PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Department of the Treasury

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

OMB No. 1545-0047

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

Open to Public

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number X Address change THE PEACEWORKS NETWORK FOUNDATION Name change 30-0102398 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 1577-OCS 212-897-3985 3,332,562. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 10113 NEW YORK, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DANIEL LUBETZKY for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ONEVOICEMOVEMENT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2003 M State of legal domicile: NY ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT INITIATIVES THAT Governance PROMOTE EDUCATIONAL INSTRUCTION AND CONFLICT RESOLUTION COMMUNITIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 14 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 3,017,478. 5,625,046. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 6,760. 16,623. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 146,690. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 5,641,669. 3,170,928. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,023,000. 3,143,551. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,068,759. 954,285. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,056,342. 794,667. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,892,503. 4,148,101. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,493,568. -1,721,575. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 1,525,657. 273,038. Total assets (Part X, line 16) 83,424. 92,140. 21 Total liabilities (Part X, line 26) 三年 442,233. 180,898 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SAMER HAMADEH, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/16/20 self-employed GARRETT M. HIGGINS GARRETT M. HIGGINS P00543209 Paid Firm's name PKF O'CONNOR DAVIES, LLP Firm's EIN $\ge 27 - 1728945$ Preparer Firm's address ▶ 665 FIFTH AVENUE Use Only Phone no. 212-286-2600 NEW YORK, NY 10022

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

| | m 990 (2019) THE PEACEWORKS NETWORK FOUNDATION 30-0102398 | Page 2 |
|-----------|---|----------------------|
| Pa | art III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: THE PEACEWORKS FOUNDATION IS A CHARITABLE ORGANIZATION COMMITTED TO |) |
| | SUPPORTING INITIATIVES THAT PROMOTE EDUCATIONAL INSTRUCTION AND | _ |
| | CONFLICT RESOLUTION IN COMMUNITIES WORLDWIDE. WE INVEST IN PROGRAMM | ING |
| | THAT STRIVES TO PROMOTE PEACE AND CONDEMN VIOLENCE, WITH A PARTICUI | LAR |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | es X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | | es X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens | es. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses | |
| | revenue, if any, for each program service reported. | ,, a a |
| 4a | 4 416 040 2 142 551 | |
| 14 | THE PEACEWORKS FOUNDATION BELIEVES THAT ORGANIZED, STRATEGIC AND | |
| | SOLUTIONS-ORIENTED MOVEMENTS WITHIN EACH COMMUNITY HAVE THE POWER T | <u> </u> |
| | TRANSFORM THE REALITIES OF THE ISRAELI-PALESTINIAN CONFLICT AND REI | |
| | ITS TOXICITY. WE THEREFORE FACILITATE OUR OWN PROGRAMS AND ADVOCACY | |
| | EFFORTS INTERNATIONALLY TO GALVANIZE AND SHAPE A BROAD COALITION | |
| | SPANNING DIFFERENT FAITHS AND CROSSING IDEOLOGICAL AND POLITICAL | |
| | LINESFOR CONFLICT TRANSFORMATION THROUGH OUR ONEVOICE CORE PROGRAMM | ITNG. |
| | WE ALSO SUPPORT THE WORK OF OUR STRATEGIC REGIONAL PARTNERS THROUGH | |
| | CAPACITY-BUILDING AND PERFORMANCE SUPPORT MEASURES, AS WELL AS MAKE | |
| | DIRECT GRANTS. | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | 1 |
| | / (Listerines) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| <u>4e</u> | | n 990 (2019) |
| | Fort | 11 220 (2019) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|----------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ū | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | Ť | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| ′ | | 7 | | x |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | _V |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ,, |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| ızu | • | 12a | Х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | | |
| b | • | 12b | | V X |
| 12 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 13 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 446 | Х | |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4- | Х | |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | . |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | \ _{3,7} |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| | | | | |

| Pa | rt IV Checklist of Required Schedules (continued) | | | | | | |
|---------|--|---------|-----|-----------------------------|--|--|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No | | | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i> | | | | | | |
| | Schedule J | 23 | | Х | | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | | | | |
| | any tax-exempt bonds? | 24c | | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x | | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | | | | |
| | Schedule L, Part I | 25b | | x | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х | | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X | | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l | | | |
| | Schedule N, Part II | 32 | | X | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 37 | | | |
| | Part V, line 1 | 34 | | X | | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X | | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | x | | | |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | | | | | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | x | | | |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | $\stackrel{\Delta}{\vdash}$ | | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 20 | Х | | | | |
| Pa | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | 41 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | |
| | Chock in Contouring Contrained a recipional of flote to daily line in this fact v | <u></u> | Yes | No | | | |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 168 | INO | | | |
| Id h | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | _ | | | | | |
| n | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | | | | |

932004 01-20-20

Form **990** (2019)

(gambling) winnings to prize winners?

