Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

BERNSTEIN ROSEN & COMPANY, PC CERTIFIED PUBLIC ACCOUNTANTS 630 THIRD AVENUE, 15TH FLOOR NEW YORK, NEW YORK 10017

NOVEMBER 13, 2019

THE PEACEWORKS NETWORK FOUNDATION 3 TIMES SQUARE - 12TH FLOOR NEW YORK, NY 10036

DEAR BOARD OF DIRECTORS,

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

ENCLOSE A CHECK OR MONEY ORDER FOR \$275.00, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY. VERY TRULY YOURS, JEFFREY BERNSTEIN, CPA

TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared for	
r repared for	THE PEACEWORKS NETWORK FOUNDATION 3 TIMES SQUARE - 12TH FLOOR NEW YORK, NY 10036
Prepared by	
. repaired by	BERNSTEIN ROSEN & COMPANY CPAS PC 630 THIRD AVENUE, SUITE 1502 NEW YORK, NY 10017
Form must be filed on or before	NOT APPLICABLE
Special Instructions	FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE **YEAR ENDING**

P G J1 91

Prepared for	THE PEACEWORKS NETWORK FOUNDATION 3 TIMES SQUARE - 12TH FLOOR NEW YORK, NY 10036
Prepared by	BERNSTEIN ROSEN & COMPANY CPAS PC 630 THIRD AVENUE, SUITE 1502 NEW YORK, NY 10017
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2015

Record of Authorization to **Electronically File FBARs**

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The form 114a may be digitally signed

THEPEAC20180001

Part 11 Persons who have an obligation to file a Report of	of Foreign Bank	and Fin	ancial Account(s)				
Owner last name or entity's legal name THE PEACEWORKS NETWORK FOUNDATI	OM	2. Owr	er first name				3. Owner M.I.
THE PEACEWORKS NEIWORK FOUNDALI	ON						
4. Spouse last name (if jointly filing FBAR \cdot see instructions bel	ow)	5. Spo	use first name				6. Spouse M.I.
I/we declare that I/we have provided information concerning_	<u>2</u> (en	ter num	ber of accounts) foreig	gn bank	and fina	ncial ac	count(s) for the
filing year ending December 31, 2018 to the preparer lis							
and complete; that I/we authorize the preparer listed in Part II t	to complete and	submit t	the Financial Crimes	Enforce	ement N	etwork	(FinCEN) a
Report of Foreign Bank and Financial Accounts (FBAR) base	d on the informat	tion that	I/we have provided; ar	nd that I/	/we auth	orize the	e preparer
listed in Part II to receive information from FinCEN, answer i	nquiries and res	olve iss	ues relating to this sub	omissior	n. I/we a	cknowle	edge that,
notwithstanding this declaration, it is my/our legal responsibili	ty, not that of the	prepare	er listed in Part II, to tin	nely file	an FBAF	R if requ	ired by law
to do so.							
7. Our and in the control of the con	7. Owner signature (Authorized representative if entity) 8. Date 9. Owner or entity TIN 10. TIN a X EIN						V FINI
7. Owner signature (Authorized representative if entity)	8. Date 9. Owner o		9. Owner or entity TI				
	MM DD Y	<u></u>		e b	SSN/ITIN Foreign		
11. Spouse signature	12. Date		13. Spouse TIN		14. TIN		EIN
11. Opouse signature	12. Date		10. opodoc 1114		type b		SSN/ITIN
	MM DD YYYY		type		С		
Part II Individual or Entity Authorized to File FBAR on I	behalf of Person	s who l	ave an obligation to	file.	<u>I</u>		
15. Preparer last name	16. Preparer firs	st name		17. Pre	eparer M.	.I. 18	. Preparer PTIN
	·						
BERNSTEIN	JEFFREY			I		PC	1025069
19. Address	20. City		21. State		ate	22 . ZI	P/postal code
630 THIRD AVENUE, SUITE 1502	NEW YORK			NY 1001		.7	
23. Country 24. Preparer's (item 15) employer's (Entity	r) name	25. E	mployer EIN	26. Pre	eparer's s	signatur	e
code US BERNSTEIN ROSEN & COM	MPANY CP	2	6-1550036				
SS BEILINGER & COL		۷	0 1000000				

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See htt p://bsaefiling.fincen.treas.gov/main.html

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer 's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

820011 04-01-18 Rev. 10.7 May 21, 2015 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

UIVID	INO.	1545-	10/0	

040

Department of the Treasury Internal Revenue Service **2018**

Name of exempt organization	Employer identification number
THE PEACEWORKS NETWORK FOUNDATION	30-0102398
Name and title of officer	
SAMER HAMADEH .TREAŞURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from	
on line 1a, 2a, 3a, 4a, or Sa, below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	
1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b Total revenue, if any (Form 990-EZ, line 9)	2b 5,641,669.
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
Sa Form 8868 check here b Balance Due (Form 8868, line 3c)	Sb
Part II Declaration and Signature Authorization of Officer	
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund . If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an el debit) entry to the financial institution account indicated in the tax preparation software for payment of the organizatic return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tr 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and r payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return organization's consent to electronic funds withdrawal.	lectronic funds withdrawal (direct on's federal taxes owed on this reasury Financial Agent at nstitutions involved in the resolve issues related to the
Officer's PIN : check one box only	
X lauthorize BERNSTEIN ROSEN & COMPANY CPAS PC	toentermyPIN <u>I</u> 02398
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within to is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2 have indicated within this return that a copy of the return is being filed with a state agency(ies) regular Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 13697510017 Do not enter all zero	s
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) in the Providers for Business Returns.	_
ERO's signature Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial **Accounts (FBAR)**

FinCEN Form 114

THEPEAC20180001

		Filing Name THE PEACEWORKS NETWORK FOUNDATION
	Subi	PIN NOT REQUIRED
report	t. The E-fi l The FBAR	if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the ile system will auto complete item 46. Remust be received by the Department of the Treasury on or before April 15, 2019. An automatic extension to October 15, 2019
		late for the following reason (Check only one):
č	a.	Forgot to file
ŀ	b.	Did not know that I had to file
(c.	Thought account balance was below reporting threshold
(d.	Did not know that my account qualified as foreign
•	e.	Account statement not received in time
f	f.	Account statement lost (Replacement requested)
(g.	Late receiving missing required account information
ł	h.	Unable to obtain joint spouse signature in time
i	i.	Unable to access BSA E-filing system
7	Z.	Other (please provide explanation below)

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2018 Amended

	''									
Part I F	iler information		THE	PEAC201800	UΊ					
2 Type of filer										
a Individual	l b Partnership c X	Corporatio	n d C	onsolidated e Fi	duciary	y or other	- Enter type			
2116 Tavas	Idamtifiantian November 2	TINI to on a	4 Fanai				0:	liaabla)	E la dividualla di	-4£ h:4h
3 U.S. Taxpay	ver IdentificationNumber 3a	I IN type	4 Forei	gn identification (<u>Co</u>	mpiete	only if ite	<u>m 3 is not app</u>	<u>licable</u>)	5 Individual's da	
3001023	398	SSN/	I а Туре	: Passport Fo	oreign	TIN Ot	her		IVIIVI/DD/	
If filer has no	o U.S. Identification	TIN								
		EIN	b Num	ber c	Country	y of Issue	1			
6 Last name o	or organization name				?Firs	t name			8 Middle initial	Sa Suffix
THE PEA	CEWORKS NETWOR	K FOU	NDATI	ON						
9 Mailing addr	ess (number, street, and ap	t. or suite n	10.)							
3 TIMES	SQUARE - 12TH	FLOOR	1							
10 City			11 State	12 ZIP/Postal Co	de 1	3 Countr	У			
NEW YOR	K		NY	10036	U	JSA				
14 a) Does the f	ïler have a financial interest in	n 25 or more	e financial	accounts?						
Yes	Enter number of accounts	3		Do not complete Pa	art II or	Part III, b	ut maintain i	ecords of t	the information.	
No X										
b} Does the	filer have signature authorit	ty over but	no financi	al interest in 25 or	more f	financial	accounts?			
Yes	Enter number of accounts			Comp. Part IV, items	34 thro	ough 43 fo	r each persor	on whose	behalf the filer has s	ign. authority
No X										
Part II I Ir	nformation on financia	al accour	nt(s) ow	ned separatel	у					
15 Maximum val	lue of account during calenda	ır year	15a Amo	unt 16 Type of acc	count ;	X Ba	ank b	Securities	c Other -Ent	er type below
			unknow	'n						
	50 , 617.									
17 Name of fina	ncial institution in which acc	count is hele	d	•						
ARAB BA	NK									
18 Account nun	nber or other designation	19 Mailing	address	(number, street, ap	t. or s	uite no.)	of financial i	nstitution i	n which account i	s held
9490-68	32979-510	RAN	MALLA	H AL-BALAD	BR	•				
20 City		21 State, i	if known	122 Foreign p	ostal c	ode, if kn	own 123 Co	untry		
RAMALLA	H						PA:	LESTIN	NE, STATE	OF
Signature	44a Check here X if thi	s report is	completed	by a third party pr	eparer	and com	plete the thi	rd rarty pr	eparer section.	
44 Filer signatu		le, if not rep	porting a p	ersonal account				46	Date (MM/DDIYYY	
	ill be electronically d when filed								This date will auio fi FBAR is electronic	
	47 Preparer's last name	48 First n	name	149 MI 150			51 TIN		51a TIN type X	PTIN
Third Party	BERNSTEIN	JEFFRI	ΞY		self-er	mployed	PO1025	069	SSN/IT	IN Forei
Preparer		F 1							gn	
-	52 Contact phone no.	s2a Exd 5					54 Firm's TI		54a TIN type X	EIN
Use Only	212-612-9 700	!B	BERNST	EIN ROSEN	& C	COMP	26-155	0036		
•	55 14 11 1 1	<u> </u>), 50 O;;			7 01 1 1	0.710/0		oreign
	55 Mailing address (number 630 THIRD AVEN			,) T/		7 State 15			9 Country
	630 THIRD AVEN	10E, 5	OTTE -	TOOTEM IOF	/U		NY 1	0017		US

