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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	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
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	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 0;">(See instructions below for completion)</p> <p style="margin: 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 0;">The form 114a may be digitally signed</p>	<b>THEPEAC20180001</b>
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**Part 11 Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)**

1. Owner last name or entity's legal name <b>THE PEACEWORKS NETWORK FOUNDATION</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2018** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date MM DD YYYY	9. Owner or entity TIN 300102398	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.**

15. Preparer last name <b>BERNSTEIN</b>	16. Preparer first name <b>JEFFREY</b>	17. Preparer M.I.	18. Preparer PTIN <b>P01025069</b>
19. Address <b>630 THIRD AVENUE, SUITE 1502</b>	20. City <b>NEW YORK</b>	21. State <b>NY</b>	22. ZIP/postal code <b>10017</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>BERNSTEIN ROSEN &amp; COMPANY CP</b>	25. Employer EIN <b>26-1550036</b>	26. Preparer's signature

**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 <http://bsaefiling.fincen.treas.gov/main.html> for registration).

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.**

# IRS e-file Signature Authorization for an Exempt Organization

## 2018

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**THE PEACEWORKS NETWORK FOUNDATION**

30-0102398

Name and title of officer

**SAMER HAMADEH  
TREASURER**

### 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-EQ and enter the applicable amount, if any, from the return. If you check the box 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, then leave line 1b, 2b, 3b, 4b, or Sb, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</b>	1b <u>5,641,669.</u>
2a Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9)</b>	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22)</b>	3b _____
4a Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part VI, line 5)</b>	4b _____
Sa Form 8868 check here <input type="checkbox"/>	<b>b Balance Due (Form 8868, line 3c)</b>	Sb _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BERNSTEIN ROSEN & COMPANY CPAS PC to enter my PIN 02398  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to 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 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS 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 zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file 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**

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

FinCEN Form 114

THEPEAC20180001

Filing Name THE PEACEWORKS NETWORK FOUNDATION

Submission Type NEW

PIN NOT REQUIRED

**Check here**  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2019. An automatic extension to October 15, 2019 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- 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. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)



# 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 Filer information THEPEAC20180001**

2 Type of filer

a Individual b Partnership c  Corporation d Consolidated e Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number 300102398 <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ <input type="checkbox"/> TIN <input checked="" type="checkbox"/> EIN	4 Foreign identification <small>(Complete only if item 3 is not applicable)</small> a Type: Passport Foreign TIN Other b Number c Country of Issue	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>THE PEACEWORKS NETWORK FOUNDATION</b>	?First name	8 Middle initial	Sa Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**3 TIMES SQUARE - 12TH FLOOR**

10 City <b>NEW YORK</b>	11 State <b>NY</b>	12 ZIP/Postal Code 10036	13 Country <b>USA</b>
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?  
 Yes Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
 No
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
 No

**Part II Information on financial account(s) owned separately**

15 Maximum value of account during calendar year 50,617.	15a Amount unknown	16 Type of account <input checked="" type="checkbox"/> Bank b Securities c Other -Enter type below
---	-----------------------	--

17 Name of financial institution in which account is held  
**ARAB BANK**

18 Account number or other designation 9490-682979-510	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>RAMALLAH AL-BALAD BR</b>		
20 City <b>RAMALLAH</b>	21 State, if known	122 Foreign postal code, if known	123 Country <b>PALESTINE, STATE OF</b>

**Signature** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	145 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto fill when the FBAR is electronically signed</small>
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<b>Third Party Preparer</b>	47 Preparer's last name BERNSTEIN	48 First name JEFFREY	149 MI 150 Check if self-employed	51 TIN PO1025069	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN Foreign
	<b>Use Only</b>	52 Contact phone no. 212-612-9700	53 Firm's name !BERNSTEIN ROSEN & COMP	54 Firm's TIN 26-1550036	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
55 Mailing address (number, street, apt. or suite no.)   56 City   157 State   158 ZIP/Postal Code   159 Country 630 THIRD AVENUE, SUITE 150   rEw YORK   NY   10017   US					