Form 990 (2019) THE PEACEWORKS NETWORK FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | |
|---|---|----------|-----|---------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 14 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | | | | |
| b | If "Yes," enter the name of the foreign country OTHER COUNTRY | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b 5c | | X | | | |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | • | | x | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | C h | | | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 6b | | | | | |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 15 | | | | | |
| _ | to file Form 8282? | 7c | | x | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| | Gross income from members or shareholders | | | | | | |
| D | amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | 7.7 | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | 990 | (00.40) | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|-----|---|----------|--------|-----|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year |) | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | |
| b | Enter the number of voting members included on 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? | 2 | | Х | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | |
| | more members of the governing body? | 7a | | Х | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| а | The governing body? | 8a | Х | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | , | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | |
| b | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х | | | | |
| | Other officers or key employees of the organization | 15b | | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 |)s only) | availa | ble | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | - / | | | | | | |
| | Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar | d finan | cial | | | | | |
| | 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 | | | | | | | |
| | MARA LEE - 212-897-3985 | | | | | | | |
| | P.O. BOX 1577-OCS, NEW YORK, NY 10113 | | | | | | | |

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.

See instructions for the order in which to list the persons above.

| Check this box if neither the organization | ion nor any related | orga | niza | tion | con | npen | sate | ed any current officer, d | rector, or trustee. | |
|--|------------------------|--------------------------------|-----------------------------|-------------------------------------|--------------|------------------------------|--------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | | | _ ((| C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Position not check more than one | | | | Reportable | Reportable | Estimated |
| | hours per | | | | | s both | | compensation | compensation | amount of |
| | week | | cer and a director/trustee) | | | 174140 | , | from | from related | other |
| | (list any hours for | lirecto | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or 0 | stee | | | satec | | (W-2/1099-MISC) | (***2/1099****100) | organization |
| | organizations | truste | al trus | | yee | mper | | (** 27 1000 111100) | | and related |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | est co | ler | | | organizations |
| | line) | Indiv | Instii | Officer | Key | Highest compensated employee | Former | | | |
| (1) MARA LEE | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 123,419. | 0. | 20,306. |
| (2) DANIEL LUBETZKY | 3.00 | | | | | | | | | |
| PRESIDENT & DIRECTOR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) JEFFREY SOLOMON | 5.00 | | | | | | | | | |
| CO-CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (4) LOIS PERELSON-GROSS | 5.00 | | | | | | | | | |
| <u>CO-CHAIRMAN</u> | | Х | | Х | | | | 0. | 0. | 0. |
| (5) SAMER HAMADEH | 2.00 | | | | | | | | _ | _ |
| TREASURER & DIRECTOR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) ARIEL RECANATI | 2.00 | | | | | | | | | |
| SCRETARY & DIRECTOR | | Х | | Х | | | | 0. | 0. | 0. |
| (7) MICHAEL JOHNSTON | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) JOEL KELLMAN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) YONI KOMOROV | 2.00 | | | | | | | | • | • |
| DIRECTOR | 1 2 00 | Х | | | | | | 0. | 0. | 0. |
| (10) MARCIA RIKLIS | 2.00 | 37 | | | | | | | 0 | • |
| DIRECTOR (11) WARRIET CREEN | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (11) HARRIET GREEN | 2.00 | 37 | | | | | | | _ | • |
| DIRECTOR THRU NOVEMBER 2019 | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | • | | | | | | | | |
| | | | \vdash | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |

| Form 990 (2019) THE PEACE | | | | | | | | | 30-01 | 023 | 398 | Pa | ige 8 |
|---|---|--------------------------------|-----------------------|-------------------------------------|------------------------|------------------------------|-------------|--|---|------|--------------|---------------------------------|---------------|
| Part VII Section A. Officers, Directors, Trus | 1 | oloy | ees, | | | ghes | st C | ompensated Employed | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week (list any | box | not c , unle | Posi heck r ss per nd a di | ition more son i | than o | n an | (D) Reportable compensation from | (E) Reportable compensation from related | | Est amo | (F) mater ount of ther | of |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | 5) | orga | m the nization relate | e on ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | • | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | <u> </u> | 123,419. | | 0. | 20 | , 30 | |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | | | | | > | 123,419. | | 0. | | | 0. 06. |
| Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | d ab | ove | e) wh | o re | eceived more than \$100 | ,000 of reportable | | | | 1 |
| | alina akan kunak | 1 | | | | | اما اما | | la | | , | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | | 4 | | х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | ccrue comper | nsati | on fi | om a | any | unre | elate | ed organization or indivi | dual for services | | 5 | | Х |
| Section B. Independent Contractors | piete Scrieduit | 3 0 10 | UI SL | ICII Ļ | Jers | OII . | | | | | | | |
| 1 Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | nsat | ion fror | n | |
| (A) Name and business | address | NC | ONI | 3 | | | | (B) Description of s | services | C | (C) ompen | | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors (ii \$100,000 of compensation from the organize | • | ot lin | nited | d to t | thos (| | ted | above) who received m | ore than | | | | |
| | | | _ | | _ | _ | | | | _ | Form 9 | 90 (2 |) (1010 |