Part II I Continued - Information	FORM 114		
Complete a Separate Block for E	ach Account Owne	d Separately	
1 Filing for calendar year 3-4 Check appropria	ate Identification Number	6 Last Name or Organization Name	
X Taxpayer Identi			
	lentification eridentification	THE PEACEWORKS NETWORK FOUND	DATION
number end			
300102398			
15 Maximum value of account during calendar y		116 Type of account aX Bank b Securities c Other	- Enter type below
17 Name of Financial Institution in which ac BANK LEUMI			
18 Account number or other designation 27090051	NAHAL HAK		ch account is held
20 City BEIT SHEMESH	21 State, if known	122 ZIP/Postal Code, if known ISRAEL	
15 Maximum value of account during calendar y	ear 15a Amount Unknown	Type of account a Bank b Securities c Other -	Enter type below
17 Name of Financial Institution in which account	count is held		
18 Account number or other designation	19 Mailing Address (Nu	mber, Street, Suite Number) of financial institution in which	ch account is held
20 City	21 State, if known	122 ZIP/Postal Code, if known 123 Country	
15 Maximum value of account during calendar y	ear _{15a} Amount Unknown	Type of account a Bank b Securities c C	Other - Enter type below
17 Name of Financial Institution in which account	count is held		
18 Account number or other designation	19 Mailing Address (Nu	mber, Street, Suite Number) of financial institution in which	ch account is held
20 City	21 State, if known	122 ZIP/Postal Code, if known 123 Country	
15 Maximum value of account during calendar y	ear _{15a} Amount Unknown	Type of account a Bank b Securities c C	Other - Enter type below
17 Name of Financial Institution in which acc	count is held		
18 Account number or other designation	19 Mailing Address (Nu	mber, Street, Suite Number) of financial institution in which	ch account is held
20 City	21 State, if known	122 ZIP/Postal Code, if known 123 Country	
15 Maximum value of account during calendar y	ear _{15a} Amount Unknown	Type of account a Bank b Securities c C	Other - Enter type below
17 Name of Financial Institution in which acc	count is held		
18 Account number or other designation	19 Mailing Address (Nu	mber, Street, Suite Number) of financial institution in which	ch account is held
20 City	21 State, if known	122 ZIP/Postal Code, if known 123 Country	
15 Maximum value of account during calendar y	ear _{15a} Amount Unknown	Type of account a Bank b Securities c C	Other - Enter type below
17 Name of Financial Institution in which account	count is held		
18 Account number or other designation	19 Mailing Address (Nu	mber, Street, Suite Number) of financial institution in which	ch account is held
20 City	21 State, if known	122 ZIP/Postal Code, if known 123 Country	

8200 15 04-01-18

832001 12-31-18

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) enter social security numbers on this form as it may be made public.

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

and ending

Open to Public Inspection

Form 990 (2018)

	h eck it applicable	C Name of organization	D Employer identifica	ation number
		a l		
	change me N change	THE PEACEWORKS NETWORK FOUNDATION Doing business as	30-0	102398
	return			102330
Fi	nal return termin-	Number and street (or P.O. box if mail is not delivered to street address) 3 TIMES SQUARE - 12TH FLOOR		897-3985
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipt s \$	5,703,763•
:;,r	u ded	NEW YORK, NY 10036	H(a) Is this a group re	eturn
t g l	Rica- 1	Nanamed address of princing the officer: DAN IEL LUBETZKY	for subordinates	
-	Rica- 1 pendig	SAME AS C ADOVE	H(b) Are all subordin ates in	
J (vepsite	Pt STWW.ONEOGI CEMOVEMENT.ONG (insert no.) 4947(a)(1) or 527	` ´ If "No," attach a	list. (see instructions)
			H(c) Group exemption	number
K F	orm of	organization : X Corporation Trust Association Oth L Y	ear of formation: 20 0 31	M State of legal domicile: NY
Pa	art 11	Summary er		
CI>		Briefly describe the organization's mission or most significant activities: THE PEACE		
g C:: Ci)			NG INITIATIVE	
C: Cl)	2 (Check this box if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	
i;		Number of voting members of the governing bod y (Part VI, line 1a)	3	10
Activities ≗ ೧		Number of independent voting members of the governing body (Part VI, line 1b)	4	10
ties		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
ξį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	6	10
Ac		Net unrelated business ta xable income from Form 990-T , line 38	7a	0.
		Total Control of the	7b	0.
			Prior Year 4,595,642.	Current Year 5, 625, 046.
CI) :: I C:		Contributions and grants (Part VIII, line 1h)	1,393,042.	0,023,040.
C:		Program service revenue (Part VIII, line 2g)	4,462.	16,623.
cc		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,402.	10,023.
		Other revenue (Part VIII, column (A), lines 5, 6d, Sc, 9c, 10c, and 11e)	4,600,104.	5,641,669.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,610,693.	2,023,000.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.0	0
rn		enefits paid to or for members (Part IX, column (A), line 4)	1,309,583.	1,068,759.
rn Ci) Ci:	13 38	laries , other compensation, employee benefits (Part IX, column (A), lines 5-10) .	0•	0.
C.		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 323, 545 •	ŭ	0.
×		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11 f-24e)	1,563,547.	1,056,342.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,483,823.	4,148,101.
		Revenue less expenses. Subtract line 18 from line 12	116,281.	1,493,568.
0		·	Beginning of Current Year	End of Year
^{enc} "51	20	otal assets (Part X, line 16)	3,457,764.	1,525,657.
o',C		Fotal liabilities (Part X, line 26)	172 , 511.	83,424.
· 'Ĝ:'		let assets or fund balances Subtract line 21 from line 20	3,285,253.	1,442,233.
l _D	ort II 9	Signatura Plank		
		Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	aments and to the best of my	knowledgeand holiof it is
	•	titles of perjury, recetare that make examined this return, including accompanying schedules and state and state and state are the properties of which properties and state are the properties and state are the properties and state are the properties are the properties and state are the properties and state are the properties are the properties and state are the properties are the properties are the properties and state are the properties are the p	,	knowledgeand belief, it is
แนะ	, 501160	and complete. Declaration of preparer (other than officer) is based on all information of which pre-	pardi nad any knowieuge.	
e:~	_	Signature of officer	Date	
Sig Her				_
. iei		SAMER HAMADEH, TREASURER rint/Type preparers righter Preparer's signature	Date Check	<u> Ри N</u>
			1 .	
Paid	d [BERNSTE N BERNSTEIN ROSEN & COMPANY CPAS PC	Firm's Elfondoye	₃ 4601935968
		Firm's address 630 THIRD AVENUE, SUITE 1502		
Use	Only	·		
		NEW YORK, NY 10017	Phone no. 21	.2-612-9700
				V v No