<b>Part II Continued - Information on Financial Account(s) Owned Separately</b>	<b>FORM 114</b>
<b>Complete a Separate Block for Each Account Owned Separately</b>	

<b>1</b> Filing for calendar year  <u>2018</u>	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>300102398</b>	<b>6</b> Last Name or Organization Name  <b>THE PEACEWORKS NETWORK FOUNDATION</b>
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<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small> <b>75,240.</b>	<b>16</b> Type of account <b>a</b> <input checked="" type="checkbox"/> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held <b>BANK LEUMI</b>
---

<b>18</b> Account number or other designation <b>27090051</b>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>NAHAL HAKISHON 19</b>
--	--

<b>20</b> City <b>BEIT SHEMESH</b>	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country <b>ISRAEL</b>
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<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small>	<b>16</b> Type of account <b>a</b> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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<b>20</b> City	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small>	<b>16</b> Type of account <b>a</b> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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<b>20</b> City	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small>	<b>16</b> Type of account <b>a</b> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held
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<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

<b>20</b> City	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small>	<b>16</b> Type of account <b>a</b> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

<b>20</b> City	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country
----------------	---------------------------	--------------------------------------	-------------------

<b>15</b> Maximum value of account during calendar year <small>15a Amount Unknown</small>	<b>16</b> Type of account <b>a</b> Bank <b>b</b> Securities <b>c</b> Other - Enter type below
---	---

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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<b>20</b> City	<b>21</b> State, if known	<b>122</b> ZIP/Postal Code, if known	<b>23</b> Country
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Form **990**

**Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check it applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return terminated <input type="checkbox"/> Ruled	<b>C</b> Name of organization <b>THE PEACEWORKS NETWORK FOUNDATION</b>		<b>D</b> Employer identification number 30-0102398
	Doing business as		<b>E</b> Telephone number 212-897-3985
	Number and street (or P.O. box if mail is not delivered to street address) Room /suite <b>3 TIMES SQUARE - 12TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>5,703,763</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10036</b>		<b>H(a)</b> Is this a group return for subordinates? <b>Yes X No</b>
	Name and address of principal officer: <b>DANIEL LUBETZKY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <b>Yes No</b> If "No," attach a list. (see instructions)

**J** Website: **WWW.ONEVOICEMOVEMENT.ORG** (insert no.) 4947(a)(1) or 527

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2003** **M** State of legal domicile: **NY**

**Part 11 Summary**

<b>Activities</b> 1 Briefly describe the organization's mission or most significant activities: <b>THE PEACEWORKS FOUNDATION IS A CHARITABLE ORGANIZATION COMMITTED TO SUPPORTING INITIATIVES THAT</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38	3	10																																																							
	4	10																																																							
	5	14																																																							
	6	10																																																							
	7a	0.																																																							
	7b	0.																																																							
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>SAMER HAMADEH, TREASURER</b>	Date		
	Print/Type preparer's name and title <b>BERNSTEIN ROSEN &amp; COMPANY CPAS PC</b>	Preparer's signature	Date	Check
<b>Paid Preparer Use Only</b>	Firm's name <b>BERNSTEIN ROSEN &amp; COMPANY CPAS PC</b>	Firm's EIN <b>26-01925068</b>		
	Firm's address <b>630 THIRD AVENUE, SUITE 1502</b>	Phone no. <b>212-612-9700</b>		
	<b>NEW YORK, NY 10017</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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.