Form 990 (2019) THE PEA
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any lin | e in this Part VIII | | | |
|--|------|---|----------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | , | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| တ္ထ | 1 : | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | - | | | |
| جَ ق | | Fundraising events 1c | | 1 | | | |
| ffs, | | d Related organizations 1d | | - | | | |
| ig ig | | | | | | | |
| Sin | | 9 \ | | | | | |
| utic er | 1 | All other contributions, gifts, grants, and | 017 479 | | | | |
| 들 된 | | | 017,478. 125,612. | - | | | |
| o d | | | | 2 017 470 | | | |
| <u>0</u> 8 | | Total. Add lines 1a-1f | | 3,017,478. | | | |
| | | • | Business Code | | | | |
| Se | 2 8 | · | | | | | |
| e Z | ı | · | | | | | |
| S c | • | | | | | | |
| e a | (| d | | | | | |
| Program Service Revenue | | | | | | | |
| 4 | 1 | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f |) | | | | |
| | 3 | Investment income (including dividends, interes | st, and | | | | |
| | | other similar amounts) | | 7,388. | | | 7,388. |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties | > | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 8 | 6a 146,190. | | | | | |
| | | Less: rental expenses 6b 0. | | | | | |
| | | Rental income or (loss) 6c 146,190. | | | | | |
| | | Net rental income or (loss) | • | 146,190. | | | 146,190. |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 161,006. | | | | | |
| | | Less: cost or other basis | | | | | |
| <u>o</u> | | and sales expenses | | | | | |
| her Revenue | | Gain or (loss) 7c -628. | | | | | |
| ě | | d Net gain or (loss) | | -628. | | | -628. |
| 푸 | | a Gross income from fundraising events (not | | 0201 | | | 0201 |
| Oth | 0 (| including \$ of | | | | | |
| ١ | | contributions reported on line 1c). See | | | | | |
| | | . , , , , , | | | | | |
| | | , | | | | | |
| | | | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | 9 7 | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | - | | | |
| | | Less: direct expenses | | | | | |
| | | Net income or (loss) from gaming activities | ····· | | | | |
| | 10 8 | a Gross sales of inventory, less returns | | | | | |
| | _ | and allowances 10a | | | | | |
| | | Less: cost of goods sold10b | | | | | |
| - | • | Net income or (loss) from sales of inventory | | | | | |
| က္ | | OFFICE THEORY | Business Code | F 0 0 | | | F 0 0 |
| e e | 11 : | OTHER INCOME | 900099 | 500. | | | 500. |
| Miscellaneous Revenue | I | · | | | | | |
| Sel Sev | (| | | | | | |
| Mis | (| d All other revenue | | | | | |
| | (| Total. Add lines 11a-11d | | 500. | | | |
| | 12 | Total revenue. See instructions | | 3,170,928. | 0. | 0. | 153,450. |

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

| n- | Check if Schedule O contains a response | (A) | (B) | (C) | (D) |
|--------|---|-------------------|--------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 75,000. | 75,000. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | , , , , , , , | | | |
| 3 | Grants and other assistance to foreign | | | | |
| 3 | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 3,068,551. | 3,068,551. | | |
| 4 | Benefits paid to or for members | 3,000,331. | 3,000,331. | | |
| 5 | Compensation of current officers, directors, | | | | |
| 3 | trustees, and key employees | 143,725. | 107,021. | 9,078. | 27,626 |
| 6 | Compensation not included above to disqualified | 145,725. | 107,021. | 3,070. | 21,020 |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| 7 | Other salaries and wages | 710,272. | 528,886. | 44,863. | 136,523 |
| , 8 | Pension plan accruals and contributions (include | 710,272 | 320,000. | 41,003. | 130,323 |
| • | section 401(k) and 403(b) employer contributions) | 5 270 | 3 924 | 333. | 1 013 |
| 9 | Other employee benefits | 5,270. 49,768. | 3,924. 37,058. | 3,144. | 1,013 9,566 8,698 |
| ອ 0 | Payroll taxes | 45,250. | 33,694. | 2,858. | 8 698 |
| 1 | Fees for services (nonemployees): | 43,2301 | 33,034. | 2,030. | 0,050 |
| ' a | Management | | | | |
| b | | 37,309. | 32,909. | 4,400. | |
| C | Legal | 45,652. | 8,560. | 37,092. | |
| _ | Accounting | 43,032. | 0,300. | 37,032. | |
| d e | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch O.) | 202,954. | 191,958. | 5 287 | 5 700 |
| 2 | Advertising and promotion | 19,939. | 19,828. | 5,287. | 5,709 89 |
| 2 | | 48,421. | 31,766. | 7,673. | 8,982 |
| | Office expenses | 40,421. | 31,700. | 7,075 | 0,502 |
| 4 | Information technology | | | | |
| 5 | Royalties | 212,682. | 127,517. | 40,537. | 44,628 |
| 6 - | Occupancy | 181,759. | 108,480. | 1,933. | 71,346 |
| 7 | Travel | 101,739. | 100,400. | 1,955. | 71,540 |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | 1,360. | 747. | 71. | 542 |
| 9 | Conferences, conventions, and meetings | 7,200. | 7,200. | / _ • | 342 |
| 0 | Interest | 7,200. | 7,200. | | |
| 1 | Payments to affiliates | 28,569. | 27,243. | 402. | 924 |
| 2 | Depreciation, depletion, and amortization | 8,822. | 6,600. | 601. | 1,621 |
| 3 | Insurance | 0,022. | 0,000. | 001. | 1,021 |
| 4 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 4,892,503. | 4,416,942. | 158,294. | 317,267 |
| 6 | 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) | | | | |

