,033		200,002.
	section 401(k) and 403(b) employer contributions)	25,866.	16,823.	1,592.	7,451.
9	Other employee benefits	108,514.	71,001.	6,802.	30,711.
10	Payroll taxes	112,547.	89,459.	407.	22,681.
11	Fees for services (nonemployees):				
~~	Management				
	Legal	1,099.	888.	11.	200.
0	Accounting	99,706.		99,706.	
d	Lobbying	300.000.000			
e	Professional fundraising services. See Part IV, line 17	9,572.			9,572.
1	Investment management fees	248.		248.	0.0000000000
9	Other. (If line 11g amount exceeds 10% of line 25,	P.0880/41/40/80/4	10041070000000	10/9/00/00/00	
	column (A), amount, list line 11g expenses on Sch 0.)	538,858.	528,473.	5,463.	4,922.
12	Advertising and promotion	12,068.	9,546.		2,522.
13	Office expenses	220,094.	46,597.	32,745.	140,752.
14	Information technology	6,037.	2,659.	2,651.	727.
15	Royalties				10.000
16	Occupancy	154,534.	136,820.	5,421.	12,293.
17	Travel	217,524.	212,772.	765.	3,987.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E4 057	44 660	1 264	0 004
19	Conferences, conventions, and meetings	54,957.	44,669.	1,364.	8,924.
20	Interest	240.		240.	
21	Payments to affiliates	4,391.		4,391.	
22	Depreciation, depletion, and amortization	29,079.	3,959.	23,989.	1,131.
23	Other expenses, Itemize expenses not covered	23,013.	3,333.	23,303.	1,131.
24	above. (List miscellaneous 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.)				
a	MEMBER & REGIGERRAMICAL	14,117.	8,316.	717.	5,084.
b	DOUTDAMENT DADDROOM	11,093.	9,833.		1,260.
0	CDEDIM CARD DROC PERC	6,145.		- massagni	6,145.
ď	DAUDOLL DROOMGGTNG BBBG	4,876.		4,876.	
	All other expenses	9,787.	2,086.	7,701.	300M20 - 740A93
25	Total functional expenses. Add lines 1 through 24e	4,087,605.	3,330,080.	208,730.	548,795.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 575. 26,255. 1 1 Cash - non-interest-bearing 1,074,904. 748,654. 2 Savings and temporary cash investments 1,595,632. 1,867,137. 3 3 Pledges and grants receivable, net 38,057. 0. 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0. 225,000. Notes and loans receivable, net 7 Inventories for sale or use 39.834. 85,121. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 133,538. basis. Complete Part VI of Schedule D 10a 63,179. 6,957. 70,359. 10b b Less: accumulated depreciation 1,010,400. 11 901,249. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 661,576. 116,253. Other assets. See Part IV, line 11 15 4,360,351. 4,107,612. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 108,548. 81,307. Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 109,083. 642,796. 190,390. 751,344. Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,413,069. 2,038,719. 27 Net assets without donor restrictions 1,570,288. 1,504,153. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,917,222. 32 3,609,007. Total net assets or fund balances 4,107,612. 33 4,360,351. Total liabilities and net assets/fund balances Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets			1.05	
	Check if Schedule O contains a response or note to any line in this Part XI				
	Charles and Charles a response of the state	T			
1	Total revenue (must equal Part VIII, column (A), line 12)	3	,67	7,7	01.
2	Total expenses (must equal Part IX, column (A), line 25)	4	,08	7,6	05.
3	Revenue less expenses. Subtract line 2 from line 1 3		-40	9,9	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3	,91	7,2	22.
5	Net unrealized gains (losses) on investments 5		10	1,6	89.
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments 8	8			
9	Other changes in net assets or fund balances (explain on Schedule O) 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	0 200			
MV.	column (B))) 3	,60	9,0	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		too settle	-	
		14		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		100		0.8
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	i.	-		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		DO!	55 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bat	is,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis	5	-0		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	lit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedul	a O.		Carl L	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				123
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		36		
			Form	990	(2023

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

2023

Open to Public Inspection

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.) 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, 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). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 11 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other Applic bon (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) Total