4a (Code: ) (Expenses \$ 3,640,713 including grants of \$ 2,023,000 ) (Revenue \$ ) 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 \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,640,713.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed JNY; 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) available 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 financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records 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 "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2 / 1099-MISC)	(E) Reportable compensation from related organizations (W-2 / 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former			
(1) DANIEL LUBETZKY PRESIDENT & DIRECTOR	12.00	X	X				0.	0.	0.	
(2) JEFFREY SOLOMON CO-CHAIRMAN	2.00	X	X				0.	0.	0.	
(3) LOIS PERELSON-GROSS CO-CHAIRMAN	2.00	X	X				0.	0.	0.	
(4) SAMER HAMADEH TREASURER	2.00	X	X				0.	0.	0.	
(5) HARRIET GREEN DIRECTOR	2.00	X					0.	0.	0.	
(6) MICHAEL JOHNSTON DIRECTOR	2.00	X					0.	0.	0.	
(7) JOEL KELLMAN DIRECTOR	2.00	X					0.	0.	0.	
(8) YONI KOMOROV DIRECTOR	2.00	X					0.	0.	0.	
(9) ARIEL RECANATI DIRECTOR	2.00	X					0.	0.	0.	
(10) MARCIA RIKLIS DIRECTOR	2.00	X					0.	0.	0.	
(11) MARA LEE EXECUTIVE DIRECTOR	40.00		X				0.	120,000.	16,124.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							0.	120,000.	16,124.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	120,000.	16,124.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part IX Statement of Functional Expenses**

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

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

X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,023,000.	2,023,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	120,000.	11,500.	43,000.	65,500.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	837,061.	700,879.	51,066.	85,116.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	78,450.	46,357.	12,230.	19,863.
<b>10</b> Payroll taxes	33,248.	20,739.	3,944.	8,565.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	32,850.	32,850.		
<b>c</b> Accounting	24,713.		24,713.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	524,200.	496,090.	20,295.	7,815.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	32,762.	23,628.	1,457.	7,677.
<b>14</b> Information technology				
<b>15</b> Royalties				
Occupancy	78,310.	58,746.	7,589.	11,975.
Travel	236,885.	119,232.	10,016.	107,637.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
Conferences, conventions, and meetings				
Interest	7,324.	7,316.	8.	
<b>21</b> Payments to affiliates				
Depreciation, depletion, and amortization	3,189.	1,892.	498.	799.
Insurance	23,737.	20,921.	1,097.	1,719.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDIA/COMMUNICATIONS EX	18,607.	18,216.	4.	387.
<b>b</b> EVENT PRODUCTION	18,049.	17,842.		207.
<b>c</b> TELEPHONE EXPENSES	10,458.	9,334.	435.	689.
<b>d</b> BANK CHARGES	8,983.	4,419.	4,365.	199.
<b>e</b> All other expenses	36,275.	27,752.	3,126.	5,397.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,148,101.	3,640,713.	183,843.	323,545.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows 1-34 detailing assets and liabilities. Includes sub-rows 10a, 10b, 10c and 27-29 for net assets.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,442,233.

**Part XII Financial Statements and Reporting**

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

		X	
		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> basis      Separate basis      Consolidated basis      Both consolidated and separate		X
2b	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: <input checked="" type="checkbox"/> Separate basis      Consolidated basis      Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)



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

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

**Section A. Public Support**

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.")	4046315.	2436399.	4905086.	4595642.	5625046.	1608488.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						8829163.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4046315.	2436399.	4905086.	4595642.	5625046.	1608488.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,175.	713.	602.	3,768.	8,820.	16,078.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	750.					750.
11 <b>Total support.</b> Add lines 7 through 10						21625316.

12 Gross receipts from related activities, etc. (see instructions) 12 | \_\_\_\_\_  
 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	40.83 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	41.14 %

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 ▶ X

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 ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part 11.)

**Section A. Public Support**

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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> 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 <b>Public support.</b> (Subtract 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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  %

**Section C. Computation of Public Support Percentage**

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 17, column (f), divided by line 13, column (f)) 11.7 %

18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V 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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2018 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
Carryover from 2013 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, monitoring policy, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenue and assets.

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII es

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current 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 equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		71,045.	60,252.	10,793.
e Other		76,593.	76,593.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,793.



**Part VIII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. 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 XIII.

**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.

1	Total revenue, gains, and other support per audited financial statements			2,348,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-3,336,588.	
	b Donated services and use of facilities	2b	43,707.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		-3,292,881.
3	Subtract line 2e from line 1	3		5,641,669.
4	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	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,641,669.

**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.

1	Total expenses and losses per audited financial statements			4,191,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	43,707.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		43,707.
3	Subtract line 2e from line 1	3		4,148,101.
4	Amounts 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	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,148,101.