Form 990 (2019)
Part X | Balance Sheet

| Part 2 | X | Balance Sheet | | | | | |
|----------------|----|---|--------------------|---------------------|---------------------------------|--------|---------------------------------|
| | | Check if Schedule O contains a response or no | te to an | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,046,679. | 1 | 66,441 | | |
| | 2 | Savings and temporary cash investments | | 2,238. | 2 | 25,534 | |
| | 3 | Pledges and grants receivable, net | | | 374,267. | 3 | 125,578 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, sub- | ontributor, or 35% | | | | |
| | | controlled entity or family member of any of the | ese perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | | | | |
| | | under section 4958(f)(1)), and persons describe | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| ပ္ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ž | 9 | B | | | 8,671. | 9 | 5,303 |
| 1 | 0a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 149,285. | | | |
| | b | Less: accumulated depreciation | 10b | 140,415. | 10,793. | | 8,870 |
| 1 | 1 | Investments - publicly traded securities | | L | 33,009. | 11 | |
| 1 | 2 | Investments - other securities. See Part IV, line | 11 | | | 12 | |
| 1 | 3 | Investments - program-related. See Part IV, line | | | 13 | | |
| 1 | 4 | Intangible assets | | 50,000. | 14 | 25,000 | |
| 1 | 5 | Other assets. See Part IV, line 11 | | | 0. | 15 | 16,312 |
| 1 | 6 | Total assets. Add lines 1 through 15 (must eq | | | 1,525,657. | 16 | 273,038 |
| 1 | 7 | Accounts payable and accrued expenses | | | 83,424. | 17 | 80,179 |
| 1 | 8 | Grants payable | | 18 | | | |
| 1 | 9 | Deferred revenue | | 19 | | | |
| 2 | 20 | Tax-exempt bond liabilities | | | | 20 | |
| 2 | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| ပ္က 2 | 2 | Loans and other payables to any current or for | mer offic | er, director, | | | |
| Ĭ | | trustee, key employee, creator or founder, sub- | stantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ons | | 22 | |
| - 2 | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| 2 | 24 | Unsecured notes and loans payable to unrelate | ed third p | parties | | 24 | |
| 2 | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | es 17-24) | . Complete Part X | • | | 11 061 |
| | | of Schedule D | | | 0. | | 11,961 |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | | | 83,424. | 26 | 92,140 |
| ر س | | Organizations that follow FASB ASC 958, ch | eck her | | | | |
| ğ | | and complete lines 27, 28, 32, and 33. | | | C7 022 | | 46 000 |
| <u> </u> 2 | 27 | Net assets without donor restrictions | | | 67,233. | 27 | 46,898 |
| 2 | 28 | Net assets with donor restrictions | | | 1,375,000. | 28 | 134,000 |
| <u> </u> | | Organizations that do not follow FASB ASC | 958, che | eck here | | | |
| - | | and complete lines 29 through 33. | | | | | |
|) 2 (Si | 9 | Capital stock or trust principal, or current funds | | | | 29 | |
| 38 | 80 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| ا ب | 31 | Retained earnings, endowment, accumulated i | | | 1 440 000 | 31 | 100 000 |
| | 2 | Total net assets or fund balances | | | 1,442,233. | 32 | 180,898 |
| 3 | 3 | Total liabilities and net assets/fund balances | | | 1,525,657. | 33 | 273,038 Form 990 (201 |

| Pai | T XI Reconciliation of Net Assets | | | | | | | |
|-----|--|-----------|-------|-----|------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,17 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,89 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,72 | 1,5 | <u>75.</u> | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | 5 Net unrealized gains (losses) on investments 5 | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | 27. | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -30 | 0,0 | 00. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) 10 | | | | | | | |
| Pai | t 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 X Accrual Other | | _ | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | 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: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | gle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | Form | 990 | (2019) | | | |

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION 30-0102398 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Se | ction A. Public Support | ,, | | , | | | |
|------|--|-----------------------|---------------------|-------------------|---------------------|--------------------|-----------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | ` , | ` , | ` , | , , | , , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2436399. | 4905086. | 4595642. | 6082273. | 3017478. | 21036878. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2436399. | 4905086. | 4595642. | 6082273. | 3017478. | 21036878. |
| | 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) | | | | | | 1282809. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 19754069. |
| | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 2436399. | 4905086. | 4595642. | 6082273. | 3017478. | 21036878. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 713. | 602. | 3,768. | 8,820. | 153,578. | 167,481. |
| 9 | Net income from unrelated business | | | , | · | , | <i>'</i> |
| | 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.) | | | | | 500. | 500. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21204859. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First five years. If the Form 990 is for | | | | | 501(c)(3) | |
| | organization, check this box and stop | _ | | | | | |
| Se | ction C. Computation of Publi | | | | | | , |
| 14 | Public support percentage for 2019 (li | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 93.16 % |
| | Public support percentage from 2018 | | | | | 15 | 40.83 % |
| | a 33 1/3% support test - 2019. If the c | | | | | ore, check this bo | x and |
| | stop here. The organization qualifies | | | | | | |
| k | 33 1/3% support test - 2018. If the c | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac- | ts-and-circumstand | ces" test, check th | is box and stop h | ere. Explain in Par | rt VI how the orga | nization |
| | meets the "facts-and-circumstances" | | * | • | • | • | |
| k | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | ū | | | | • | |
| | organization meets the "facts-and-circ | | | | | | > |
| 18 | Private foundation. If the organizatio | | | | | | s |
| | | | <u> </u> | • | | | or 990-EZ) 2019 |