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

	Art 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: THE PEACEWORKS FOUNDATION IS A CHARITABLE ORGANIZATION COMMITTED TO	
	SUPPORTING INITIATIVES THAT PROMOTE EDUCATIONAL INSTRUCTION AND	
	CONFLICT RESOLUTION IN COMMUNITIES WORLDWIDE. WE INVEST IN PROGRAMMING	
	THAT STRIVES TO PROMOTE PEACE AND CONDEMN VIOLENCE, WITH A PARTICULAR	
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 If "Yes," describe these new services on Schedule 0.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule 0.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
<u></u>	0.010 710	
	PROVIDE SUPPORT FOR EDUCATIONAL TRAINING AND INSTRUCTION ON CONFLICT	
	RESOLUTION IN COMMUNITIES WORLDWIDE TO PROMOTE PEACE, CONDEMN VIOLENCE,	
	WITH EMPHASIS ON PROMOTING THE TWO-STATE SOLUTION IN ISRAEL AND	
	PALESTINE.	
4b	(Code:) (Expenses \$including grants of\$) (Revenue\$	
4-		
4c	(Code:) (Expenses \$including grants of\$) (Revenue\$	
4d (Other program services (Describe in Schedule 0.)	
	(Expenses\$ including grants of\$) (Revenue\$ Total program service expenses 3,640,713.	
40		2018)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
=	during the tax year? If "Yes," complete Schedule C, Part II	4		- 21
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۳		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а				
	Part VI	11a	Х	
ь				v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ĺ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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	15	22	\vdash
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? If "Yes,"			_~
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
) 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on that the column prysmio to a root companie constant in and the minimum minimum minimum manufactures.			

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Form **990** (2018)

	1990 (2018) THE PEACEWORKS NETWORK FOUNDATION 30-0102	:398	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		T.,	Τ
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			37
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes,"</i>			
	complete Schedule L, Part II	000		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Λ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
31	contributions? Did the organization liquidate, terminate, or dissolve and cease operations?	30		Х
-	If "Yes," complete Schedule N, Part I	24		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 22
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Х
34				
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	35b		
36	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	e ,			١.,
38	and that is treated as a partnership for federal income tax purposes? Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
			1,7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	oncon in contourie o contains a response of note to any line in this rait v		V	T
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	j		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_				

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(gambling) winnings to prize winners?

X

1

Form **990** (2018)

16

THE PEACEWORKS NETWORK FOUNDATION Form 990 (2018) Page5 Statements Regarding Other IRS Filings and Tax Compliance (continued) **Part** Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 14 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: J OTHER COUNTRY, ISRAEL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb c If "Yes" to line Sa or Sb, did the organization file Form 8886-T? Sc Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were nottax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 1 Na b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule 0. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 1 3b ı c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule 0.

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to a management company or other person: Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
4		-4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3.7
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ${f J}{f N}{f Y}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	finan	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION - 212 897-3985			
	3 TIMES SQUARE, 12TH FLOOR, NEW YORK, NY 10036			

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 instructions for definition of "ke y employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

Check this box if neither the organization por any related organization compensated any current officer director, or trustee

Check this box if neither the or (A)	(B)	Siall	cu U		11 <u>2at</u> C)		OUIII	(D)	(E)	(F)		
Name and Title	Average	١,,	Position (do not check more than one box, unless person is both an					Poportable	Reportable	Estimated		
Training and Train	hours per	(do box				e thar is bo	n one th an	compensation	compensation	amount of		
	week			d a director/trustee)			from	from related	other			
	(list any	0						the	organizations	compensation		
	hours for	'iS				=		organization	(W-2 / 10 99-MISC)	from the		
	related	0				_		(W-2 / 10 99-MISC)		organization		
	organizations	"@ ************************************	T		0	E 8				and related		
	below	.,.		,,	Ι	=a. - E	8			organizations		
	line)			.ua e:,		-E	,le'					
(1) DANIEL LUBETZKY	12.00	.,						_	_	_		
PRESIDENT & DIRECTOR		X		X				0.	0.	0.		
(2) JEFFREY SOLOMON	2.00							_		_		
CO-CHAIRMAN		X		X				0.	0.	0.		
(3) LOIS PERELSON-GROSS	2.00											
CO-CHAIRMAN		X		X		L	L	0.	0.	0.		
(4) SAMER HAMADEH	2.00											
TREASURER		X		X				0.	0.	0.		
(5) HARRIET GREEN	2.00											
DIRECTOR		X						0.	0.	0.		
(6) MICHAEL JOHNSTON	2.00											
DIRECTOR		X						0.	0.	0.		
(7) JOEL KELLMAN	2.00											
DIRECTOR		X						0.	0.	0.		
(8) YONI KOMOROV	2.00											
DIRECTOR		X						0.	0.	0.		
(9) ARIEL RECANATI	2.00											
DIRECTOR		X						0.	0.	0.		
(10) MARCIA RIKLIS	2.00											
DIRECTOR		X						0.	0.	0.		
(11) MARA LEE	40.00											
EXECUTIVE DIRECTOR				X				0.	120,000.	16,124.		
									·			
		1										
			H									
		1										
			H									
		1										
		1										
							Ц	l				

Form 990 (2018)

Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees			ghe	st C	compensated Employe	es (continued)	-		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c	Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from relater organization (W-2/1099-MI	on d ns	Estin amor ot compe fron organ and r	nated unt of her ensation in the ization elated zations
1b Sub-total								0.	120,0	00.	16	,124.
 c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization 	, Section A						▶	0 • 0 • eceived more than \$100	120,0	0. 00.	16	0. ,124. 0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su. 4 and related organizations greater than \$150 5 rendered to the organization? If "Yes," complete this table for your five highest cor 1 Complete this table for your five highest cor 	uch individual 1,000? If "Yes, plete Schedu	,"co	mple	ete S	Sche	edul rson	e J f	or such individual		npens	3 4 5	x X X
the organization. Report compensation for t (A) Name and business	-		endi DNI		vith	or w	rithir	n the organization's tax (B) Description of s		С	(C) ompens	ation
Total number of independent contractors (ir \$100,000 of compensation from the organization)	-	not lin	mite	d to		se li:	stec	d above) who received n	nore than		Form 9 9	90 (2018)

Form 990 (2ρ18) THE PI
Part VIII I Statement of Revenue

	Check if Schedule O contains a response or note to any line	e in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
SICH CHE INC. CONT. CONT	Business Code	5,625,046.			
6)CC å .	f All other program service revenue g Total. Add lines 2a-2f.				
	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	8,820.			8,820.
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	7,803.			7,803.
6개 C 6명부 0	8 a Gross income from fundraising events (not including \$				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue				
	e Total, Add lines 11a-11d 12 Total revenue. See instructions	5,641,669.	0 •	0.	16,623.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			/ <u>/</u> /\	(D)
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign and individuals. See Part IV, lines 15 and 16	2,023,000.	2,023,000.		
	Benefits paid to or for members	2,023,000.	2,023,000.		
	Compensation of current officers, directors,				
		120,000.	11,500.	43,000.	65,50
	compensation not included above, to disqualified	120,000.	11,500.	43,000.	05,50
	persons (as defined under section 4958(f)(1)) and				
	Other salaries and wages	837,061.	700,879.	51,066.	85,11
	Pension plan accruals and contributions (include	037,001.	700,073.	31,000.	03,11
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits	78,450.	46,357.	12,230.	19,86
	Payroll taxes	33,248.	20,739.	3,944.	8,56
	ees for services (non-employees):	33,210.	2011330	3,3110	0,30
	Management				
		32,850.	32,850.		
	egal	24,713.	32,030.	24,713.	
	Accounting	24,713.		24,715	
	obbying				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
_	olumn (A) amount, list line 11g expenses on Sch O.)	524,200.	496,090.	20,295.	7 8 1
	Advertising and promotion	324,200.	400,000	20,273.	7,81
	Office expenses	32,762.	23,628.	1,457.	7,67
	nformation technology	52,702.	23,020.	1,457.	7,07
	Royalties				
	The state of the s	78,310.	58,746.	7,589.	11,97
	Occupancy	236,885.	119,232.	10,016.	107,63
	ravel	230,003.	117,232•	10,010.	107,03
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	7,324.	7,316.	8.	
	Payments to affiliates	1,544.	7,310.	· ·	
	Depreciation, depletion, and amortization	3,189.	1,892.	498.	79
		23,737.	20,921.	1,097.	1,71
	nsurance Uther expenses. Itemize expenses not covered	23,7374	20,721.	1,007.	<u> </u>
a 2	bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	MEDIA/COMMUNICATIONS EX	18,607.	18,216.	4.	38
	EVENT PRODUCTION	18,049.	17,842.		20
_	TELEPHONE EXPENSES	10,458.	9,334.	435.	68
	BANK CHARGES	8,983.	4,419.	4,365.	19
_	All other expenses	36,275.	27,752.	3,126.	5,39
	otal functional expenses. Add lines 1 through 24e	4,148,101.	3,640,713.	183,843.	323,54
	oint costs. Complete this line only if the organization		-,,		
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				