**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 1 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**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 F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **THE PEACEWORKS NETWORK FOUNDATION**  
Employer identification number: **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?  Yes  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST & NORTH AFRICA	3	46	GRANTS TO RECIPIENTS		2,023,000.
MIDDLE EAST & NORTH AFRICA	2	10	PROGRAM SERVICES	PROVIDE SUPPORT FOR EDUCATIONAL TRAINING AND INSTRUCTION ON CONFLICT RESOLUTION.	588,921.
<b>3a Subtotal</b>	5	56			2,611,921.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	5	56			2,611,921.

**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, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EDUCATE PEACE & CONDEMN VIOLENCE	2023000	WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3 Enter total number of other organizations or entities

0



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* \_\_\_\_\_

Yes        No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* \_\_\_\_\_

Yes        No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* \_\_\_\_\_

Yes    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        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        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        No

**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.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Department of the Treasury  
Internal Revenue Service

**J** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**J** Attach to Form 990.  
**J** Go to [www.irs.gov/Form990](http://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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VI11, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes .....				
8 Intellectual property				
9 Securities - Publicly traded	X	2	36,022.	MV OF STOCK DONATIO
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>J</b> _____				
26 Other <b>J</b> _____				
27 Other <b>J</b> _____				
28 Other <b>J</b> _____				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2018



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/form990](http://www.irs.gov/form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

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.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number
THE PEACEWORKS NETWORK FOUNDATION	30-0102398

INTEREST. COVERED PERSONS ARE ALSO REQUIRED TO PROMPTLY DISCLOSE ANY CONFLICTS AS THEY ARISE. THE CONFLICT POLICY IS OVERSEEN AND ADMINISTERED BY THE ORGANIZATION'S BOARD, WHICH ADDRESSES CONFLICTS AS REQUIRED BY LAW.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE 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



2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.00	HY L6									
				.00	HY L6									
28	WEBSITE	01/01/14	SL	3.00	HY L7	73,413.				73,413.	73,413.		0.	73,413.
29	WEBSITE	02/18/14	SL	3.00	HY L7	1,980.				1,980.	1,980.		0.	1,980.
30	WEBSITE	03/01/14	SL	3.00	HY L7	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	HY L7	11,197.				11,197.	11,197.		0.	11,197.
22	COMPUTER EQUIPMENT	08/01/11	SL	5.00	HY L7	38,028.				38,028.	38,028.		0.	38,028.
23	COMPUTER	07/01/11	SL	5.00	HY L7	5,612.				5,612.	5,612.		0.	5,612.
24	COMPUTER	10/08/16	SL	5.00	HY L7	1,033.				1,033.	310.		207.	517.
25	COMPUTER	07/08/16	SL	5.00	HY L7	3,006.				3,006.	902.		601.	1,503.
26	COMPUTER	11/02/16	SL	5.00	MO L7	1,547.				1,547.	348.		309.	657.
27	COMPUTER	01/01/17	SL	5.00	HY L7	2,992.				2,992.	299.		598.	897.
31	COMPUTER	01/25/17	SL	5.00	HY L7	3,007.				3,007.	451.		601.	1,052.
32	COMPUTER	02/08/17	SL	5.00	HY L7	1,003.				1,003.	289.		201.	490.
33	EQUIPMENT	02/15/17	SL	5.00	HY L7	2,992.				2,992.	<b>444.</b>		598.	1,042.
34	COMPUTER EQUIPMENT	02/15/17	SL	5.00	HY L7	2,892.				2,892.	334.		578.	912.
35	COMPUTER	03/08/17	SL	5.00	HY L7	1,355.				1,355.	161.		271.	432.



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

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2018**, and ending **DEC 31, 2018**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>THE PEACEWORKS NETWORK FOUNDATION</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>3 TIMES SQUARE - 12TH FLOOR</b> City or town, state, and ZIP code <b>NEW YORK, NY 10036</b> Filer's tax year beginning <b>JAN 1, 2018</b> , and ending <b>DEC 31, 2018</b>	<b>A Identifying number</b>  <b>30-0102398</b>  <b>B Category of filer</b> (See instructions. Check applicable box(es): 1 2 3 4 5 <b>X</b>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> <b>50.00 %</b>  <b>D Check box if this is a final Form 5471 for the foreign corporation</b> _____ <b>E Check if any excepted specified foreign financial assets are reported on this form (see instructions)</b> _____ <b>F Person(s) on whose behalf this information return is filed:</b>
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(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
THE PEACEWORKS NETWORK FOUNDATION	3 TIMES SQUARE - 12TH FLOOR NEW YORK NY 10036	300102398	<b>X</b>	<b>X</b>	

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> <b>GIDULAY HASHALOM LTD</b> <b>33 MONTEFIORE STREET</b> <b>TEL-AVIV</b> <b>ISRAEL</b>	<b>b(1) Employer identification number, if any</b> <b>515492577</b>  <b>b(2) Reference ID number (see instructions)</b> <b>1234</b>  <b>c Country under whose laws incorporated</b> <b>ISRAEL</b>			
<b>d Date of incorporation</b> <b>07/31/16</b>	<b>e Principal place of business</b> <b>AQABA</b> <b>JORDAN</b>	<b>f Principal business activity code number</b> <b>111900</b>	<b>g Principal business activity</b> <b>FARMING</b>	<b>h Functional currency</b> <b>ISRAEL, SHEQEL</b>

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>	<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i) Taxable income or (loss)</b></td> <td style="width:50%;"><b>(ii) U.S. income tax paid (after all credits)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i) Taxable income or (loss)</b>	<b>(ii) U.S. income tax paid (after all credits)</b>		
<b>(i) Taxable income or (loss)</b>	<b>(ii) U.S. income tax paid (after all credits)</b>				
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  <b>BARUCH MAZOR</b> <b>3 HAMANIT STR.</b> <b>HOD HASHARON ISRAEL</b> <b>ISRAEL</b>	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  <b>BARUCH MAZOR</b> <b>3 HAMANIT STR.</b> <b>HOD HASHARON ISRAEL</b> <b>ISRAEL</b>				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	360	360

**SEE STATEMENT 1**





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

**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	12,762.	12,762.
2a	Trade notes and accounts receivable	31,955.	31,955.
b	Less allowance for bad debts	( )	( )
3	Derivatives		
4	Inventories	17,352.	17,352.
5	Other current assets (attach statement) SEE STATEMENT 2	37,687.	37,687.
6	Loans to shareholders and other related persons		
7	Investment in subsidiaries (attach statement)		
8	Other investments (attach statement)		
9a	Buildings and other depreciable assets		
b	Less accumulated depreciation	( )	( )
10a	Depletable assets		
b	Less accumulated depletion	( )	( )
11	Land (net of any amortization)		
12	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 12a, 12b, and 12c	( )	( )
13	Other assets (attach statement) SEE STATEMENT 3	2,613,523.	2,613,523.
14	Total assets	2,713,279.	2,713,279.
Liabilities and Shareholders' Equity			
15		12,096.	12,096.
16	Other current liabilities (attach statement) SEE STATEMENT 4	13,054.	13,054.
17	Derivatives		
18	Loans from shareholders and other related persons	2,734,361.	2,734,361.
19	Other liabilities (attach statement) SEE STATEMENT 5	354,904.	354,904.
	Capital stock:		
a	Preferred stock		
b	Common stock	21,623.	21,623.
21	Paid-in or capital surplus (attach reconciliation)		
22	Retained earnings	-422,759.	-422,759.
23	Less cost of treasury stock	( )	( )
24	Total liabilities and shareholders equity	2,713,279.	2,713,279.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? _____ If "Yes," see the instructions for required statement.		X
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 separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branch (see instructions)? _____ If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? _____ If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments ▶ \$ _____		
c Enter the total amount of the base erosion tax benefit ▶ \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? _____ If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) ▶ \$ _____		

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Form 5471 (Rev. 12-2018)