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

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

| Section A. Public Support | | | | | | |
|---|---------------------------|---------------------------|----------------------|----------------------|--------------------|------------|
| alendar year (or fiscal year beginning in) 🕨 📗 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 1 Tax revenues levied for the organ- | | | | | | + |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| | | | | | | + |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| Total. Add lines 1 through 5 | | | | 1 | | |
| 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 | | | | | | |
| Public support. (Subtract line 7c from line 6.) | | | | | | |
| ection B. Total Support | | | | | | |
| lendar year (or fiscal year beginning in) ► 📙 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| Amounts from line 6 | | | | | | |
| 0a 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 | | | | | | |
| Net income from unrelated business | | | | | | 1 |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | + |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | + |
| Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| First five years. If the Form 990 is for t | · · | | • | • | .,., | · . — |
| check this box and stop here | | | | | | P L |
| ection C. Computation of Public | | | (6) | | 1.5 | |
| Public support percentage for 2019 (lin | | | | | 15 | |
| Public support percentage from 2018 Section D. Computation of Invest | | | | | 16 | |
| ection D. Computation of Invest | | | 10! (5) | | 147 | |
| Investment income percentage for 201 | | | | | 17 | |
| Investment income percentage from 20 | | | | | 18 | |
| oa 33 1/3% support tests - 2019. If the o | | | | | | 17 is not |
| more than 33 1/3%, check this box and | stop here. The | organization quali | fies as a publicly s | supported organiza | ation | ▶∟ |
| b 33 1/3 % support tests - 2018. If the c | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, | , and |
| line 18 is not more than 33 1/3%, check | k this box and s t | top here. The orga | nization qualifies | as a publicly suppo | orted organizatior | າ ▶□ |
| O Private foundation. If the organization | did not check a | box on line 14, 19a | a, or 19b, check th | nis box and see ins | structions | ▶□ |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|------|-----|----------|
| | | |
| | | |
| 1 | | |
| _ | | |
| | | |
| | | |
| 2 | | |
| | | |
| За | | |
| - Ju | | |
| | | |
| | | |
| 3b | | |
| | | |
| 3с | | |
| | | |
| 4a | | |
| ти | | |
| | | |
| | | |
| 4b | | |
| | | |
| | | |
| | | |
| 4c | | |
| 70 | | |
| | | |
| | | |
| | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| | | |
| 5c | | |
| | | |
| | | |
| | | |
| | | |
| 6 | | |
| , | | |
| | | |
| | | |
| 7 | | |
| | | |
| 8 | | <u> </u> |
| | | |
| | | |
| 9a | | |
| Ja | | |
| | | |
| 9b | | |
| | | |
| 9с | | |
| | | |
| | | |
| 10a | | |
| iva | | |
| | | |
| 10b | | L |

| Par | Supporting Organizations (continued) | | | |
|-----|---|------------------|-----|-----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | | 11b | | |
| | · · · · · · · · · · · · · · · · · · · | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 4 | Did the divertors twisters or membership of any or many currented exceptations have the newester | | 163 | 140 |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | • | | |
| | | | Yes | No |
| 4 | Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the | | 163 | INO |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc | ctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | 7 (. 0 / . 0 / . | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| h | that these activities constituted substantially all of its activities. | Za | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Orga | nizations | |
|------|--|-------------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on | Nov. 20, 1970 (explain in F | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | omplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7 | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integra | ted Type III supporting orga | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Par | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations _(continued) | |
|-------|--|--------------------------------|----------------------------------|----------------------------------|
| Secti | ion D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | | |
| | (provide details in Part VI). See instructions. | · | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | • | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| _ | Excess from 2010 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Part VI | Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | | | | | | | | |
|---------|---|------|-----|------|-----|-------|--------|-----|-------|---------|--|
| SCHED | ULE A, | PART | II, | LINE | 10, | EXPLA | NATION | FOR | OTHER | INCOME: | |
| OTHER | INCOM | E | | | | | | | | | |
| 2019 | AMOUNT | : \$ | 500 | • | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

| T | HE PEACEWORKS NETWORK FOUNDATION | 30-0102398 | | | | | |
|--|--|--------------------------------|--|--|--|--|--|
| Organization type (check | one): | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| Note: Only a section 501(| ris covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | | | | | | |
| _ | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | | |
| Special Rules | | | | | | | |
| sections 509(a)(1 | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, otor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout II. | or 16b, and that received from | | | | | |
| year, total contril | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f | | | | | | | |
| Caution: An organization | that isn't covered by the General Rule and/or the Special Rules descrit file Schedule R (Fr | orm 000, 000 E7, or 000 PE\ | | | | | |

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

THE PEACEWORKS NETWORK FOUNDATION

30-0102398

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>1,350,335</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | * 250,100. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>103,360.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$87,867. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