332021 12-21-23

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(p) 5050	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1396425.	3849706.	2140333.	3525238.	3575949.	14487651.
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	1396425.	3849706.	2140333.	3525238.	3575949.	14487651.
5		and an english and	ELSKY MADEL OF	Mineral History	Carlotte Allers		
	by each person (other than a				1.4	Contract of the	
	governmental unit or publicly	View Indiana				0.000	
	supported organization) included	- 10					
	on line 1 that exceeds 2% of the					e Village	
	amount shown on line 11,						
	column (f)						3551214.
	Public support. Subtract line 5 from line 4.						10936437.
-	ction B. Total Support		0.1.0000		4 0 0000		
	ndar year (or fiscal year beginning in)	(a) 2019 1396425.	(b) 2020 3849706.	(c) 2021 2140333.	(d) 2022 3525238.	(e) 2023	(f) Total 14487651.
	Amounts from line 4	1390423.	3049700.	2140333.	3323230.	3373343.	1440/031.
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,645.	33,195.	30,347.	44,758.	45,926.	174,871.
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	A. 2002000	0.000 0.000	35500000			59000-699900
	assets (Explain in Part VI.)	7,503.	28,453.	100.			36,056.
11	Total support. Add lines 7 through 10						14698578.
	Gross receipts from related activities,					12	622,420.
	First 5 years. If the Form 990 is for the organization, check this box and stop	here		ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	ction C. Computation of Publi						74.40
	Public support percentage for 2023 (I					14	74.40 %
	Public support percentage from 2022					15	69.47 %
168	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
170	10% -facts-and-circumstances test						
1110	and if the organization meets the fact:						
	meets the facts-and-circumstances te					Trick and organic	
	10% -facts-and-circumstances test	이어 가장 없었다. () 이 보고 있다.				17a, and line 15 is	10% or
-	more, and if the organization meets th						6 Dec(2):240
	organization meets the facts-and-circu						
18	Private foundation. If the organization			걸 것이 하면 하면 하다 가다가 하셨다.			8
			- 91			C. C. J. C.	(Form 990) 2023

Schedule A (Form 990) 2023 NONVIOLENT PEACEFORCE 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 b Section A. Public Support	elow, please comp	piete Part II.)			6	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	Tay 2.015	(u) Loco	TOT EVEL	(o) Local	10,200	17.00
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 bus-						
iness 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			i i			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	8		2			
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			2	-		
8 Public support. (Settlet line 7; from line 6.)						
Section B. Total Support		<u> </u>	%	W	0	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	3 00000000	8.660,000	- 1/3/4-500	TO TO TO THE STATE OF	100000000000000000000000000000000000000	E (100075
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	s	0				
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.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	nization,
check this box and stop here Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2023 (column III		15	9
16 Public support percentage for 2023 (16 Public support percentage from 2022			Account (III		16	9
Section D. Computation of Inves					101	
17 Investment income percentage for 20			ne 13 column /m		17	9
18 Investment income percentage for 20		Deat III See 47	COLUMN TO STATE OF THE STATE OF		18	9
19a 33 1/3% support tests - 2023. If the			on line 14, and line			
more than 33 1/3%, check this box as						17 10 11/4
b 33 1/3% support tests - 2022, If the					30.00 0.0000000	396 and
line 18 is not more than 33 1/3%, che						
20 Private foundation, If the organization						
CONTRACTOR CONTRACTOR	ar gro not check a	DOX OTTAINS 19, 15	a, or 130, check th	no dok and see the		tule A (Form 990) 2023
302025 12-21-25					acneo	ALIC A LEOTTH SMULZUZ

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	Δ	ΔII	Supporting	n	rganizations
Section	m.	AII.	Supporting	v	rganizations

			Yes	No
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	72		
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1_1_		_
	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "Yes," answer lines 3b and 3c below.	3a		
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	Sa		7
c	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
4a	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	3c	1 11/1	100
b	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		7
	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.	4b		
0	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)	11111	175	
	purposes.	4c		
ba	Did the organization add, substitute, or remove any supported organizations during the tax year? # "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).	5a		L
	Type I or Type II only, Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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	5c		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		3
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	17-01		7
9a	If "Yes," complete Part I of Schedule L (Form 990). 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	8		
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
c	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	96		
	from, assets in which the supporting organization also had an interest? # "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		-
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	111	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4		1

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Schedule A (Form 990) 2023

determine whether the organization had excess business holdings.)

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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	-	_
	A family member of a person described on line 11a above?	11b		-
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	110	1	
-	- The complete of the control of the	88	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office		100	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			-
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1000		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	11 15 16		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated;	1000		
_	supervised, or controlled the supporting organization.	2	_	
Sec	tion C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	10	100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100		
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100	100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's	1 1463	-	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100	100	
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	1000	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	[20] [20] [20] [20] [20] [20] [20] [20]		1000	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	. 0		
	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	-	1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2s, above, constitute activities that, but for the organization's involvement,		100	-
	one or more of the organization's supported organization(s) would have been engaged in? # "Yes," explain in	7-11-1		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	06		
	these activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		12	1100
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
В	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 13-21-23	hedule A (For	- 000	2002

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1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	The state of the s		Part VI). See instruction
Secti	on 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			trill-b-moves
	instructions for short tax year or assets held for part of year):	Ama A		A COLUMN TO THE
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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		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	Yer Eith E. E.	
2	Enter 0.85 of line 1.	2	-West Leavening	
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	A PROPERTY OF THE	
5	Income tax imposed in prior year	5		
8	Distributable Amount. Subtract line 5 from line 4, unless subject to		Additional	17
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

instructions).

sect	ion D - Distributions	000101 0000 0000 0000			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		100000	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	ounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.		7	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	THE PERSON NAMED IN COLUMN	Carlo and the Contract of the	11111	
2	Underdistributions, if any, for years prior to 2023 (reason-	- Inch			
6.5	able cause required · explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023	De la constantina della consta			AL CANADA
a	From 2018			-1-88	
b	From 2019				
c	From 2020			1	WHEN YOUR
d	From 2021			T.	
0	From 2022				
t	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	- I was in the property		0.0	
h	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)			100	A STATE OF THE PARTY OF
1	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				EVI LIVE
a	Applied to underdistributions of prior years			0	
_	Applied to 2023 distributable amount			7000	
_	Remainder, Subtract lines 4a and 4b from line 4.		March Colored	= 0.2	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater	A DOSEN			
_	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			12	
225	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022	THE PROPERTY.			

Schedule A (Form 990) 2023

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

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 501(c)(3) exempt private foundation Form 990-PF 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).

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

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		ss297,687.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		ss265,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		ss	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		ss	Person X Payroll

Name of organization

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		ss75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s	Person Payroll Onncash Complete Part II for noncash contributions.)
(a)	(b)	and the second of the second o	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

NONVIOLENT PEACEFORCE

35-2197019

Part II No	oncash Property (see instructions). Use duplicate copies of P	art II 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
-==		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
=		=	8
(a) No. Irom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		= s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		= s	2
(a) No. Irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		s	

Name of organization

Employer identification number

art III	DLENT PEACEFORCE Exclusively religious, charitable, etc., contribution	ons to organizations described in se	35-2197019 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
2000	from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations						
	completing Part III, enter the total of exclusively religious.	thantable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.) 3						
No.	Use duplicate copies of Part III if additional	space is needed.							
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
rtl	(0). 0 prot of gre	(4) ************************************	(4)						
_									
- 3									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
- 1	Transferde Sittering Book est, o	THE STATE OF THE S	residentially of desired of to desired of						
No.									
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	fol. arbase at Brit	(0) 000 000	200						
			2 2 2						
_ 1									
	(e) Transfer of gift								
-									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
	Transcrate a herney data cost o	100.000							
- 1									
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No.									
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
art I									
_			_						
- 1		(e) Transfer of gif	t						
- 1									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
+		- TO THE RESERVE OF T							
ł			Cy zobownia poboli Para Kirania i rapide pusi. Drawi u busobnia 1979						
-	-								
No									
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
No. om art i	(b) Purpose of gift	(c) Use of gift							
No. om art i	(b) Purpose of gift								
No. om art i		(e) Transfer of gif	•						
No. om irt I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gif							
No. om rt i		(e) Transfer of gif	•						

SCHEDULE D (Form 990)

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.

OMB No. 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Sim	ilar Funds or Ad	counts. Complete if the
_		(a) Donor advised for	unds	(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 w	riting that the assets held i	in donor advised fun	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		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	donor advisor, or for any o	ther purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" o	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	reservation of a hist	orically important land area
	Protection of natural habitat	P	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic strui	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele year Number of states where property subject to conservation ease	9	ninated by the organ	ization during the tax
5	Does the organization have a written policy regarding the period		handing of	
	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above :	satisfy the requirements of	section 170(h)(4)(B)(
128	and section 170(h)(4)(B)(ii)?			Yes L 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 fin	ianciai statements th	at describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Trace	urae or Other S	imilar Assats
Pai	Complete if the organization answered "Yes" on Form 9	H. H. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	ures, or other c	offilial Assets.
-			or otherwise and had	
1a	If the organization elected, as permitted under FASB ASC 958	함께 문화에 하다가 없다고 있다고 말하다고 있다.		
	of art, historical treasures, or other similar assets held for publ			nce of public
30	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
30200				
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS	SC 956 relating to these ite	ms:	*
a				*

LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2

Sche		ENT PEACEFO			2-1-20	35-	2197019	Page 2
Pa	rt III Organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or C	ther S	Similar As	sets (continu	ed)
3	Using the organization's acquisition, access collection items (check all that apply).	ion, and other record	s, check any of the	following that m	ake sign	ificant use of	fits	
a	Public exhibition	d		change program				
b	Scholarly research	e	Other					
0	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	how they further	the organization's	exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit	or receive donations of	of art, historical trea	asures, or other s	imilar as	sets	1515/04/01/04	
	to be sold to raise funds rather than to be m	naintained as part of t	he organization's o	ollection?			Yes	No
Pa	rt IV Escrow and Custodial Arrar		te if the organization	on answered "Yes	on Fo	rm 990, Part	IV, line 9, or	
-	reported an amount on Form 990, Pi							
1a	Is the organization an agent, trustee, custoo					cluded		
	on Form 990, Part X?		leader telefo				Yes	No
р	If "Yes," explain the arrangement in Part XII	and complete the to	llowing table:				Amount	
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					10		
,	Ending balance	000 Deak See	01 1		Nobel State	11	T Vee	
	Did the organization include an amount on I					¢	Yes	No
_	rt V Endowment Funds Complete							
-	The state of the s	(a) Current year	(b) Prior year	(c) Two years b		Three years t	oack (e) Four y	ears back
100	Beginning of year balance	tot carrent to	101	10,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		107	
b								
0	Contributions Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities			1			_	
	and programs							
	Administrative expenses			1				
	End of year balance							
2	Provide the estimated percentage of the cu		filme to column (all hold as:				
٠.	Board designated or quasi-endowment		e (ine 19, committy	ay) menu era:				
h	Permanent endowment	%	-"					
	Term endowment	94						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
3a	Are there endowment funds not in the poss-	[2012년 전 10년 ¹⁰ 일 11일 22일 12일 12일 12일 12일 12일 12일 12일 12	ition that are held a	and administered	for the			
-	organization by:	oddion or and organiza	mon, unan de o moro				Y	es No
							3a(i)	
	m 6						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	ed on Schedule R?	,			3b	
4	Describe in Part XIII the intended uses of the			3 31010101010101010101010101010101010101				
Pa	rt VI Land, Buildings, and Equipm			SANT TO HEROTE SA		0.50		
200	Complete if the organization answers	ed "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Pa	art X, lin	e 10.		
	Description of property	(a) Cost or o basis (investr	VICTOR - NINCON	st or other s (other)		umulated sciation	(d) Book	value
1a	Land	me :			- 47			
	Buildings			12.5				
o	Leasehold improvements				650		4700	
d	Equipment		1.	33,538.	6	3,179.	70	,359.
	Other	mus i						
	I. Add lines 1a through 1e. (Column (d) must	equal Form 990 Part	X line 10c column	n /(P0)	WAS SECTION	Land Comment	70	,359.

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

642,796.

(S) (7) (B) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

NONVIOLENT PEAC	CEFORCE			35-21970	
		ctivities Out	side the United States. Complete	e if the organization answered *	Yes* on
the grantees' eligibility 2 For grantmakers. Des United States.	s the organization for the grants or a cribe in Part V the	essistance, and to	ds to substantiate the amount of its grant the selection criteria used to award the gr procedures for monitoring the use of its g	rants or assistance? X	Yes No
3 Activities per Region. (I	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	in be duplicated if additional space is nee (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUROPE	0	0	GRANT TO RECIPIENT LOCATED IN REGION		1,000,000,
				_	-
3 a Subtotal	0	0			1,000,000
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,000,000.

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

Schedule F (Form 990) 2023

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 35-2197019 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

ook, FMV, , other)						=	990) 2023
(i) Method of valuation (book, FMV, appraisal, other)							O Schedule F (Form 990) 2023
(h) Description of noncash assistance							Sche
(g) Amount of noncash assistance	ó						
(f) Manner of cash disbursement	1000000, MINE TRANSPER					ecognized as a tax ivalency letter	
(e) Amount of cash grant	1000000					oreign country, n ion 501(c)(3) equ	
(d) Purpose of grant	TO SUPPORT THE MISSION OF NOWIOLENT PEACEFORCE, INC. WORLDWIDE BY					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	
(a) Region	SUROPE		7.			is listed above that are ir for which the grantee	r entities
(b) IRS code section and EIN (if applicable)					e.	recipient organization nization by the IRS, o	other organizations or entitie
(a) Name of organization				non-aren			 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 3

NONVIOLENT PEACEFORCE Schedule F (Form 990) 2023

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.

Part III can be duplicated if additional space is needed.

recipients

Schedule F (Form 990) 2023

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	TT	COLUMN	(D):
PART	11.	COLUMN	101:

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)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 35-2197019 NONVIOLENT PEACEFORCE

Par	rt I Types of Property						1.0	_	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, I	on		(d) d of determin ontribution ar		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications		THE TOTAL						
5	Clothing and household goods		15/11/12						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property			5					
9	Securities - Publicly traded	Х	8	95,8	18.F	MV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial			8					
17	Real estate - Other								
18	Collectibles			-					
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts			·					
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other (
28	Other (V	-				
29	Number of Forms 8283 received by the organi	ization during	the tax year for o	ontributions					
	for which the organization completed Form 82				9			0	
								Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I, lines 1	through	28, that it		Thirty.	06
775	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period						30a		X
h	If "Yes," describe the arrangement in Part II.	×: 4000100000							
31	Does the organization have a gift acceptance	policy that re	auires the review	of any nonstandard or	ntributio	ns?	31	х	
	Does the organization hire or use third parties					2770 3			$\overline{}$
	contributions?		집 항 시간 중에 하면 되었다니다	ort broncost or sea no			32a		Х
1000	If "Yes," describe in Part II.	5000	20 320 3	2 22 1	2 10160	30			
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a)	is check	ad,	1-6	100	
	describe in Part II.								_

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

Schedule M (Form 990) 2023

1

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2023 Open to Public Inspection

Name of the organization

NONVIOLENT PEACEFORCE

Employer identification number 35-2197019

HONVIOLENT PERCEPORCE
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:
TRAININGS AND ENGAGEMENT STRATEGIES TO FOSTER THE SAFETY AND BELONGING
OF ALL.
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:

NONVIOLENT PEACEFORCE ESTABLISHED A REVIEW COMMITTEE;

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page
Name of the organization NONVIOLENT PE	ACEFORCE	Employer identification number 35-2197019
(2) USED "COMPARABILITY DATA	A, " I.E. SALARY SURVEYS, THAT	PROVIDE DATA FROM
NONPROFITS OF SIMILAR MISSIO	ON FOCUES, BUDGET SIZE, AND GE	OGRAPHIC REGION,
AND;		
(3) APPROVED COMPENSATION, A	AS DOCUMENTED THROUGH MINUTES	OF THE BOARD
MEETING, AND;		
(4) COMPENSATION WAS MOST RE	ECENTLY REVIEWED IN JANUARY 20	23.
FORM 990, PART VI, LINE 17,	LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, N	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 H	FINANCIAL STATEMENTS ARE AVAIL	ABLE UPON REQUEST.
THE ORGANIZATION'S GOVERNING	G DOCUMENTS AND CONFLICT OF IN	TEREST POLICY ARE
NOT OPEN TO THE PUBLIC.		
FORM 990, PART IX, LINE 11G,	OTHER FEES:	
CONTRACTORS:		
PROGRAM SERVICE EXPENSES		39,061.
MANAGEMENT AND GENERAL EXPEN	NSES	808.
FUNDRAISING EXPENSES		1,141.
TOTAL EXPENSES		41,010.
MANAGEMENT CONSULTANTS:		
PROGRAM SERVICE EXPENSES		376,928.
MANAGEMENT AND GENERAL EXPEN	ISES	1,985.
FUNDRAISING EXPENSES		3,781.
TOTAL EXPENSES		382,694.
332212 11-14-23	38	Schedule O (Form 990) 202

SCHEDULER

(Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

NONVIOLENT PEACEFORCE

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

Open to Public Inspection 2023

CMB No. 1545-0047

Employer identification number 35-2197019

(a) Name, address, and EIN (if applicable)							
or disregalded entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.		the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, bec	ause it had one	r more related tax-exe	mpt	
(a)	(g)	(0)	9	(9)	æ	(6)	0
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code	Public charity status (if section	Direct controlling entity	Sentrolled Controlled Cythy	ortrolled ortrolled erith??
		fi moo i fiore		501(c)(3))	200000	Yes	No
NORVIOLENT PEACEPORCE AISBL					MONVIOLENT		
RUE BELLIARD 205			0.0000000000000000000000000000000000000		PEACEFORCE	1	
BRUSSELS, BELGIUM 1040	PEACEREPING	BELGIUM	501(C)(3)		INTERNATIONAL	×	
NONVIOLENT PEACEFORCE INTERNATIONAL							
RUE DE LAUSANNE 82							
GENEVA, SWITZERLAND 1202	PEACEKEEPING	SWITZERLAND	501(C)(3)		N/A		×
NONVIOLENT PEACEFORCE PRANCE	10				NONVIOLENT		
13 A CHEMIN DU LEVANT		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			PRACEPORCE	83.7	
FERNEY-VOLTAIRE, FRANCE 01210	PEACEKEEPING	PRANCE	501(c)(3)		INTERNATIONAL	×	

CHA 332161 09-28-23 35-2197019

Page 2

Schedule R (Form 990) 2023 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	100000	(f) Share of total income	(g) Share of end-of-year assets		No No	Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(B) (K) General or Percentage manager ownership
Part IV Identification of Rek	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	as a Corpo	on or Trust.	complete if th	ne organization	Y" beneware n	es" on Form	990, Part IV	/, line 34,	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	fone or n	ore related
(a) Name, address, and EIN of related organization	s, and EIN ganization	Print	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	125-31	Share of Poend of year of assets	(h) Percentage ownership	Section Stable 13p controlled entity?
									_			
									-			

332162 09-28-23

Schedule R (Form 990) 2023

35-2197019

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ON T
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?	sactions with one or more re	lated organizations listed	in Parts II-W?		
a Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity	ed entity			da .	×
b Gift, grant, or capital contribution to related organization(s)				tb X	
 Gift, grant, or capital contribution from related organization(s) 				10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				10	×
Dividiands from related commissionlands				;	×
foliant and the second of the					1
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
 Exchange of assets with related organization(s) 				Ŧ	×
 Lease of facilities, equipment, or other assets to related organization(s) 				1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ed organization(s)			-mt	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ganization(s)			th.	×
 Sharing of paid employees with related organization(s) 				10	×
p Reimbursement paid to related organization(s) for expenses				T dt	
 Reimbursement paid by related organization(s) for expenses 				19	×
r Other transfer of cash or property to related organization(s)				4	×
				es.	×
for inform	on on who must complete the	is line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.	2000000	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	pevio	
(1) NONVIOLENT PEACEFORCE AISBL	В	1,000,000.	1,000,000. WIRE TRANSFER		
2) NONVIOLENT PEACEFORCE AISBL	д	104,170. FMV	FMV		
(3)					
(4)					
(5)					
(6)					
322-103 09-39-33			Schedule R (Form 990) 2023	3 (Form 99)	0) 2023

Page 4

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.