Schedule 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.  Yes  No
- b Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ▶ \$ \_\_\_\_\_
- c 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?  Yes  No
- B During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?  Yes  No
- 9 If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009?  Yes  No
- 10 If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?  Yes  No
- 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 method       Income method       Acquisition price method  
 Market capitalization method       Residual profit split method       Unspecified methods
- 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))?  Yes  No
- 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.  Yes  No
- 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.  Yes  No
- 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).  Yes  No
- 17 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?  Yes  No
- 18 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?  Yes  No
- 19 Did you answer "Yes" to any of the questions in the instructions for line 19?  
If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) ▶ \_\_\_\_\_

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item on 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 of U.S. shareholder	Identifying number	
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of 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 F income (enter the result from Worksheet A in the instructions)	1c
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	2
3	Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions)	3
4	Factoring income See instructions for reporting amounts on lines 1 through 4 on your income tax return.	4
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5
6	Exchange gain or (loss) on a distribution of previously taxed income	6

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| • Was any income of the foreign corporation blocked?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF STATEMENT 1  
 SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO  
 THE STOCK OF THE FOREIGN CORPORATION

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
THE PEACEWORKS NETWORK FDN 3 TIMES SQUARE - 12TH FLOOR NEW YORK NY 100	300102398	360

FORM 5471 OTHER CURRENT ASSETS STATEMENT 2

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OTHER RECEIVABLES	37,687.	37,687.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	37,687.	37,687.

FORM 5471 OTHER ASSETS STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LONG TERM LOANS	2,613,523.	2,613,523.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	2,613,523.	2,613,523.

FORM 5471 OTHER CURRENT LIABILITIES STATEMENT 4

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
TRADE PAYABLES	13,054.	13,054.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	13,054.	13,054.

FORM 5471	OTHER LIABILITIES	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, LINE 19	354,904.	354,904.	

**SCHEDULE J  
(Form 5471)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Attach to Form 5471.

OMB No. 1545-0123

Name of person filing Form 5471

Identifying number

**THE PEACEWORKS NETWORK FOUNDATION**

**30-0102398**

Name of foreign corporation

**GIDULAY HASHALOM LTD**

E15aly5492577

Ric:r3e4 number

a Separate Category (Enter code - see instructions.)

**GEN**

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).....

**Part I Accumulated E&P of Controlled Foreign Corporation**

D Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions).

**Important:** Enter amounts in functional currency.

		(a)	(b)	(c)	(d)	(e) Previously Taxed E&P (see instructions)	
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Undistributed earnings post-1986 and pre-2018 section 959(c)(3) balance	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit and Deduction for Suspended Taxes	(i) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(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 unsuspending 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.				

**Part I Accumulated E&P of Controlled Foreign Corporation** (continued)

	(e) Previously Taxed E&P (see instructions)							(f)
	(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)(B))	(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								
12								
13								
14								-1,272,873.

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income** (section 952(c)(2))

Enter amounts in functional currency.

- 1 Balance at beginning of year
- 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 O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

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

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>THE PEACEWORKS NETWORK FOUNDATION</b>		Identifying number <b>30-0102398</b>
Name of foreign corporation <b>GIDULAY HASKALOM LTD</b>	EIN (if any) <b>515492577</b>	Reference ID number <b>1234</b>

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 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) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
PEACEWORKS NETWORK FOUN	3 TIMES SQUARE 12 FL NEW YORK NY 10036		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

**(a)** If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

**(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).

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**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](http://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).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions .	Employer identification number (EIN) or
	<b>THE PEACEWORKS NETWORK FOUNDATION</b>	30-0102398
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions .	Social security number (SSN)
	<b>C/O BRC, 630 3RD AVE, 15TH FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions .	
	<b>NEW YORK, NY 10017</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **QTJ**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ORGANIZATION**

- The books are in the care of **3 TIMES SQUARE, 12TH FLOOR - NEW YORK, NY 10036**  
Telephone No. **212 897-3985** Fax No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box.....
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year **2018** or  
 tax year beginning \_\_\_\_\_

- 2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .	<b>3c</b>	\$	0.

**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.