THE PEACEWORKS NETWORK FOUNDATION

30-0102398

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 | DONATED STOCK | | |
| | | \$\$ | 02/25/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization **Employer identification number** THE PEACEWORKS NETWORK FOUNDATION 30-0102398 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accounts. Complete if the |
|-----|---|---|-------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | d funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be us | sed only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose co | onferring |
| | | | |
| Par | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, Pa | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of a | historically important land area |
| | Protection of natural habitat | Preservation of a | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired a | | I I |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the o | rganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements in | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing consei | rvation easements during the year |
| _ | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | on easements during the year |
| • | | | (4)(D)(:) |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati | | |
| 9 | balance sheet, and include, if applicable, the text of the footr | · | |
| | organization's accounting for conservation easements. | note to the organization's imancial statement | its that describes the |
| Par | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| | If the organization elected, as permitted under FASB ASC 95 | | d balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | • | |
| | service, provide in Part XIII the text of the footnote to its final | · | • |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | , | , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under FASB A | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | Schedule D (Form 990) 2019 |

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

| | t III Organizations Maintaining Co | ollections of Ar | | | | r Othe | r Sim | | ets (contin | | ıge ∠ |
|----------|--|-----------------------|--------------|---------------|----------------|------------|----------------|---------------|----------------|---------|--------------|
| 3 | Using the organization's acquisition, accession | | | | | | | | • | ueu) | |
| • | collection items (check all that apply): | in, and ourse record | 0, 0,1001 | arry or arror | onowing that | · mano o | .go. | arit 000 01 1 | .0 | | |
| а | | | | | | | | | | | |
| b | Scholarly research | e | | | nange progra | | | | | | |
| | | е | ,, | Other | | | | | | | |
| C | Preservation for future generations | | | a £4la a 4la | | | | | t VIII | | |
| 4 | Provide a description of the organization's co | | | | | | | | art XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | — | | 1 |
| Da | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arrang reported an amount on Form 990, Part | | ete if the | organizatio | n answered ' | "Yes" on | Form | 990, Part I | IV, line 9, or | | |
| 12 | Is the organization an agent, trustee, custodia | • | iany for c | ontributions | e or other sec | eate not | includ | ad | | | |
| Ia | | | | | | | | | Yes | | No |
| L | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | | | | 162 | | JINO |
| D | if "Yes," explain the arrangement in Part XIII a | ina complete the fol | llowing ta | abie: | | | | | A | | |
| | | | | | | | \vdash | | Amount | | |
| | Beginning balance | | | | | | | lc | | | |
| | Additions during the year | | | | | | | ld | | | |
| е | Distributions during the year | | | | | | | le | | | |
| f | Ending balance | | | | | | | 1f | | | |
| | Did the organization include an amount on Fo | | | | | | - | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | t V Endowment Funds. Complete if | the organization an | | | | | | | | | |
| | - | (a) Current year | (b) P | rior year | (c) Two yea | rs back | (d) Th | ree years ba | ck (e) Four | years l | back_ |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1g | , column (a) |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| | Permanent endowment | | _ | | | | | | | | |
| | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posses | · | ation that | are held ar | nd administer | red for th | ne oraz | anization | | | |
| - | by: | | | | | | 9. | | Γ | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | | | | | | | | | ··· | | |
| h | (ii) Related organizations | ione lietod ae roquir | od on Sa | shodulo P2 | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | [30] | | |
| | t VI Land, Buildings, and Equipme | | WITIETT I | arius. | | | | | | | |
| | | |) Dort IV | line 11e C | 000 Form 000 | Dort V | lina 1 | a | | | |
| | Complete if the organization answered | | | | | | | | (a) D - 1 | | |
| | Description of property | (a) Cost or o | | ٠, | or other | | ccumi | | (d) Book | value |) |
| | | basis (investr | nent) | Siesa | (other) | de | precia | LIOTI | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | l l | | | 0.600 | | | | | | |
| d | Equipment | | | 7 | 2,692. | | | ,822. | 3 | 8,87 | |
| <u>e</u> | Other | [| | 7 | 6,593. | | 76 | ,593. | | | 0. |
| Total | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990. Part | X colum | n (B). line 1 | 0c.) | | | ▶ | 8 | 8,87 | 70. |

Schedule D (Form 990) 2019

(b) Book value (c) Method of valuation: Cost or end-of-year market value

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

| Part VII | Investments - | Other Se | curities. |
|------------|-----------------|----------|-----------|
| Schedule D | (Form 990) 2019 | THE | PEACE |

(a) Description of security or category (including name of security)

| (1) Financial derivatives | | | |
|--|--------------------------------|--|---|
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | • | | |
| Part VIII Investments - Program Related. | | - | |
| Complete if the organization answered "Ye | s" on Form 990 Part IV line | e 11c. See Form 990. Part X. line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or el | nd-of-vear market value |
| (1) | (1) | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| (2) | | | |
| (3) | | | |
| | | | |
| (4) | | + | |
| (5) | | | |
| (6) | | + | |
| (7) | | + | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | > | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Ye | | e 11d. See Form 990, Part X, line 15. | |
| | (a) Description | | (b) Book value |
| (1) SECURITY DEPOSITS | | | 16,312. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) | line 15.) | | 16,312. |
| Part X Other Liabilities. | ···· | · | |
| Complete if the organization answered "Ye | s" on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 2 | 5. |
| 1. (a) Description of liability | · · · · · · | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) SECURITY DEPOSIT LIABILI | TY | | 11,961. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |
| (6) | | | |
| (7) | | | + |
| (8) | | | 1 |
| (0) | | | |
| (9) | | | 11 061 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) | , | | 11,961. |
| | ide the text of the footnote t | o the organization's financial statements | that reports the |