Form **990** (2018)

Part X | Balance Sheet

		Check if Schedule O contains a response or no	ote to any line in t	his Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45 ₄ 441.	1	1,046,679.
	2	Savings and temporary cash investments			133 , 291.	2	2,238.
	3	Pledges and grants receivable, net		251 , 210.	3	374 , 267.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	sated employees.	Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified	ed persons (as de	fined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and	d contributing			
		employers and sponsoring organizations of section	on 501(c)(9) volun	tary			
rn Q)		employees' beneficiary organizations (see instr)	. Complete Part II	of Sch L		6	
rn.	7	Notes and loans receivable, net _			180,000.	7	0 •
_	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			12,101.	9	8 , 671.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		147,638.			
	b	Less: accumulated depreciation	10b	136,845.	12,462.	10c	10,793.
	11	Investments - publicly traded securities			19 , 684.	11	33,009.
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related . See Part IV, line 1		2,753,575.	13	0.	
	14	Intangible assets		50 , 000.	14	50 , 000.	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	I line 34)		3,457,764.	16	1,525,657.
	17	Accounts payable and accrued expenses	<u> </u>	172 , 511.	17	83,424.	
	18	Grants payable	<u> </u>		18		
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete	Part IV of Sched	ule D		21	
rn Q)	22	Loans and other payables to current and former					
:.0		key employees, highest compensated employed	es, and disqualifie	ed persons.			
ro ::i		Complete Part II of Schedule L		-		22	
•••	23	Secured mortgages and notes payable to unrel		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelate	•			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete	Part X of		0.5	
	20	Schedule D Total lizations that tones 13 FAS 417 7 (Asc 958)		v	172,511.	25	83,424.
	26	Organizations that follow SFAS P17 (ASC 958	s), cneck nere F	X and	1/2,011.	26	03,424.
rn		07 th accept 00 and the control of	104				
	27	complete lines 27 through 29, and lines 33 and	a 34.		2,940,583.	27	67 233
ro i6	27 28	Unrestricted net assets Temporarily restricted net assets	-	344,670.	28	67,233. 1,375,000.	
11.1 ro 16 10 -9 1t	29	• •		-	344,070.	29	1,373,000.
it	29	Permanently restricted net assets	00.050\	•		23	
0		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	(SC 958), check h	iere 🖊			
rn	30					30	
ai	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e		31			
ai	32	Retained earnings, endowment, accumulated in	unds		32		
ai Z	33	Total net assets or fund balances	ncome, or other i	uiius	3,285,253.	33	1,442,233.
	34	Total liabilities and net assets/fund balances		F	3,457,764.	34	1,525,657.
		. Staabiiitioo aria riot abboto/iaria balario65		L	0, 10, , 01.	V 7	Form 990 (2018)

Form **990** (2018)

Part XI	Reconciliation of Net Assets
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	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,641,669.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,148,101.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,493,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,285,253.
5	Net unrealized gains (losses) on investments	5	-3,336,588.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1 442 233

Part **Financial Statements and Reporting**

	Check if Schedule O Contains a response of note to any line in this Fart XII		4	^			
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.						
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						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate						
	basis	2b	X				
b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	2c	X				
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0.						
3a .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		X			
	Act and 0MB Circular A-133? .						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3b					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 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 university:
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, 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.**
 - 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.**
 - e 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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your govern Yes	nization listed ing document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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 111.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4046315.	2436399.	4905086.	4595642.	5625046.	1608488
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	4046315.	2436399.	4905086.	4595642.	5625046.	1608488
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						12779325.
6	Public support. Subtract line 5 from line 4.						8829163
Se	ction B. Total Support						I .
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Ualt 7	Amounts from line 4	4046315.	2436399.	4905086.	4595642.	5625046.	1608488
8	Gross income from interest,						
v	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources .	2,175.	713.	602.	3,768.	8,820.	16,078.
٨	Net income from unrelated business	,				,	,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	750.					750
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						21625316.
	Gross receipts from related activities, et	to (see instruction	c)			12 I	,
13	First five years. If the Form 990 is for			fourth or fifth tax	vear as a section F		
13	organization, checkthis box and sto	•			•	. , . ,	
Se	ction C. Computation of Publi						#
14	Public support percentage for 2018 (lii			olumn (f))		14	40.83 %
17	i abiio sapport percentage for 2010 (iii	io o, column (i) div	rided by inite 11, cc	, , , , , , , , , , , , , , , , , , ,		_ ' -	<u> </u>

15 Public support percentage from 2017 Schedule A, Part II, line 14. 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

(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 bel	ow, please comp	lete Part 11.)				
Section A. Public Support		1		1		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
f Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Sub tract line 7c from line 6.)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b .						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the checkthis box and stop here.	-		rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orgai	nization,
					1 -1	
	: :::::::rt	d: i- lin 13, -	cln()		 	%
Section D. Computation of Invest	ment Income	e Percentage				
 17 Investment income percentage for 201 18 Investment income percentage from 2 19a 33 1/3% support tests - 2018. If the or 	017 Schedule A,	Part III, line 17			18 33 1/3%, and line	%
more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the organ					tion than 33 1/3%, and	>

Private foundation. If the organization did not check a box on line 14. 19a. or 19b. check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2018

15

832023 10-11-18

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **p**art **v**| how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer **(b)** and **(c)** below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in part vi how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3 a		
3b		
35		
3c		
4a		
70		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
- 54		
9b		
9с		
- 55		
40		
10a		
10b		
n 990 or	990-EZ)	2018

COLIC	Add 7 (1 of 11 ood of 300 LZ) 2010		- 10	age c
Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 supported organization,			
	describe how the powers to appoint and/or remove 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Distribution of the file of the control of the control of the file		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions			
1		1-		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each on its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	1	
2	Activities Test. Answer (a) and (b) below.	Tuctions). Yes	No
a			165	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
h	·	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	OL		
•		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	200		
la.	trustees of each of the supported organizations? <i>Provide details in</i> part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
r)	DIG THE ORGANIZATION EXERCISE A SUBSTAINTAL DEGREE OF DIRECTION OVER THE DOLLCIES. DROGRAMS, AND ACTIVITIES OF 63ch			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V I Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally i	ntegrated .	Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

l Pa	rt V I Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiz	ations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes ofsupported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f ·	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder . Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from SectionD,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI . See instructions .			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;							
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, Sa, 6, 9a, 9b, 9c, 11 a, 11 b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,							
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,							
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.							
	(See instructions.)							
-								
-								

20

Schedule A (Form 990 or 990-EZ) 2018

832028 10-11-1 8

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

pupplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

0MB No. 1545-0047 Open to Public

Inspection

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

Par	rt I O	ganizations Maintaining Donor Advised Fu	ınds or Other Similar Fu	ınds or Accou	nts.complete if the
		panization answered "Yes" on Form 990, Part IV, line 6.			·
	`		(a) Donor advised funds	. (b) Funds and other accounts
1	Total num	ber at end of year			
2		e value of contributions to (during year)			
3		e value of grants from (during year)			
4		e value at end of year			
5		ـــــ ganization inform all donors and donor advisors in wri	ting that the assets held in don	or advised fund	s
		ganization's property, subject to the organization's ex	-		No
6		ganization inform all grantees, donors, and donor adv	=	s can be used o	
		able purposes and not for the benefit of the donor or o			•
		sible private benefit?	, , , , , , , ,	F - F	No
Par		onservation Easements. Complete if the organi	zation answered "Yes" on Forr	n 990, Part IV, lir	
1		s) of conservation easements held by the organizatio			es
		eservation of land for public use (e.g., recreation or edu		of a historically	important land area
		otection of natural habitat		n of a certified h	·
		eservation of open space			
2	Complete	lines 2a through 2d if the organization held a qualified	conservation contribution in t	he form of a con	servation easement on the last
	day of the	e tax year.			Held at the End of the Tax Year
a	Total nun	ber of conservation easements			2a
b	Total acre	eage restricted by conservation easements			2b
c	Number of	of conservation easements on a certified historic struc	cture included in (a)		2c
d	Number o	of conservation easements included in (c) acquired aft	er 7/25/06, and not on a histor	ic structure	
	listed in the	ne National Register .			2d
3	Number o	of conservation easements modified, transferred, rele	ased, extinguished, or termina	ated by the orga	nization during the tax
	year				
4	Number c	f states where property subject to conservation easen	nent is located		
5	Does the	organization have a written policy regarding the period	odic monitoring, inspection, ha	andling of	
		, and enforcement of the conservation easements it ho			Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enfor	rcing conservation	on easements during the year
	—				
7	Amount o	f expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing	conservation ea	asements during the year
8	Does eac	n conservation easement reported on line 2(d) above sa	atisfy the requirements of section	on 170(h)(4)(B)(i)
	and section	n 170(h)(4)(B)(ii)?			Yes No
9	In Part XI	$I, describe \ how \ the \ organization \ reports \ conservation$	easements in its revenue and	expense statem	ent, and balance sheet, and
	include, if	applicable, the text of the footnote to the organization	's financial statements that de	escribes the orga	anization's accounting for
		ion easements.			
Par	rt III I O	rganizations Maintaining Collections of A	art, Historical Treasures	s, or Other S	imilar Assets.
	Co	mplete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the orga	nization elected, as permitted under SFAS 116 (ASC	958), not to report in its rever	nue statement a	nd balance sheet works of art,
	historical	treasures, or other similar assets held for public exhibi	tion, education, or research in	furtherance of p	ublic service, provide, in Part XIII,
	the text o	f the footnote to its financial statements that describe	s theseitems.		
b	If the orga	nization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue st	atement and bal	ance sheet works of art, historical
		, or other similar assets held for public exhibition, educ these items:	ation, or research in furtheran	ce of public serv	rice, provide the following amounts
	(i) Reve	nue included on Form 990, Part VIII, line 1			* \$
	` '	s included in Form 990, PartX			\ \ \ \
2	If the orga	anization received or held works of art, historical treas ing amounts required to be reported under SFAS 116	ures, or other similar assets f 3 (ASC 958) relating to these	or financial gain items:	, provide
a	Revenue	included on Form 990, Part VIII, line 1			\$
b	Assets in	cluded in Form 990, PartX			,
НА	For Pape	work Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2018

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treas	sures, or O	ther Sim	ilar Asse	ts(continu	ed)	
3 Using the organization's acquisition, accession,								
(check all that apply):	,	•	Ü	Ü				
a Publicexhibition	d L	oan or excha	nge progran	ns				
b Scholarly research		ther						
c Preservation for future generations								
4 Provide a description of the organization's colle	ections and explain how	thev further the	e organizatior	n's exempt	purpose in	PartXIII.		
5 During the year, did the organization solicit or r	eceive donations of art,	historical treas	sures, or other	r similar as	sets			
to be sold to raise funds rather than to be main	ntained as part of the org	anization's co	ollection?			<u>Yes</u>		No
Part IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		e organization	answered "Ye	es" on For	m 990, Part	IV, line 9,	or	
1a Is the organization an agent, trustee, custodia	n or other intermediary	for contribution	ons or other a	assets not	included			
on Form 990, Part X?						Yes		No
b If "Yes," explain the arrangement in Part XIII ar	nd complete the following	g table:						
						An	nount	
c Beginning balance					1c			
d Additions during the year					1d			
 Distributions during the year 					1e			
f Ending balance .					1f			
2a Did the organization include an amount on For	m 990, Part X, line 21, fo	or escrow or cu	ustodial accou	unt liability	?)	No
b If "Yes," explain the arrangement in Part XIII.						es	<u>i </u>	
Part V I Endowment Funds. Complete if the	e organization answered	d "Yes" on For	1					
_	(a) Current year (b) Prior year	(c)Two yea	rsback (d) Three year	sback (e))Fouryea	arsback
1a Beginning of year balance								
b Contributions .								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
 Other expenditures for facilities 								
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the currer	nt year end balance (line	1g, column (a)) held as:					
a Board designated or quasi-endowment	%							
b Permanent endowment	%							
c Temporarily restricted endowment	%							
The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a Are there endowment funds not in the possession	n of the organization tha	it are held and	administered	for the or	ganization		_	
by:						_	Ye	s No
(i) unrelated organizations						—	Ba(i)	
(ii) related organizations							a(ii)	
b If "Yes" on line 3a(ii), are the related organization						L	3b	
4 Describe in Part XIII the intended uses of the o		t funds.						
Part VI Land, Buildings, and Equipme	ent.							
Complete if the organization answered '	"Yes" on Form 990, Part	IV, line 11a. S	See Form 990	, Part X, lir	ne 10.			
Description of property	(a) Cost or other	` '	t or other	` '	umulated	(d)	Book va	lue
	basis (investment)	basis	(other)	depr	eciation			
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment			71,045.		60,252		10,	793.
e Other			76,593.		76 , 593			0 •
Total. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part X, coi	lumn (B), line 1	10c.)				10,	793.

Schedule D (Form 990) 2018

THE PEACEWORKS NETWORK FOUNDATION

Part VIII Investments - Other Securities.	and France COO. Don't IV. His	- 44h Osa Farra 000 Bart V lisa 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	or end-of-vear market value
(1) Financial derivatives	(4)	(4, 14, 14, 14, 14, 14, 14, 14, 14, 14, 1	, ,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Call III) must a rual Form 000 Part V and (P) line 12			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost of	
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost (or end-oi-year market value
(1)	 	_	
(2)	 		
(3) (4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	no 15)		
Part X Other Liabilities.	C 10.)		
	on Form 000 Port IV line	110 or 11f Soc Form 000 Bort V lin	o 25
Complete if the organization answered "Yes" of a Description of liability	ni Folili 990, Fait IV, ilile	(b) Book value	e 25.
(1) Federal income taxes		(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote	e to the organization's financial stater	ments that reports the

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIIIX

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -3,336,588 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line ?b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: 43,707 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 2d d Other (Describe inPart XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line ?b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1band 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE ACCOUNTING FOR, AND DISCLOSURE OF MORE LIKELY THAN NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

Schedule D (Form 990) 2018

30ПЕDULE Г (Form 990)

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

Complete if the organization answered Tes on Form 990, Fart TV, line 140, 15, or

0 MB No. 1545-004 7
2018

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

THE PEACEWORKS NETWORK FOUNDATION

30-0102398

Part I _ General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Activities per Region . (The following Part I, line 3 table can be duplicated if additional space is needed.)

ο*Ν*γ X

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of emp oyees agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
MIDDLE EAST & NORTH					
AFRICA	(46	GRANTS TO RECIPIENTS		2,023,000
				PROVIDE SUPPORT FOR	
				EDUCATIONAL TRAINING AND	
MIDDLE EAST & NORTH				INSTRUCTION ON CONFLICT	
AFRICA	2	10	PROGRAM SERVICES	RESOLUTION.	588,921

sheets to Part I	0	0		
c Totals (add lines 3a				

56

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

Schedule F (Form 990) 2018

3a Subtotal

and 3b)

0.

2,611,921.

b Total from continuation

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

a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e)Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		MIDDLE EAST &	EDUCATE PEACE &					
		NORTH AFRICA	CONDEMN VIOLENCE	2023000.	WIRE TRANSFERS	0.		
Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country r	ecognized as tay-ey	emnt		

Enter total number of other organizations or entities

Schedule F (Form 990) 2018

31 832072 10-31-18

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

Part IV | Foreign Forms

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

Schedule F (Form 990) 2018

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (t) (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:
THE ORGANIZATION REVIEWS ALL POTENTIAL GRANT RECIPIENTS TO ENSURE THAT
THE ORGANIZATION'S FUNDS WILL BE USED FOR CHARITABLE PURPOSES. ALL
GRANTEES ARE REQUIRED TO SUBMIT PROJECT BUDGET PROPOSALS FOR GRANT
FUNDING, AND ARE ALSO REQUIRED TO SUBMIT PERIODIC NARRATIVE AND FINANCIAL
REPORTS ON THE USE OF GRANT FUNDS. ORGANIZATION STAFF ARE ALSO IN
CONTACT WITH GRANT RECIPIENTS DURING THE TERM OF EACH GRANT.

832 075 10-31-18 Schedule F (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

0MB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

 ${f J}$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

 ${f J}$ Attach to Form 990.

 $\boldsymbol{J}\,$ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Par	THE PEACEWOR	VO NEIA	VORK FOUND	ATION)-0102	398	
1 1 41	Types of Floperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VI11, line I g	Method o	(d) f determin tribution ar		s
1	Art - Works of art			, , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	36,022.	MV OF STO	OCK DO	NAT	IO
10	Securities - Rublicly traded Securities - Closely held stock			00,0==		7021 2 0		<u> </u>
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution -Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \mathbf{J}							
26	Other J							
27	Other J							
28	Other J							
29	Number of Forms 8283 received by the organization	zation during	the tax vear for co	ontributions				
	for which the organization completed Form 828	_						
	J	,	3			ſ	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the da							
	exempt purposes for the entire holding period		•	·		30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that	requires the reviev	v of any nonstandard contril	outions?	31		X
32a	Does the organization hire or use third parties o							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn 't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.		•					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedu	le M (Forn	1 990)	2018

35

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental information to Form 990 or 990-EZ

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

Go to www.iʌsɨː৪৪৭/িতিদ্যানিস্টিঞ্জি চাঞ্চাব্যহচানformation.

2018
Open to Public Inspection

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

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

PROMOTE EDUCATIONAL INSTRUCTION AND CONFLICT RESOLUTION IN COMMUNITIES

WORLDWIDE. WE INVEST IN PROGRAMMING THAT STRIVES TO PROMOTE PEACE AND

CONDEMN VIOLENCE, WITH A PARTICULAR EMPHASIS ON FOSTERING GREATER

CROSS-CULTURAL UNDERSTANDING THROUGH INTERACTIVE COMMUNICATION. OUR

PRIMARY AREA OF FOCUS IS THE MIDDLE EAST, SPECIFICALLY ISRAELI AND

PALESTINIAN COMMUNITIES, WHICH WE SUPPORT THROUGH OUR FLAGSHIP PROGRAM:

THE ONEVOICE MOVEMENT.

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

EMPHASIS ON FOSTERING GREATER CROSS-CULTURAL UNDERSTANDING THROUGH

INTERACTIVE COMMUNICATION. OUR PRIMARY AREA OF FOCUS IS THE MIDDLE

EAST, SPECIFICALLY ISRAELI AND PALESTINIAN COMMUNITIES, WHICH WE

SUPPORT THROUGH OUR FLAGSHIP PROGRAM: THE ONEVOICE MOVEMENT.

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

DESIGNATED BOARD REPRESENTATIVES REVIEW AND APPROVE THE TAX RETURN. PRIOR TO FILING FORM 990, THE FINAL DRAFT IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO DIRECTORS,
OFFICERS, AND EMPLOYEES. UNDER THE TERMS OF THE POLICY, EACH COVERED
PERSON IS REQUIRED, ON AN ANNUAL BASIS, TO COMPLETE A DISCLOSURE STATEMENT
ACKNOWLEDGING THAT HE OR SHE HAS READ AND IS IN COMPLIANCE WITH THE POLICY,

AND PROVIDING INFORMATION REGARDING ACTUAL OR POTENTIAL CONFLICTS OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page2
Name of the organization THE PEACEWORKS NETWORK FOUNDATION	Employer identification number 30-0102398
INTEREST. COVERED PERSONS ARE ALSO REQUIRED TO PROMPTLY	DISCLOSE ANY
CONFLICTS AS THEY ARISE. THE CONFLICT POLICY IS OVERSEEN	N AND ADMINISTERED
BY THE ORGANIZATION'S BOARD, WHICH ADDRESSES CONFLICTS AS	S REQUIRED BY LAW.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE	E GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILAB	BLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	468,089.
MANAGEMENT AND GENERAL EXPENSES	4,005.
FUNDRAISING EXPENSES	7,815.
TOTAL EXPENSES	479,909.
AUDIT FEES:	
PROGRAM SERVICE EXPENSES	28, 001.
MANAGEMENT AND GENERAL EXPENSES	16,290.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,291.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	524,200.
FORM990	
FORM990, PART XII, LINE 2C EXPLANATION:	
NO CHANGE FROM PRIOR YEAR.	
FORM990, PART V, LINE 4B EXPLANATION:	
STATE OF PALESTINE	
2000.40.40.40.40	dula 0 (Farm 000 or 000 E7) (2019)

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Lin n No. v	Unadjusted Cost Or Basis	Bus % Exel	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.ODO	НҮ16									
				.ODO	HYL6									
28	WEBSITE	01/01/14	SL	3.00	HYL7	73,413.				73,413.	73,413.		0	73,413.
29	WEBSITE	02/18/14	SL	3.00	HYL7	1,980.				1,980.	1,980.		0	1,980.
30	WEBSITE	03/01/14	SL	3.00	HYL7	1,200.				1,200.	1,200.		0	1,200.
	* 990 PAGE 10 TOTAL -					76,593.				76,593.	76,593.		0.	. 76 , 593.
21	COMPUTER EQUIPMENT	08/01/11	SL	5.00	HYL7	11,197.				11,197.	11,197.		0.	. 11,197.
22	COMPUTER EQUIPMENT	08/01/11	SL	5.00	HYL7	38,028.				38,028.	38,028.		0	. 38,028.
23	COMPUTER	07/01/11	SL	5.00	HYL7	5,612.				5,612.	5,612.		0	5,612.
24	COMPUTER	10/08/16	SL	5.00	HYL7	1,033.				1,033.	310.		207.	517.
25	COMPUTER	07/08/16	SL	5.00	HYL7	3,006.				3,006.	902.		601.	1,503.
26	COMPUTER	11/02/16	SL	5.00	MQL7	1,547.				1,547.	348.		309.	657.
27	COMPUTER	01/01/17	SL	5.00	HYL7	2,992.				2,992.	299.		598.	897.
31	COMPUTER	01/25/17	SL	5.00	HYL7	3,007.				3,007.	451.		601.	1,052.
32	COMPUTER	02/08/17	SL	5.00	HYL7	1,003.				1,003.	289.		201.	490.
33	EQUIPMENT	02/15/17	SL	5.00	HYL7	2,992.				2,992.	444.		598.	1,042.
34	COMPUTER EQUIPMENT	02/15/17	SL	5.00	HYL7	2,892.				2,892.	334.		578.	912.
35	COMPUTER	03/08/17	SL	5.00	HYL7	1,355.				1,355.	161.		271.	432.

828111 04-01-18

⁽D) -Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction , GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No .	Description	Date Acquired	Method	Life		Li ne No.	Unadjusted Cost Or Basis	Bus % Exel	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	COMPUTER	03/29/17	SL	5.00	НҮ	7	11,685.				11,68 5.	2,922.		2,337.	5,259.
37	COMPUTER	03/29/17	SL	5.00	НҮ	7	11,685.				11,685.	1,364.		2,337.	3,701 .
38	COMPUTER	12/08/17	SL	3.00	НҮ	7	936.				936.	182.		312.	494.
	* 990 PAGE 10 TOTAL -						98,970.				98,970.	62,843.		8,950.	71,793.
	* GRAND TOTAL 990 PAGE 10 DEPR						175,563.				175,563.	139,436.		8,950.	148,386.

(Rev. December 2018) Department of the Treasury

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by TAN 1 2018 and and ing DEC 31 2018 OMB No. 1545-0123

Attachment

Department of the Treasury Internal Revenue Service section 898) (see instructio	ons) beginning JA	Νĺ	, 2018, and endin	g DEC 31, 201	.8 Seq	uence No. 1	121		
Name of person filing this return				A Identifying nun						
THE PEACEWORKS NETWO	RK FOU	NDATION		30-0102	398					
Number, street, and room or suite no. (or P.O. box number, street, and room or suite no. (or P.O. box number)			ress)	B Category of filer	(See instructions. Check		`′′			
3 TIMES SQUARE - 12T	H FLOC)R		C. Enter the total o	1 2 3	4	5 X	0.014		
City or town, state, and ZIP code NEW YORK, NY 10036					ercentage of the foreign (ne end of its annual accou			оск) • 0 0 %		
Filer's tax year beginning JAN 1		, 2018 , and en	ding 1	DEC 31	, 2018	mang pono	<u> </u>	70		
D Check box if this is a final Form 5471 for the		rporation			,					
E Check if any excepted specified foreign fin			orm (se	ee instructions)						
F Person(s) on whose behalf this information	n return is tile	ea:				(4) Che	ck applicabl	e hov(es)		
(1) Name		(2) Add	ress		(3) Identifying number	Shareholder	T '	Director		
THE PEACEWORKS		S SQUARE		2TH FLOOR						
NETWORK FOUNDATION	NEW YO	RK NY 100	36		300102398	X	X			
Important: Fill in all applicable lines a	and ashadul	on All information		oo in English All omo	intot ho atatad in	115 dalla	ro			
unless otherwise indicate		es. All Illioithalion	must 4	de III Englisti. Ali amot	ints must be stated in	U.S. UUIIA	18			
1a Name and address of foreign corporation					b(1) Employer identi	ification nur	mber, if any			
GIDULAY HASHALOM L					515492577					
33 MONTEFIORE STRE	ET				b(2) Reference ID number (see instructions)					
TEL-AVIV ISRAEL					1234	whose laws	incorporate	ad		
ISKALL					c Country under VISRAEL	wiiose iaws	псогроган	;u		
d Date of e Principal place of b	usiness	f Principal business activity		g Principal business a	ctivity	h Function	nai currency	7		
incorporation AQABA		code number "	F	ARMING		~-				
07/31/16 JORDAN	foreign corn	111900	ariad a	tatad abaya	ISRAE	L, SE	IEQEL			
Provide the following information for thea Name, address, and identifying number of					b If a U.S. income tax	return was	filed enter			
a mamo, address, and monthlying names of	T DTGTTOTT OTTIO	o or agont (ii arry) iii i		ou outoo		(ii)	U.S. income			
					(i) Taxable income or (lo	oss)	(after all cr	edits)		
c Name and address of foreign corporation	'e etatutory o	r recident agent	- 1	d Name and address	(including corporate dep	artment if	annlicable) (
in country of incorporation	3 Statutory 0	r resident agent		person (or persons) with custody of the boo	ks and reco	ords of the f	foreign		
				•	e location of such books	and record	s, if differen	t		
BARUCH MAZOR				BARUCH MA						
3 HAMANIT STR.	т			3 HAMANIT						
HOD HASHARON ISRAE ISRAEL	Ъ			ISRAEL	RON ISRAEL					
Schedule A Stock of the For	eign Cor	poration		тышш						
		•			(b) Number of sha	ares issued	and outstar	iding		
(a) Desc	ription of eac	h class of stock			(i) Beginning of annua		(ii) End of a			
COMMON					0 1	60	accounting	9 6 C		
COLLION					3			300		
LHA For Paperwork Reduction Act Notice,	see instructi	ons.				Form	5471 (Re	v. 12-2018		

SEE STATEMENT 1

Form 5471 (Rev. 12-2018)

Schedule Shareholders of Foreign Corporation

Part 11 U.S. Shareholders of Foreign (Cornor	ation (see instructions)			
(a) Name , address, and identifying number of shareholder	(b) Des	e:This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
PEACEWORKS NETWORK FDN 3 TIMES SQUARE - 12TH FL NEW YORK NY 10036 300102398	COMM	ON	360	360	
t a s:					
Part II Direct Shareholders of For. (a) Name , address, and identifying number of shareholder. Also include country of incorporation of formation , if applicable.		(b) Description of each class of stock held Note:This description should match th description entered in Schedule A, co	e corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
					<u> </u>

Form 5471 (Rev. 12-2018) Page **3**

Schedule C | Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
	1a Gross receipts or sales1a		
	b Returns and allowances 1b		
	c Subtract line 1b from line 1a 1c		
	2 Cost of goods sold		
	3 Gross profit (subtract line 2 from line 1c) 3		
ω	4 Dividends 4		
Income	5 Interest 5		
<u> </u>	6a Gross rents 6a		
	b Gross royalties and license fees 6b		
	7 Net gain or (loss) on sale of capital assets 7		
	8a Foreign currency transaction gain or loss - unrealized 8a		
	b Foreign currency transaction gain or loss - realized 8b		
	9 Other income (attach statement)		
	10 Total income (add lines 3 through 9) 10		
	11 Compensation not deducted elsewhere 11		
	12a Rents 12a		
	b Royalties and license fees 12b		
ည	13 Interest 13		
Ģ	Depreciation not deducted elsewhere 14		
Deductions	Depletion 15		
De.	16 Taxes (exclude income tax expense (benefit)) 16		
	17 Other deductions (attach statement - exclude income tax expense		
	(benefit)) 17		
	18 Total deductions (add lines 11 through 17)		
	19 Net income or (loss) before unusual or infrequently occurring items, and		
e	income tax expense (benefit) (subtract line 18 from line 10)		
6	20 Unusual or infrequently occurring items 20		
Net Income	21a Income tax expense (benefit) - current 21a		
Nei	b Income tax expense (benefit) - deferred 21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b)		
Ф	23a Foreign currency translation adjustments 23a		
Other nprehensive Income	b Other 23b		
Othe prehe	c Income tax expense (benefit) related to other comprehensive income 23c		
Comp	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less		
	line 23c) 24		
	,		orm 5471 (Rev. 12-2018)

Form 5471 (Rev. 12-2018) Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	12,762.	12,762.
2a	Trade notes and accounts receivable	2a	31,955.	31,955.
b	Less allowance for bad debts	2b	() (
3	Derivatives	3		
4		4	17,352.	17,352.
5	Inventories Other current assets (attach statement) SEE STATEMENT 2	5	37,687.	37,687.
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	() (
10a	Depletable assets	10a		
		10b	() (
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	() (
13	Less accumulated amortization for lines 12a, 12b, and 12c Other assets (attach statement) SEE STATEMENT 3	13	2,613,523.	2,613,523.
14	Total assets	14	2,713,279.	
	Liabilities and Shareholders' Equity			
15		15	12,096.	12,096.
16	Other current liabilities (attach statement) SEE STATEMENT 4	16	13,054.	13,054.
17	Derivatives	17		
	Loans from shareholders and other related persons	18	2,734,361.	2,734,361.
	Loans from shareholders and other related persons Other liabilities (attach statement) SEE STATEMENT 5	19	354,904.	354,904.
	Capital stock:			
а	Preferred stock	20a		
	Common stock	20b	21,623.	21,623.
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22	-422,759.	-422,759.
23	Less cost of treasury stock	23	() (
24	Total liabilities and shareholders equity	24	2,713,279.	2,713,279
Scl	nedule G Other Information		·	
				Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in	n any fo	oreign	
•	partnership?			X
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as sowner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own	eparate	e from its	
		any for	eign	
	branch (see instructions)?			X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions	,		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a	the for	eign erosion	
				X
	payment made or accrued to the foreign corporation (see instructions)?			
h	If "Yes," complete lines 4b and 4c.			C
b	Enter the total amount of the base erosion payments			Φ
5a	Enter the total amount of the base erosion tax benefit During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the description of the tax year.			Φ
Ja	allowed under section 267A?	icuuctil	JII IS HUL	X
	If "Yes," complete line 5b.			A
b	Enter the total amount of the disallowed deductions (see instructions)			> \$
81233	38.6		·	orm 5471 (Rev. 12-2018)

Form 5471 (Rev. 12-2018) Page 5

Sc	hedule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?		
	If"Yes,"complete lines 6b, 6c, and 6d.	2	X
b			
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
С	eligible income (FDDEI) (see instructions) Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
	its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?.		X
В	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		
10	was in effect before January 5,2009?		Х
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		v
44	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction Income method Acquisition price met method Residual profit split Unspecified methods		
	method Residual profit split Unspecified methods Market capitalization method method	1	
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		>
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		>
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		>
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		>
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		>
18	$During the \ tax year, did \ the \ foreign \ corporation \ payor \ accrue \ foreign \ taxes \ to \ which \ section \ 909 \ applies, or \ treat$		
19	foreign taxes that were previously suspended under section 909 as no longer suspended? Did you answer "Yes" to any of the questions in the instructions for line 19?		}
	If "Voe " onter the corresponding code(s) from the instructions and attach statement (see instructions)		

30-0102398

Form 5471 (Rev. 12-2018)

Page 6

Schedule	·	. <u>~ 4</u>	7	hareholder	_	I				^ :	
i Schedule I	 summarv	ОТ		narenoider	S	income r	-rom	Forei	an t	.orno:	ranon
	, ,	•	_		_		. •		9	- O. P O.	

If item Fon page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name o	of U.S. shareholde	Identifying number		
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of	f a lower-tier foreign corporation		
	(see instructions)		1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered	corporations (see instructions)	1b	
c	Other Subpart Fincome (enter the result from Worksheet A in the in	structions)	1c	
2	Earnings invested in U.S. property (enter the result from Worksheet	Bin the instructions)	2	
3	Previously excluded export trade income withdrawn from investment in expe	ort trade assets (enter the		
	result from Worksheet C in the instructions)		3	
4	Factoring income		4	
	See instructions for reporting amounts on lines 1 through 4 on you	r income tax return.		
5	Dividends received (translated at spot rate on payment date under s	section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income		6	

Yes No

- · Was any income of the foreign corporation blocked?
- Did any such income become unblocked during the tax year (see section 964(b))?

If the answer to either question is "Yes," attach an explana tion.

FORM 5471 NAME, ADDRESS, IDENTIFYIS SHARES SUBSCRIBED TO THE STOCK OF THE FO	BY EACH SUBSCRIBER TO
NAME AND ADDRESS	IDENTIFYING NUMBER OF NUMBER SHARES
THE PEACEWORKS NETWORK FDN 3 TIMES SQUANEW YORK NY 100	RE - 12TH FLOOR 300102398 360
FORM 5471 OTHER CURRI	ENT ASSETS STATEMENT 2
DESCRIPTION	BEG. OF ANNUAL END OF ANNUAL ACCOUNTING ACCOUNTING PERIOD PERIOD
OTHER RECEIVABLES	37,687. 37,687.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE	5 37,687. 37,687.
FORM 5471 OTHER 2	ASSETS STATEMENT 3
DESCRIPTION	BEG. OF ANNUAL END OF ANNUAL ACCOUNTING ACCOUNTING PERIOD
LONG TERM LOANS	2,613,523. 2,613,523.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE	2,613,523. 2,613,523.
FORM 5471 OTHER CURRENT	LIABILITIES STATEMENT 4
DESCRIPTION	BEG. OF ANNUAL END OF ANNUAL ACCOUNTING ACCOUNTING PERIOD
TRADE PAYABLES	13,054. 13,054.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE	13,054. 13,054.

FORM 5471 OTHER LI	IABILITIES	STATEMENT 5
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LONG TERM LOANS	354,904.	354,904.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LI	NE 19 354,904.	354,904.

SCHEDULE J (Form 5471)

(Rev . Decem ber 2018) Department of the Treas ury Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

0MB No. 1545-0123

Name of person filing Form 5471

Identif ying number

THE	PEACEWORKS NETWORK FOUNDATION			_	_		30-	0102398
Name o	f foreign corporation ULAY HASHALOM LTD			E15aly 5492	577 R	ie:r3e4 number		
a	Separate Category (Enter code - see instructions.)							GEN
h l	f code 901j is entered on line a, enter the country code for the	sanctioned country (se	e instructions)				—	
Par	t I Accumulated E&P of Controlled Foreign Cor	poration	<u> </u>					
$\overline{\mathbf{D}}$	Check the box if person filing return does not have all U.S. Shar	eholders' information	to complete amount for	r columns (e)(ii)-(e)(iv)	and (e)(vii)-(ix) (se	e instructions).		
	tant: Enter amounts in functional currency.	(a)	(b	(c)	_(d)	(e) Previously	Taxed	E&P (see instructions)
·	·	Post-2017 E&PNot Previously Taxed (post-2017 section 959(c)(3) balance)	UndisIr t\ii a nings p ost -1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously T_axed (pre-1987 section 959(c)(3) balance)	Hovering Def1c1t and Deduction for Suspended Taxes	(i) Earnings In U.S. Pro (section 959(c	perty	(ii) Section 965(a) Inclusion (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior year Schedule J)		-1,272,873.					
1b	Beginning balance adjustments (attach statement) .							
1c	Adjusted beginning balance (combine lines 1a and 1b)		-1,272,873.					
2a	Reduction for taxes unsuspended under anti-splitter rules							
2b	Disallowed deduction for taxes suspended under anti-splitter rules							
3	Current year E&P (or deficit in E&P)							
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
Sa	E&P carried over in nonrecognition transaction							
Sb	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines 1c through 6)		-1,272,873.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed posttransaction E&P (see instructions)							
14	Balance at beginning of next year (combine lines 7 through 13)		-1,272,873.					

Par	I Accumulated		d Foreign Corporat	ion (continued)				
	(e) Previously Taxed E&P (see instructions)							
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(8))	(vi) Subpart F Income (section 959 c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1a								-1,272,873.
1b								
1c								-1,272,873.
2a								
2b 3								
4								
5a								
5b								
6								
7								
8								
9								
10								
11								
13								
14								-1,272,873.
Par	II Nonprevious	ly Taxed E&P Sub	ject to Recapture a	as Subpart F Incon	ne (section 952(c)	(2))		· · · · · · · · · · · · · · · · · · ·

Enter amounts in functional currency.

1	Balance a	at how	ainnina	of woor
	Balance a	at bed	ainnina	or vear

- 2 Additions (amounts subject to future recapture)
- **3** Subtractions (amounts recaptured in current year)
- **4** Balance at end of year (combine lines **1** through 3)

Schedule J (Form 5471) (Rev. 12-2018)

SCHEDULE O (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Name of person filing Form 5471

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule Õ (Form 5471) and its instructions is at www.irs.gov/form5471

Attach to Form 5471.

OMB No. 1545-0704

Identifying number

THE PEACEWORKS NETWORK FOUNDATION 30-0102398 Name of foreign corporation Reference ID number EIN (If any) GIDULAY HASHALOM LTD 515492577 1234 Important: Complete a separate Schedule O for each foreign corporation for which information must be reported. To Be Completed by U.S. Officers and Directors (c) Identifying number (d) Date of original Name of shareholder for whom Date of additional Address of shareholder acquisition information is reported of shareholder 10% acquišition 10% acquisition Part II To Be Completed by U.S. Shareholders Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A - General Shareholder Information (a) For shareholder's latest U.S. income tax return filed, indicate: Date (if any) shareholder Name, address, and identifying number last filed information return under section 6046 of shareholder(s) filing this schedule (1)(2) Date return filed Internal Revenue Service Center where filed Type of return for the foreign corporation Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation (d) (a) (b) (c) Check appropriate Name of U.S. officer or director Address Social security number PEACEWORKS NETWORK F Χ Section C - Acquisition of Stock (e) (d) (b) (c) Number of shares acquired Method of Class of stock Date of Name of shareholder(s) filing this schedule acquisition acquired acquisition (1) (2)(3) Directly Indirectly Constructively

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812391 04-01-18

Schedule O (Form 54/1)(Rev. 12-2012) (f)			(g)			Page2	
Amount paid or value given		Name and	address of person from w	hom shares were acc	quired		
	S	Section D - Dispo	sition of Stock				
(2)	(b)	(a)	(d)	Numbe	disposed of		
(a) Name of shareholder disposing of stock	Class of stock	Date of disposition	(c) Method		(2)	(3)	
(f)			(g)				
Amount received		Name and addre	(g) ess of person to whom	disposition of stoc	k was made		
	Section E - Organ	ization or Reorga	nization of Foreign Co	rporation			
Name	(a) Name and address of transferor				(b) Identifying number (if any) Date		
Assets tra	(d) Insferred to foreign o	corporation			(e)		
(1) Description of assets	(2) Fair market va	Adju	sted bas\:l(if transferor			red by, or notes or ign corporation	
	Se	ection F - Additio	nal Information	1			
(a) If the foreign corporation or a predecesso	•	` •		*	•	•	
attach a statement indicating the year for which is the u.s. income tax paid (after u.s. u.s.		na, if applicable, the	name of the corporation	riling the consolidated	a return), the ta	axable income or	

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

Schedule O (Form 5471)(Rev. 12-2012)

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Form **8868** (Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

0MB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	E					umber
Type or	Name of exempt organization or other filer, see instruc	Employer identification number (EIN)		mber (EIN) o		
print	THE PEACEWORKS NETWORK FOU	30-0102398				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se C/O BRC, 630 3RD AVE, 15TH		Social se	Social security number (SSN)		
ns t uc t ons	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10017					
Enter the I	Return Code for the return that this application is for (file	a separa	te application for each return)			[QTI
Application	on	Return	Application			Return
Is For			Is For		Code	
	or Form 990-EZ	01 02	Form 990-T (corporation)			07
Form 990-BL Form 4720 (individual)			Form 1041-A		08	
			Form 4720 (other than individual)			
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)		04	Form 5227		10	
		05	Form 6069			
Form 990-	-T (trust other than above) ORGANIZATION	06	Form 8870			12
Telepho	oksareinthecareof James SQUARE none No. 212 897 – 3985 rganization does not have an office or place of busines s for a Group Return, enter the organization's four digit G If it is for part of the group, check this box an	s in the Ur Group Exe		If this is fo	r the whole group,	
the o	quest an automatic 6-month extension of time until organization named above. The extension is for the organization ramed above. The extension is for the organization ramed at 2018 or the tax year entered in line 1 is for less than 12 months, change in accounting period	nization's tax y	return for: year beginning_	ile the exer	mpt organization urn	return for
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions .	or 6069,	enter the tentative tax, less	3a	\$	0.
b If thi	his application is for Forms 990-PF, 990 -T, 4720, or 6069 mated tax payments made. Include any prior year overpage.		•	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pay					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions

Form 8868 (Rev. 1-2019)

823841 12-19-18