Schedule D (Form 990) 2019

| | 2 (1 01111 000) 2010 | THE | PEACEWORKS | NETWORK | FOUND | ATION | | 3 | 0 – 0 | 102398 | Page 4 |
|-------------|-----------------------------|-----------|------------------------|-------------------|----------|---------|-----------|--------|-------|--------|--------|
| Part X | Reconciliation of | Reven | ue per Audited | Financial Sta | atements | With Re | venue pei | r Retu | rn. | | |
| | Complete if the organiz | zation an | swered "Yes" on For | m 990, Part IV, I | ine 12a. | | | | | | |
| 1 To | al revenue, gains, and othe | er suppor | t per audited financia | al statements | | | | | 1 | 3,347 | ,912. |
| 2 Am | ounts included on line 1 bu | ut not on | Form 990, Part VIII, | line 12: | 1 | 1 | 2 01 | | | | |

a Net unrealized gains (losses) on investments 173.971 Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) <u>176,984.</u> Add lines 2a through 2d 2e 3,170,928. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5

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. 5,066,474. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 173,971. a Donated services and use of facilities **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) 173,971. Add lines 2a through 2d 2e 4,892,503. Subtract line 2e from line 1 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 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 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 RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT IS NOT AWARE OF ANY VIOLATIONS OF ITS TAX STATUS. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2016.

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

THE PEACEWORKS NETWORK FOUNDATION 30-0102398 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PROGRAMS THAT EMPOWER YOUNG PEOPLE AND TRANSFORM PUBLIC MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES THINKING, FOSTERING 405,398. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 3,068,551. 6 3,473,949. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a

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

6

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2019

3,473,949.

932071 10-12-19

and 3b)

Part II

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | | (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 AND | GENERAL OPERATING | | | | | |
| | | NORTH AFRICA | SUPPORT | 2847700. | WIRE | 0. | | COST |
| | | | GENERAL OPERATING | | | | | |
| | | NORTH AFRICA | SUPPORT | 170,851. | WIRE | 0. | | COST |
| | | | GENERAL OPERATING | | | | | |
| | | NORTH AFRICA | SUPPORT | 50,000. | WIRE | 0. | | COST |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | recognized as charities by the tition 501(c)(3) equivalency letter | | recognized as tax-ex | | | 1 |

3 Enter total number of other organizations or entities

| | | | tes. Complete i | if the organization answered "Yes" | on Form 990, Part | IV, line 16. | |
|--|-----------------------------------|--------------------------|--------------------------|------------------------------------|----------------------------------|---------------------------------------|--|
| Part III can be duplica (a) Type of grant or assistar | ated if additional space is neede | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule F (Form 990) 2019 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 | X No |
|---|---|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | X Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Part V Supplemental Information

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

| PART | I. | $_{ m LINE}$ | 2: |
|------|----|--------------|----|
| | | | |

THE ORGANIZATION REVIEWS POTENTIAL GRANT RECIPIENTS TO ENSURE THAT THE ORGANIZATION FUNDS WILL BE USED FOR CHARITABLE PURPOSES. GRANTEES ARE REQUIRED TO SUBMIT BUDGET PROPOSALS FOR GRANT FUNDING AND ARE ALSO REQUIRED TO SUBMIT PERIODIC FINANCIAL REPORTS ON THE USE OF GRANT FUNDS. ORGANIZATION STAFF REGULARLY MEET WITH GRANT RECIPIENTS TO REVIEW THE FINANCIAL REPORTS AND CONDUCT SITE VISITS.

PART I, LINE 3:

THE ACCRUAL METHOD WAS USED TO ACCOUNT FOR EXPENDITURES.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROGRAMS THAT EMPOWER YOUNG PEOPLE AND TRANSFORM PUBLIC THINKING, FOSTERING RESPECT FOR OTHERS, BUILDING PEACE AND INSTILLING DEMOCRATIC ATTITUDES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|--|---------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|
| | | WORK FOUNDA | TION | | | | 30-0102398 |
| Part I General Information on Grants a | | | | anna da a a l'alla llatini | . fa.: the amounts are assis | -4 | |
| Does the organization maintain records to criteria used to award the grants or assis | | | | | | | ₹,, |
| 2 Describe in Part IV the organization's pro | | | | | | | ZI Tes [NO |
| Part II Grants and Other Assistance to | | | | | anization answered "Y | es" on Form 990. Parl | IV. line 21, for any |
| recipient that received more than \$ | _ | | | | | 55 511 7 51111 555, 1 tu. | , = ., |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| THE MIDDLE EAST PEACE DIALOGUE NETWORK INC 11 CLIFTON COURT - | | | | | | | |
| PIKESVILLE MD 21208 | 22-3684183 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| 111120111111, 112 11200 | 22 3001103 | 301(0)(3) | 73,000. | • | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | • | • | e line 1 table | | | | • <u>1.</u> |
| 3 Enter total number of other organizations | | | | | | | 0. |
| LHA For Paperwork Reduction Act Notice | , see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) (2019) |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information re | equired in Part I, lin | e 2; Part III, columr | n (b); and any other ac | ditional information. | |
| PART I, LINE 2: | | | | | |
| THE ORGANIZATION DOES NOT REGULARI | LY GRANT F | UNDS TO U | S ORGANIZAT | IONS. IN THE | |
| EVENT THAT IT DOES, THE ORGANIZATI | ON REVIEW | S POTENTI | AL GRANT RE | CIPIENTS TO | |
| ENSURE THAT THE RECIPIENT ORGANIZA | ATION IS I | N GOOD ST | ANDING AND | THAT FUNDS | |
| WILL BE USED FOR CHARITABLE PURPOS | SES. ORGAN | IZATION S' | TAFF AGREE | THE SCOPE OF | |
| WORK / PROGRAM PROPOSAL WITH GRANT | TEES AND, | AT THE EN | D OF THE GR | ANT TERM, | |
| GRANTEES ARE EXPECTED TO SUBMIT A | REPORT ON | THE USE | OF GRANT FU | NDS THAT IS | |
| | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

| Par | rt I Types of Property | | | | | | |
|-----|--|-------------------------------|---|---|---|-------------------------------------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contributi amounts reported of Form 990, Part VIII, lir | on Method of noncash contri | d) determining bution 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 | 125,6 | 12. FAIR MARKE | T VALUE | |
| 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 • () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for c | ontributions | | | |
| | for which the organization completed Form 828 | 3, Part IV, [| Donee Acknowledg | jement 29 | | 0 | |
| | · · | | | | • | Yes I | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I, lines 1 t | hrough 28, that it | | |
| | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance p | olicy that re | quires the review | of any nonstandard cor | ntributions? | 31 | Х |
| | Does the organization hire or use third parties of | | | | *************************************** | | |
| | contributions? | | • | | | 32a | X |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) foi | a type of property | for which column (a) is | s checked, | | |
| | describe in Part II. | | | | | | |
| | | | - | | | | |

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

THE PEACEWORKS NETWORK FOUNDATION

Employer identification number 30-0102398

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

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

EMPHASIS ON POSTERING 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:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL

REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD.

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

THE ORGANIZATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT

APPLIES TO ANY DIRECTOR, OFFICER, KEY EMPLOYEES AND ANY OTHER PERSONS WHO

EXERCISE THE POWER OF DIRECTORS, OFFICERS, OR KEY EMPLOYEES OVER THE

AFFAIRS OF THE ORGANIZATION, WHICH IT ANNUALLY MONITORS AND ENFORCES. THE

AUDIT COMMITTEE MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY ANNUALLY

SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL

CONFLICTS THAT MAY EXIST. COMPLETED DISCLOSURE STATEMENTS MUST BE PROVIDED

BY THE SECRETARY OF THE ORGANIZATION TO THE CHAIR OF THE AUDIT COMMITTEE.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **Employer identification number** 30-0102398 THE PEACEWORKS NETWORK FOUNDATION INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE AUDIT COMMITTEE. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE AUDIT COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE REMAINING BOARD OR AUDIT COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE AUDIT COMMITTEE HAS REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. THE MINUTES OF THE MEETING OF THE AUDIT COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED, THE RESOLUTION OF THE CONFLICT OF INTEREST AND DETERMINATIONS MADE, AND THAT THE INTERESTED PERSON DID NOT VOTE AND WAS NOT PRESENT DURING DELIBERATIONS AND VOTE. IF ALTERNATIVE TRANSACTIONS WERE REQUIRED TO BE CONSIDERED DUE TO THE PRESENCE OF A SUBSTANTIAL FINANCIAL INTEREST, THE MINUTES SHALL DOCUMENT SUCH CONSIDERATION AS WELL. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CHAIRS APPROVE INCREASES TO THE EXECUTIVE DIRECTOR'S SALARY AND PAYMENTS OF BONUSES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION

| THE PEACEWORKS NETWORK FOUNDATION | 30-0102398 |
|---|------------------|
| THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ART | ICLES OF |
| INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN | REQUEST AT 3 |
| TIMES SQUARE, 12TH FLOOR, NEW YORK, NY 10036 OR BY CALLING | THE ORGANIZATION |
| DIRECTLY AT 212-897-3985. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| WRITE-OFF OF UNCOLLECTIBLE PLEDGE | -300,000. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR T | HE OVERSIGHT |
| OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF | AN |
| INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T | HE PRIOR |
| YEAR. | |
| | |
| | |
| FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENT: | |
| THE ORGANIZATION RESTATED ITS FINANCIAL STATEMENTS FOR THE | YEAR ENDED |
| DECEMBER 31, 2018, IN ORDER TO PROPERLY RECORD CONTRIBUTION | NS RECEIVABLE |
| AND REVENUE. THIS RESULTED IN A RESTATEMENT OF NET ASSETS | AND |
| CONTRIBUTIONS RECEIVABLE AS OF JANUARY 1, 2019 IN THE AMOU | NT \$757,227. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |