# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

inten	nai Reve	enue Sen	wice   Information about Form 550 and its instructions is	s at www.ns.g	JV/IOIIII330.		mspection
A F	or th	ne 201	4 calendar year, or tax year beginning , 2014,	and ending			, 20
_	CONTRACTOR	717-3-2	C Name of organization		D Employer i	dentifica	tion number
В	Check if a	pplicable:	NONVIOLENT PEACEFORCE		35-21	97019	)
	Addre		Doing business as				
	CLESSYCO	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number	-
		return	425 OAK GROVE STREET		(612) 8	371-0	005
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code				
	termi	ided	MINNEAPOLIS, MN 55403		G Gross rec	eipts \$	1,345,960.
$\vdash$	return Appli	cation	F Name and address of principal officer: DORIS MARIANI, CEO		H(a) Is this a		
	pendi	ng	425 OAK GROVE STREET MINNEAPOLIS, MN 55403		subordina H(b) Are all sub		HH
1	Tax-ex	empt st		r 527	1 12 (2)		(see instructions)
_		-	WWW.NONVIOLENTPEACEFORCE.ORG	1   021	H(c) Group ex		The same of the sa
	1-107-01-11-1		nization: X Corporation Trust Association Other	1 Year of for	mation: 2002		
	art I		Immary	L Teal of for	mation, 2002	W State	of regal doffficile.
			y describe the organization's mission or most significant activities: THE MI	SSTON OF	NONVIOLEN	P DEAG	PEFORCE INC
41	1		TO PROMOTE, DEVELOP AND IMPLEMENT UNARMED CIVI				DEFORCE, INC
nce			OOL FOR REDUCING VIOLENCE AND PROTECTING CIVIL		EVEELING 1		
Activities & Governance	_						
ove	1000		k this box   if the organization discontinued its operations or disposed				11
O S	3		per of voting members of the governing body (Part VI, line 1a)				11.
es	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			. 4	11.
viti	5		number of individuals employed in calendar year 2014 (Part V, line 2a)			110000	9.
cti	6		number of volunteers (estimate if necessary)			. 6	12.
d			unrelated business revenue from Part VIII, column (C), line 12				0
	b	Net u	nrelated business taxable income from Form 990-T, line 34	<del> <sub> </sub> .</del>			0
				_	Prior Year	-	Current Year
e	8		ibutions and grants (Part VIII, line 1h)		1,378,		1,345,947.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			0	0
Sev	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			42.	13.
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			055.	0
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,396,	862.	1,345,960.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		571,	481.	450,000.
	14	Benef	fits paid to or for members (Part IX, column (A), line 4)			0	0
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		411,	128.	484,788.
nse	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		1,	152.	0
Expenses	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶131, 964.				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,	533.	327,671.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,324,	294.	1,262,459.
	19		nue less expenses. Subtract line 18 from line 12		72,	568.	83,501.
ces				В	eginning of Curre	nt Year	End of Year
sets	20	Total	assets (Part X, line 16)	🗀	537,	931.	621,611.
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)		13,	372.	13,551.
Fun	22		ssets or fund balances. Subtract line 21 from line 20		524,	559.	608,060.
Pa	rt II	Sig	gnature Block				
			of perjury, I declare that I have examined this return, including accompanying schedule			t of my k	nowledge and belief, it is
true	e, corre	ct, and	cor olete. Declaration of preparer (other than officer) is based on all information of which	h preparer has ar	ny knowledge.		
		N/	Low Mouse		5	115/	2015
Sig		1	Signature of officer		Date	ol	
Hei	re		DORIS MARIANI				
		1 100	Type or print name and title				
		Print/	Type preparer's name Preparer's signature	Date	Check	if P	TIN
Paid		JASC	ON WORDEN	05/15/2		- 20	P00970260
Pre	parer		spame DDO USA, LLP	1	Firm's FIN		-

For Paperwork Reduction Act Notice, see the separate instructions.

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

Firm's address ▶7650 EDINBOROUGH WAY STE 225 EDINA, MN 55435

Form 990 (2014)

No

952-854-5700

X Yes

Form 990 (2014)

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A,	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	>+y		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
	complete Schedule D, Part III	<b>-</b>		L 
9	custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	18880		
.,	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
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII, , , , ,	11c		X
đ	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	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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 (ax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	X	<b></b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.5.	٠,	-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		⊢^
ņ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	<u></u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	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		}

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	Checklist of Required Schedules (continued)			
		,	Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	:		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R. Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	X	
		m	aan	/2034\

orm	990 (2014)			Page i
21	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			لـــــــــــــــــــــــــــــــــــــ
	<b>!</b> !	Eternány)	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		3/23/3/3	
	reportable gaming (gambling) winnings to prize winners?	1c	X	BevenaN
2 a	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   9	A CONTRACT	X	
Đ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		\$200
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country.			
~	See instructions for filling 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	·	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	110000000	N
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		*
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	v
	required to file Form 8282?	7c	e de la composición dela composición de la composición dela composición de la compos	X
	If "Yes," indicate the number of Forms 8282 filed during the year	70	l tarrier	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
-	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	1000	9800	100
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	104444		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	50000	9360
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		e engliste k
æ	Is the organization licensed to issue qualified health plans in more than one state?	. Da	00000	1630
1-	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
Ŋ	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
		•	سنستست	نننسسم

14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Χ

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Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	.1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	.1		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	E		1,,
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Х	1
a	The governing body?	8a	X	+
d	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sacti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<del></del>		1.4.
OCCE	on D. F. Chicles (11110 Oction D requests mornistical about political retroduction of the mornistical response	<u>, , , , , , , , , , , , , , , , , , , </u>	Yes	No
40.	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	1.00		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the torm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	many and the second sec	12a	Х	***
b		_		
U	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ü	describe in Schedule O how this was done	12c	Х	***************************************
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	1
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			7
16a				
	with a taxable entity during the year?	16a	ļ	X
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	Į	!
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed - ATTACHMENT 3			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, indicate how you made these available. Check all that apply	n 501(	c)(3)s	s only

X Own website Another's website X Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ►

  MARCY REGIAND 425 OAK GROVE STREET RINNEAPOLIE, NR 55403 615-871-000E

Form **990** (2014)

FORM SSU (20:	4)										s age i
Part VIII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	onti	ractors								

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer director trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	11146			uheil	301t	any current Offic	er, unector, or this	45C.
					<b>:</b> }					
(A)	(⊞)				ltion			(D)	(E)	(F)
Name and Title	Average		(do not check more to box, unless person is officer and a director					Reportable	Reportable	Estimated
	hours per week (5st any	,						compensation from	compensation from related	amount of other
	hours for	<u> </u>	_					the	organizations	compensation
	related organizations below doxted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)OUTI ARAJARVI	5.00									
SECRETARY	0	Х		Х	<u> </u>			0	Û	
(2)LUCY NUSSEIBEH	3.00									
DIRECTOR	0	X		Ĺ				O	0	
(3)DORIS MARIANI	40.00									
CEO	0	X	<u> </u>	Х				120,000.	0	
(4)ADELE LENNIG	5.00									
CHAIR	0	Χ		X	<u> </u>			0	0	
(5)ALESSANDRO ROSSI	3.00			} }						
DIRECTOR	0	X		<u> </u>	<u> </u>			0	0	
(6)HENRY THUMANN	3.00									
DIRECTOR	0	Х		<u> </u>	<u> </u>	<u> </u>		0	0	
(7)MUKESH KAPILA	5.00									
VICE CHAIR	0	Х		X	<u> </u>	<u> </u>		0	0	
(8)MICHAEL FREEDMAN	5.00			<u> </u>	1					
TREASURER	0	Х		X	<u> </u>	[		0	0	
(9)MIKE SAN AGUSTIN MCCREA	3.00				a constant					
DIRECTOR	0	Х						0	0	
(10)OLIVER RIZZI CARLSON	3.00			-				:		
DIRECTOR	0	Х						C	0	
(11)ROLF CARRIERE	3.00			2						
DIRECTOR	C	X	<u> </u>	<u> </u>	<b></b>		Ĺ	Ċ	0	
(12)	ļ									
<u>(13)</u>								<u> </u>		
(14)			-	<u> </u>	<b></b>					***************************************

Part VII Section A. Officers, Directors, Tra	ustees, Ke	y En	ple	yee	əs,	and F	ligi	hest Compensat	ed Employe	es (con		-
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe d a d	rson	n of st n botal Highest compensated is is employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	from ns	(F) Estimated amount of other compensation from the organization and related organizations	
										and the second		
				-								
				-								
	ļ											
10 A A D D D D D D D D D D D D D D D D D												
	<u> </u>								-			
	ļ											
									711000000000000000000000000000000000000			
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						* * *	120,000. 0 120,000.		0 0 0		0
2 Total number of individuals (including but not reportable compensation from the organization)			liste L	d a	bov	e) who	o re	celved more than	\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the sc												No X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	007	11	"Yes	i," (	complete Schedu	le J for su	ch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organizati	an or individu	ıal 🏻	5	X
Section B. Independent Contractors							<i>I</i>	<b>, , ,</b>				
1 Complete this table for your five highest concompensation from the organization. Report of year.	pensated i compensati	ndepe on for	ende the	ent ca	con lend	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,0 nin the organi	00 of zation's	tax	
(A) Name and business ad	dress							( <b>B)</b> Description of se	ervices	Сол	(C) pensation	
HIMMIN AND AND AND AND AND AND AND AND AND AN												
											The first of the f	
2 Total number of independent contractors (i				nite	d to	thos	se li	isted above) who	received			

		Check if Schedule O co.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from fax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events	titions) 16 grants, above . 1f	1,395,947.	1,345,947.			
Program Service Revenue	h  2a b c d e f	All other program service revertotal, Add lines 2a-2f	enue	Business Code	1,345,347			
	3 4 5		luding divider	nds, interest,	13. 0			13
	6a b	Gross rents	(i) Real	(ii) Personal				
	c d 7a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	) (i) Securities	(ji) Other				
	b c d	Less: cost or other basis and sales expenses			0			
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).	į.				
Oth	b c 9a	Less: direct expenses	ndraising events activities.		0			
	b c 10a	Less: direct expenses Net income or (loss) from g Gross sales of invento	aming activities ory, less	· · · · · · · · · · · · · · · · · · ·	0			
		returns and allowances Less: cost of goods sold Net income or (loss) from sal	es of inventory.	· · · · · · · · · · · · · · · · · · ·	0			
	11a b c	Miscellaneous Reven		•				
	d e 12	All other revenue			1,345,960.			1.3

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must				
Check if Schedule O contains a respo			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0	<u> </u>		
2 Grants and other assistance to domestic				
individuals. See Part :V, line 22	U			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	450 000	450,000.		
individuals. See Part IV, lines 15 and 16	450,000.	430,000.		
4 Benefits paid to or for members		··		
5 Compensation of current officers, directors,	120,000.	96,000.	24,000.	
trustees, and key employees	120,000.	20,000.	2970001	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	270,650.	133,374.	80,948.	56,328
7 Other salaries and wages	<u> </u>	20172141	00/3401	
8 Pension plan accruals and contributions (include			Linevon	
section 401(k) and 403(b) employer contributions)	41,208.	15,798.	16,770.	8,640
9 Other employee benefits	52,930.	33,884.	13,167.	5,879
10 Payroll taxes	32,930.	33,86,21	77,30,3	3,019
11 Fees for services (non-employees):	EU 080	27,172.	13,102.	9,984
a Management	50,258.	21,114.	£,0 f £.0 Z s	2, 204
b Legal , , , , , , ,	14,285.	4,748.	5,766.	3,771
c Accounting		4,740.	3,700.	<i>S<sub>f</sub></i> / / 1.
d Lobbying	- <u></u>			
e Professional fundraising services. See Part IV, line 17,		<del> </del>		
f Investment management fees	<u></u>			
g Other, (If life 11g amount exceeds 10% of fine 25, column	nd 670	40.001	1 * 100	0 00*
(A) amount, list line 11g expenses on Schedule O.)	32,679.	10,861.	13,193.	8,625
12 Advertising and promotion , , , , , , , , , ,	3,300.			3,300
13 Office expenses	0			
14 Information technology	<u>0</u>			
15 Royalties,				
16 Occupancy	55,132.	43,932.	5,60C.	5,600
17 Travel , , , , ,	53,314.	48,213.	2,827.	2,274
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials		2 500		3 601
19 Conferences, conventions, and meetings	4,183.	2,589.		1,594
20 Interest	U			
21 Payments to affiliates	<u> </u>		2.5 (*4.53	
22 Depreciation, depletion, and amortization	11,587.	0 600	11,587.	1 0 10
23 Insurance	4,861.	2,692.	1,127.	1,042
24 Other expenses, Itemize expenses not covered		L Course	200	
above (List miscellaneous expenses in line 24e. If	į. Į	7711	7	
line 24e amount exceeds 10% of line 25, column		PA TOMPO		
(A) amount, list line 24e expenses on Schedule O.)	2 222	<u> </u>	100	0.110
a SPECIAL EVENTS	2,329.	1 466	180.	2,149
bMEMBERSHIP & REGISTRATION	7,852.	1,460.	520.	5,872
cBAD DEBT RECOVERY	7,714.		7,714.	^ ^ ^
aBANK, CREDIT CARD & EXCHANGE	12,300.	125.	3,085.	9,090
e All other expenses	67,877.	51,511.	8,550.	7,816
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	1,262,459.	922,359.	208,136.	131,964
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	nl .		1	

following SOP 98-2 (ASC 958-720) . . . . . .

**Balance Sheet Edit X** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 242,384. 239,210. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 285,541. 263,849. 3 Pledges and grants receivable, net 3 0 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Q 5 Complete Part II of Schedule L Complete man if of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary 0 a 6 organizations (see Instructions). Complete Part II of Schedule L 0 7 Notes and loans receivable, net 7 0 8 Inventories for sale or use 0 4,689. 10 a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 6,576. 153,120. 15,183.10c () 11 Investments - publicly traded securities ......... 11 θ 12 Investments - other securities. See Part IV, line 11 12 ΰ 13 Investments - program-related. See Part IV, line 11 ......... 13 0 14 Intangible assets 14 15,000. 87,110. 15 Other assets. See Part IV, line 11 15 621,611. 537,931. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 16 13,372. **17** 13,551. Accounts payable and accrued expenses 17 0 18 18 Grants payable 0 θ 19 Deferred revenue 19 Ó 20 Tax-exempt bond dabilities 20 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . 21 Liabilities Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 0 Œ 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 13,551. 13,372. 26 Total liabilities. Add lines 17 through 25.......... 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 141,341. 27 142,564. Unrestricted net assets 27 383,218. 28 465,496. 28 Temporarily restricted net assets 0 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📘 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 608,060. 524,559. 33 Total net assets or fund balances 33 621,611. 537,931. 34

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

3a

3b

Х

## SCHEDULE A (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.

Department of the Treasury Internal Revenue Service ▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 Open to Public Inspection

Name	e of the organization					1	dification number	
иои:	VIOLENT PEACEFORCE						-2197019	
							·	_
The	organization is not a private four	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)		
1 [	A church, convention of chu				ection 1	70(b)(1)(A)(l).		
2	A school described in secti-	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)					
3	A hospital or a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).		
4	A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the	
. (	hospital's name, city, and st		,					
5	An organization operated t section 170(b)(1)(A)(iv). (C	for the benefit of	a college or universit	y owner	d or ope	rated by a governme	ntal unit described i	F
أ م	A federal, state, or local go		romantal unit describe	d in eart	ion 4700	61/41/A1/u1		
6	houseond						om the general night	ie
7				apport in	one a go	CHINCHES SIN OF IT	om are goneral paul	
	described in section 170(b)			Dort II \				
8	A community trust describe An organization that norma	o m section 170(k	and then 22 to 8/ of	ite eune.	art from	aantributiane mambe	archin face and area	٠.
9	An organization that normal	any receives. (1) if	tore than 33113 70 Or	to outpo	in avaan	tions and (2) no ma	ra than 33*12 % of ii	te
	receipts from activities rel	ated to its exemp	t tunctions - subject	to certa	in excep	uons, and (2) no mo	tová fram husinaera	٠.
	support from gross invest						tax) itom businesse	
	acquired by the organizatio							
10	An organization organized							_
11	An organization organized							
	one or more publicly suppo							ŀ
	the box in lines 11a through							
а	Type I. A supporting orga							
	the supported organization	on(s) the power to	regularly appoint or e	elect a m	rajority o	f the directors or trus	tees of the supportin	ĮĘ
	organization. You must c							
b	Type II. A supporting org							
	control or management of	of the supporting of	organization vested in	the sam	e persor	s that control or man	age the supported	
	organization(s). You must							
¢	Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,	
	its supported organization							
d	Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
	that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness	
	requirement (see instruct							
e	Check this box if the orga						I, Type III	
~	functionally integrated, or							
f	Enter the number of supported							ì
'n	Provide the following information	_	orted organization(s).					•
	(i) Name of supported organization	(II) EIN	(iil) Type of organization	(lv) is the	огдалігавоп	(v) Amount of monetary	(vi) Amount of	~
	(4) Testino di confinente di settimani		(described on lines 1-9		ora čoverujuć	support (see	other support (see	
			above or :RC section (see instructions))	gocn	ment?	instructions)	instructions)	
			(000 1111111111111111111111111111111111	Yes	No			
			<u> </u>		-	***************************************		-
(A)			} t		[			
			<u> </u>	1	•			-
(B)					***************************************			
		<b>.</b>	<b></b>	<b>-</b>			<b>i</b>	-
(C)								
					-			^~
(D)		WWW T T T T T T T T T T T T T T T T T T			1			
`~ <i>'</i>				ļ	-			
(E)				Ī			<u> </u>	
·				ļ				
							-	
***	A E	1	1	1	ŧ	I	1	

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 faits to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,665,174.	1,224,938.	1,026,231,	1,370,765.	1,360,403.	7,255,481
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge			***************************************		1	0
4	Total. Add Ilnes 1 through 3	2,665,174,	1,224,939,	1,026,201.	1,378.765.	1,360,603.	7,855,481.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		LI PRIME P PROCESSIONALISMONA			_ toolseeseeseeseeseeseeseeseeseeseeseeseesee	
	shown on line 11, column (f)	~~~~~ <del>22</del> ~- <del>2</del>					2,560,598.
6	Public support, Subtract line 5 from line 4.						5,595,389.
***************************************	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,669.174.	1,224,938,	1,028,201.	1,376,768.	1,369,003.	7,655,481.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	. 287.	236.	299.	4≥.	13.	877 <u>.</u>
9	Net income from unrelated business activities, whether or not the business is regularly carried on			P DODOCOCO MENTO POPE PER			C
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) - ATCH-1	154.	8,65%.	14/834.w			\$3,830.
11	Total support. Add lines 7 through 10		<u> </u>				7,589,048.
12	Gross receipts from related activities, etc. (s	see Instructions) .				12	18,055.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2014 (li					14	72.86%
15	Public support percentage from 2013					15	67.14%
16a	331/3% support test - 2014. If the o	_					81
	this box and stop here. The organizati						
b	331/3% support test - 2013. If the c						
	check this box and stop here. The org	,		, ,			
17a	10%-facts-and-circumstances test - :						
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-	-	ibborrea
h	organization						and line
D	15 is 10% or more, and if the organic	,	,				
	Explain in Part VI how the organizati						
	supported organization,						
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	. 1
	instructions					chadula A (Earm Of	

# Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

aler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			1			
	received. (Do not include any "unusual grants.")				<u></u>	<u> </u>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					-	Ē ī
3	Gross receipts from activities that are not an					1	
	unrelated teads or business under section 513					10110101	- Announce
4	Tax revenues levied for the						
•	organization's benefit and either pald						***************************************
	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						
7 a	Amounts included on lines 1, 2, and 3			-			
i.	received from disqualified persons Amounts Included on lines 2 and 3				1		<del> </del>
H	received from other than disquelified						1
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	1		T	T
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1			
Ð	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
* 14:	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	r fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here						. r
Sec	tion C. Computation of Public Sup					·····	<u> </u>
15	Public support percentage for 2014 (line 8			mn (f))		15	
16	Public support percentage from 2013 Sche					16	:
	tion D. Computation of Investmen					**************************************	······································
17	Investment income percentage for 2014 (lin			13. column (f))		17	
18	Investment income percentage from 2013					18	
	331/3% support tests - 2014. If the org					***************************************	
124							. [
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2013. If the orga						· · · · · · · · · · · · · · · · · · ·
	line 18 is not more than 331/3 %, check		•	•			r r
	Private foundation. If the organization	aia not check	a box on line	14, 19a, or 19i	o, check this b	ox and see inst	ructions 🏞
SA						Schedule A (Form:	ዕዕለ ሌታ ዕላል ሮምነ።

### 

### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizati
--------------------------------------

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes;" explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how it organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c) (B) purposes? If "Yes" explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the forei supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2), purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such activities (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the acti was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (a) its supported organizations (b) individuals that are part of the charitable cla benefited by one or more of its supported organizations; or (c) other supporting organizations that a support or benefit one or more of the filing organization's supported organizations? If "Yes," provide details Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substant contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-perce controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualitied person (as defined in section 4958) not described in line If "Yes;" complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporti organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng by	1		
tus fed	2		
ver	3a		
ind the	3b		
(2)	3c		~~~~
) If	4a		
ign <i>ion</i>	4b		
ion ied (B)	4c		
es," EIN on, ion			
ady	5a 5b		
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efit	9с		
3(f)			
ing	10a		
to	10b		
Form	990 or	990-E2	2) 2014

Page <b>5</b>	

	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		
d	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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		
Section	on C. Type II Supporting Organizations			<u> </u>
			Yes	No
4	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			,,
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	لـــــا	Yes	No
*	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-integrated Supporting Organizations	<del>/</del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Instruc	ctions).		
2	Activities Test. Answer (a) and (b) below.	$\vdash$	Yes	No
â	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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 a	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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 <b>Part V</b> the role played by the organization in this regard.	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	~~~~~~~~~	2444-774-77	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	g trust on nplete Se	Nov. 20, 1970. <b>See</b> In ections A through E.	structions. All
Section A - Adjusted Net Income	(A) Prior Year	(8) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	~~~	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	·····	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

		supporting Organizat	ions (continueu)	
Secti	on D - Distributions		<del>*************************************</del>	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed .	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	······
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.			<del></del>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		41	
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
¢				
đ				
e	From 2013			
f	Total of lines 3a through e		·····	
g	Applied to underdistributions of prior years		······	
h	Applied to 2014 distributable amount		·····	
i	Carryover from 2009 not applied (see instructions)			
ĵ	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$		J	
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
£	Remainder. Subtract lines 4a and 4b from 4.			.11.
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
ď				
¢		:		
d	Excess from 2013			
6	Excess from 2014		·	

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
INCOME FROM VARIOUS SOURCES	194.	ð,652.	14,884.			23,690.
TOTALS	154,		14,884.			23,890

# Schedule B

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

# **Schedule of Contributors**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization			Employer identification number
NONVIOLENT PEACEFOL		35-2197019	
Organization type (check o	ie):		
Filers of:	Section:		
Form 990 or 990-EZ	[X] 501(c)(3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pi	rivate fou	ındation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a privat	te founda	tion
	501(c)(3) taxable private foundation		
Note. Only a section 501(c) instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Ru	le and a S	Special Rule. See
General Rule			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y or property) from any one contributor. Complete Parts I and II. See contributions.		*
Special Rules			
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) fiting Form 990 or 990-EZ that met sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Fand that received from any one contributor, during the year, total con of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	Form 990 of tributions	or 990-EZ), Part II, line s of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990- g the year, total contributions of more than \$1,000 <i>exclusively</i> for reli ional purposes, or the prevention of cruelty to children or animals. Co	igious, ch	naritable, scientific,
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990- g the year, contributions exclusively for religious, charitable, etc., purpled more than \$1,000. If this box is checked, enter here the total contran exclusively religious, charitable, etc., purpose. Do not complete lies to this organization because it received nonexclusively religious, or more during the year	poses, bu ntributions any of the charitable	at no such s that were received e parts unless the e, etc., contributions
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does just answer "No" on Part IV, line 2, of its Form 990; or check the box to certify that it does not meet the filing requirements of Schedule B	x on line l	H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization NONVIOLENT PEACLFORCE

Employer identification number 35–2197019

	utors (see instructions). Use duplicate copie		,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$120,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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		<b>\$</b> 63,340.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
**************************************		* \$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		**************************************	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NONVIOLENT PEACEFORCE

Employer identification number

35-2197019

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(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
<u>-</u>		\$	
(a) No. from Part I	(b) Descríption of noncash property gíven	(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
~ 		\$	NOT THE SEC SHE HE WAS SIGN
(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
<u>-</u>		\$	
		<u></u>	<u> </u>

Name of organization NONVIOLENT PEACEFORCE

Employer identification number 35–2197019

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$Use duplicate copies of Part III if additional space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift Is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of glft	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZiP + 4	Refatio	nshîp of transferor to transferee				
(a) No. from Part I	(b) Purpose of glft	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transi	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee				

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

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

▶ Attach to Form 990.

information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

NON	NVIOLENT PEACEFORCE	35-2197019
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
******	Complete if the organization answered "Yes" to Form 990, Part IV, line 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
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
	Titulia Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total activities of an activities and activities activities and activities activities activities and activities activities and activities activities activities activities activities and activities activi	2b
c	Manipal of Control of an annual and an an an annual and an	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	Co-Marie
	SHOPPHER AN ADDITION HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminary	ted by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
		- distant the second
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during me year
_	S of contract of contra	Non 470/5\/A\/D\/\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections of the content	
^	and section 170(h)(4)(B)(ii)?	,,,,,, La Yes La No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	Talalana Blac dobblisho Via
	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
DOSSESSES.	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SFAS 116 (ASC 958), not to report in its re	venue statement and balance sheet
	If the organization elected as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described the control of the control o	ation, or research in furtherance of
<b>.</b> .		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revieworks of art, historical treasures, or other similar assets held for public exhibition, educations and the organization of the organizat	ation or research in furtherance of
	public service, provide the following amounts relating to these items:	, or resource in targette offer
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included in Form 990, Part VIII, line 1	,. <b>&gt;</b> \$
b	Assets included in Form 990 Part X	▶\$

Page 2

Ei	Organizations Maintaini	ng Colle	ctions of	Art, Hist	orical T	reasui	res, (	or Oth	ner Similaı	r Asse	<b>ts</b> (cont	inue	<u>d)</u>
3	Using the organization's acquisition		sion, and	other recor	ds, checl	k any c	of the	follow	ing that an	e a sigr	nificant u	se of	its
	collection items (check all that app	ły):			٦.								
a	Public exhibition			d L		or exch							
b	Scholarly research	.,		е	] Other								
C	Preservation for future gene				. f . k	· · · · · · · · · · · · · · · · · · ·		41				٠	<b>.</b> .
4	Provide a description of the orga	nization's	collections	s and expla	ain now i	they fu	rther	the or	ganization's	exemp	t purpos	e in i	r'art
<b></b>	XIII.				Emul histori					_			
5	During the year, did the organization assets to be sold to raise funds rationally assets.									E^^	Yes	[-]	No
												/ lin	
R. W.: U	Escrow and Custodial Ar or reported an amount of				ie organi						-	V , III I	eσ,
	Of reported an amount of	3 1 O1111 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y, 1010 Z. 1.				.,.,,		~-~ <del>-</del>	······································		········
12	Is the organization an agent, truste	e custor	fian or oth	er intermed	liary for c	ontribu	tions	or othe	r assets not				
1 GI	included on Form 990, Part X?									ſ	Yes		No
h	If "Yes," explain the arrangement i							• · • •	• • • • •	• • • ∟		LJ	140
~	ii ioi, orpidii dio di angomenti	71 7 43 4 7 (7)	a carra com	p.1010 (.10 10		0.0.			An	nount			
c	Beginning balance						16		7 41				
ď	Additions during the year						$\overline{}$						
	Distributions during the year												
f	Ending balance												
-	Did the organization include an am							stodial	account liab	ility?	Yes	$\Box$	No
	If "Yes," explain the arrangement i												
	M Endowment Funds. Com										**		***************************************
Beatthonic			rrent year	(b) Prio					(d) Three yea		(e) Four	years È	back
1a	Beginning of year balance					1		·	vododiterritarioco	1+			
b	Contributions												
	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance										},		
2	Provide the estimated percentage				(line 1g,	column	n (a))	held as	;		·————		
a	Board designated or quasi-endown	nent 🕨		%									
b	Permanent endowment >	%		_									
c	Temporarily restricted endowment	<b>▶</b>	%										
	The percentages in lines 2a, 2b, a	nd 2c sho	ould equal 1	100%.									
3a	Are there endowment funds not in	the poss	ession of t	he organiza	ition that	are hel	ld and	l admir	istered for t	ne			
	organization by:										\	es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(li)		
b	If "Yes" to 3a(ii), are the related or										3b		
4	Describe in Part XIII the intended in		e organiza	tion's endo	wment fu	nds.							
	Land, Buildings, and Equ Complete if the organiza	ipment.	word "Ve	os" to Fore	- 000 D	art IV	lina 1	10 0	oo Earm Of	an Dar	V line	40	
	Description of property	IIIOH AHS		rother basis	(b) Cost				umulated		1) Book valu		
				siment)		ther)			eciation				
1a	Land												
b	Buildings											~~~~~	
c	Leasehold improvements												
d	Equipment			109,954.					03,378			6,5	<u> 76.</u>
e	Other			49,742.	L	/a.			49,742.	***************************************			
Tota	l. Add lines 1a through 1e. <i>(Colum</i> r	i (d) must	equal Forr	n 990, Part	X, columi	n (B), lir	ne 10(	'c).)	\blacktriangleright			6,5	76.

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n: value
(1) Financia	al derivatives			
	held equity interests			
(3) Other	· »			
(A)				
(B)	·			
(C)		 		
(D)	,	<u> </u>		
<u>(E)</u>		1		
(F) (G)				
(H)				
	1 (b) must equal Form 990, Part X, col. (b) line 12.)	\$		
And the second section of the latest section of	Investments - Program Related.		<u> </u>	
<u>Goral Annoya Anna</u>	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11c. See Form 990, P	art X, líne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			5.1	
(7)			3	410-41440400100000000000000000000000000
(8)	***************************************			n-1-1-1/1-0000-0000000000000000000000000
_(9)				·
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨	ļ		
Part IX	Other Assets.	d "Vaa" ta Earm 000	Bort IV line 11d See Form 000 F	lari V lina 1E
	Complete if the organization answered		, Partiv, interrid. See Form 990, P	(b) Book value
/4\ DHE 3	FROM NP - AISBL	escription		87,110.
(2)	ENOP NI REDEL			01,110
(3)				
(4)				······································
(5)				
(6)				
(7)	-"^	······································		
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)		87,110
PartX	Other Liabilities.  Complete if the organization answered line 25.	d "Yes" to Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Bock valu	J <b>ė</b>	
	al income taxes			
_(2)				
(3)				
(4)				
(5)				
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(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	- <b>b</b>		
otal (Goiun	iii (u) must equat romii 990, Part A, Cot. (b) line 25.)		<u> </u>	

Page 4

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
	Total revenue, gains, and other support per audited financial statements	1	1,345,960.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<b>-</b>	1/343/300.
	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities 2b	- 1	
€	Recoveries of prior year grants	- 4	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,345,960.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · · · · · · · · · · · · · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,345,960.
Parit	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	ırn.	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	1,262,459.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<b></b>	w/ 60 V/m/ 1000 ·
	Parada da a marada a mada da marada		
b	Driver year adjustments		
6		1	
d		1	
	Add lines 2s through 2d	2e	
3	Subtract line 2e from line 1	3	1,262,459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,262,459.
<b>Part</b>	Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V, lir	ie 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 infor	mation.	
SEE	PAGE 5		
	#		
	,		
	·		

# Ban XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES AND GENERALLY IS NOT SUBJECT TO INCOME TAXES. THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE TAX RETURNS FOR THE YEARS 2011 TO 2014 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Information about Schedule F (Form 990) and its Instructions is at www.irs.gov/form990.

Internal Rever				***************************************	Employer identifica	tion number
Name of the	-				35-2197019	
Parti	ENT PEACEFORCE  General Information Form 990, Part IV, line		Outside the U	Inited States. Complete		
assis grant	trantmakers. Does the org tance, the grantees' eligib ts or assistance?	panization mainta	s or assistance	e, and the selection criteri	a used to award the	X Yes No
	grantmakers. Describe intraction in the described in the United States and the United States are set on the United States and the United States are set on the Un		ganization's pr	ocedures for monitoring	the use of its grants a	and other
3 Activ	ities per Region. (The foll-	owing Part I, líne	3 table can be	duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) auro	<u> </u>			PROGRAM SERVICES	FIELD PROGRAMS	450,000
(2)		<u> </u>				
_(3)						
_(4)						
(5)						
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_(9)					LEVALUE ATTEMPT LEVALUE ATTEMP	
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(11)				:		
(12)						
(13)						
(14)						
(15)				1 m		
(16)						
(17)					s usualization of the control of the	
	b-total		1			450,000.

450,000.

Total from continuation sheets to Part I

Schedule F (Form 990) 2014

1100

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

ų	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisa; other)
(F)			EUROPE/ICELAND/GREEKLAND	PROGECTIS	450,090.	WIRE TRANS		K/A	PMS
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(16)				***************************************	ALL MANAGEMENT AND A STATE OF THE STATE OF T				оссодня постаностичний постаности

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

ø

Enter total number of other organizations or entitles . . . . 8

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Arrount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraised, other
		1	ANANA MANANA				VAID I
(2)				PARTY PROPERTY AND ADDRESS OF THE PARTY PROPERTY	***************************************		пильмальный приментиний примен
(3)		10000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	ONE-THE DESIGNATION OF THE PROPERTY OF THE PRO	37	100 A TOTAL - THE TANK AND THE	A THE PARTY OF THE	
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(17)							
(18)							
	***************************************					Sche	Schedule F (Form 990) 2014

chedu	sie F (Farm 990) 2014			Page 4
	IV Foreign Forms			
·	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)	X	'es	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Пү	res 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)	Y	'es X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Y	⁄es 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)	Y	res 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Y	⁄es X	No
			Schedule F (For	m 990) 2014

Petray.

Supplemental Information

Complete this part to 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).

SCHEDULE F, PART I, LINE 2

NONVIOLENT PEACEFIRCE - AISBL (BELGIUM) IS A SISTER, OR RELATED ORGANIZATION TO NONVIOLENT PLACEFORCE, INC. (USA). NONVIOLENT PEACEFORCE - AISBL (BELGIUM) IS A NON-PROFIT ORGANIZATION IN BELGIUM AND IS AUDITED EACH YEAR BY AN EXTERNAL AUDITOR. NONVIOLENT PEACEFORCE - AISBL (BELGIUM) OVERSEES THE DISTRIBUTION OF FUNDS TO PROGRAM SERVICES. ALL NONVIOLENT PEACEFORCE - AISBL (BELGIUM) BOARD MEMBERS ARE ON THE NONVIOLENT PEACEFORCE, INC. (USA) BOARD OF DIRECTORS.

BOTH ORGANIZATIONS HAVE THE SAME EXECUTIVE DIRECTOR AND CHIEF FINANCIAL THE NONVIOLENT PEACEFORCE ED FROM NONVIOLENT PEACEFORCE - INC. (USA) MANAGES ALL GRANTED FUNDS FROM EXTERNAL FUNDING SOURCES FOR PROGRAM THE NONVIOLENT PEACEFORCE, INC. (USA) FINANCIAL STAFF MANAGES SERVICES. NONVIOLENT PEACEFORCE, INC. (USA) OPERATIONS. NONVIOLENT PEACEFORCE -AISBL (BELGIUM) HAS A CHIEF FINANCIAL OFFICER THAT MANAGES THE NONVIOLENT PEACEFORCE - AISBL (BELGIUM) FINANCIAL OPERATIONS. CONSOLIDATED ACCOUNTING FOR THE RELATED ORGANIZATIONS IS COLLECTED, MONITORED AND RECORDED IN THE NONVIOLENT PEACEFORCE - AISBL (BELGIUM) OFFICE.

SCHEDULE F, PART IV, ITEM 1

THE ORGANIZATION TRANSFERRED FUNDS TO ITS RELATED ORGANIZATION, NONVIOLENT PEACEFORCE - AISBL. FORM 926 WAS NOT REQUIRED TO BE FILED.

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

# 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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NONVIOLENT PEACEFORCE

Employer identification number 35-2197019

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

A THOROUGH REVIEW OF THE FORM 990 WAS DONE BY MANAGEMENT AND THE

TREASURER. THE FORM 990 WAS DISCUSSED BY THE AUDIT COMMITTEE. QUESTIONS

WERE DISCUSSED WITH THE AUDIT FIRM. BOARD MEMBERS RECEIVED A COPY OF THE

FORM 990 PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS,

OFFICERS, AND EMPLOYEES WHO MAY INFLUENCE THE ACTIONS OF NONVIOLENT

PEACEFORCE. ALL COVERED INDIVIDUALS MUST COMPLETE AND SIGN AN ANNUAL

CONFLICT OF INTEREST AND GIFT DICLOSURE STATEMENT. POTENTIAL CONFLICTS

MUST BE FULLY DISCLOSED; WITH THE CONFLICTED INDIVIDUAL BEING EXCLUDED

FROM DISCUSSION AND VOTING ON THE TRANSACTION. DETERMINATIONS WILL BE

MADE BY REMAINING BOARD OR COMMITTEE MEMBERS. SHOULD ANY CONFLICT OF

INTEREST ARISE THEY WOULD BE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT OPEN TO THE PUBLIC.

FORM 990, PART VI, SECTION B, ITEM 15A

COMPENSATION WAS DETERMINED AS FOLLOWS: NONVIOLENT PEACEFORCE (1)

ESTABLISHED A REVIEW COMMITTEE); (2) USED "COMPARABILITY DATA," I.E.

SALARY SURVEYS, THAT PROVIDE DATA FROM NONPROFITS OF SIMILAR MISSION FOCUS, BUDGET SIZE, AND GEOGRAPHIC REGION, AND (3) APPROVED COMPENSATION, AS DOCUMENTED THROUGH MINUTES OF THE BOARD MEETING.

ATTACHMENT 1

### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FIELD PROGRAMS; AS AN INTERNATIONAL NONPROFIT ORGANIZATION WITH THE PRIMARY ACTIVITY OF CONDUCTING DIRECT UNARMED CIVILIAN PROTECTION IN AREAS WHERE CIVILIANS ARE UNDER THREAT OF VIOLENT CONFLICT, NONVIOLENT PEACEFORCE (NP) IN THE UNITED STATES PROVIDES SUPPORT SERVICES FOR ITS FIELD PROGRAMS, THIS SUPPORT ENTAILS FUNCTIONS OF ADMINISTRATION, FUNDRAISING, PUBLIC OUTREACH, UNIVED NATIONS ADVOCACY AND NEW PROJECT EXPLORATION, WHILE THE FIELD PROJECTS THEMSELVES HAVE COSTS INCURRED AND FUNDING RAISED OUTSIDE OF THE UNITED STATES. THUS THE VAST MAJORITY OF NP'S EXPENSES ARE REFLECTED IN TAX REPORTS FILED IN OTHER COUNTRIES AND NOT IN THE UNITED STATES, HOWEVER, THE FUNDS RAISED AND THE ADMINISTRATION PROVIDED BY THE UNITED STATES OFERATION, ARE CRITICALLY NECESSARY IN OBTAINING NON-U.S. FUNDING FOR THE FIELD OPERATIONS. NPS TEAMS CONTINUED TO OPERATE IN THE PHILIPPINES, SOUTH SUDAN AND SOUTH CAUCASUS, AND A NEW FIELD PROGRAM WAS LAUNCHED IN BURMA/MYANMAR. THE UNITED STATES OFFICE PROVIDES FOR THE TASKS ENTAILED IN CONDUCTING EXPLORATIONS OF NEW PROJECTS FOR WHICH NP HAS BEEN REQUESTED TO CONSIDER LAUNCHING, AN ACTIVITY THAT HAS PROVEN MUST BE CONDUCTED IN ORDER TO OBTAIN FIELD PROJECT FUNDS. THUS, U.S. FUNDING AND NON-U,S. FUNDING ARE INTER-RELATED.

Name of the organization

NONVIOLENT PEACEFORCE

Employer identification number

### ATTACHMENT 2

# FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ADVOCACY: NONVIOLENT PEACEFORCE ADVANCED THE UNDERSTANDING OF AND POLICY AND FUNDING SUPPORT FOR UNARMED CIVILIAN PROTECTION AT THE UNITED NATIONS THROUGH BRIEFINGS, MEETINGS WITH UNITED NATIONS OFFICIALS AND STAFF OF UN AGENCIES AND MISSIONS. TWO EXAMPLES WERE THE REQUESTED CONSULTATION OF NP FOR THE UN HIGH LEVEL PEACE OPERATIONS REVIEW PANEL, AND THE WRITING OF THE FIRST COMPREHENSIVE CURRICULUM FOR UNARMED CIVILIAN PROTECTION, WORKING IN PARTNERSHIP WITH THE UN INSTITUTE FOR TRAINING AND RESEARCH (UNITAR). NP ADVOCATED FOR THE INCLUSION OF UNARMED CIVILIAN PROTECTION LANGUAGE AND CONCEPT IN A VARIETY OF UN RESOLUTIONS, GUIDANCE DOCUMENTS, MON-GOVERNMENTAL UN PARALLEL EVENTS AND CONFERENCES.

ATTACHMENT 3

### FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury internal Revenue Service

NONVIOLENT PEACEFORCE

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

Attach to Form 990.

www.irs.gov/form990.
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OMB No. 1545-0047 Open to Public Inspection

Employer identification number

35-2197019

Ē	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	organization answe	red "Yes" on Fo	rm 990, Part IV	, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	2 A	Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
(1)			AAAA NA MAAAAA AAAAA AAAAAAAAAAAAAAAAAA	POONOALISADA BARGISTAN PPOPURTURAN POONOALISADA BARGISTAN POONOALISA				
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(9)	WAARIAAA MIRIIMAANAA AA A			25 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	al Liverian resumments and the liverian		AND THE PROPERTY OF THE PARTY O	
	Identification of Related Tax-Exempt Organizations Complete in one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	anization answe	red "Yes" on Fc	orm 990, Part IV,	line 34 because it	thad	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	2(b)(f3) illed f?
							Yes	No
ALL MORE	(4) MONVIOLENT PEACEFURCE - AISBL (BELGIUM) AUF. BELLIARD 208 1049 BRUSSELS, BE	PEACEKEEPING	EQ.	501(C)(3)	AMALIA MANAGAMANA MANAGAMA	NONVIOLENT P	×	
(2)			***************************************			A DESCRIPTION OF THE PROPERTY	-1	
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For Paperw 3SA 4E130? 1.000	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  JSA 4E1307 1.000			4.	A Control of the Cont	Schedule R (Form 990) 2014	R (Form 99	30) 2014

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

(k) Percentage ownership					:				
(i) General or managing partner?	No.								int (V)
<u> </u>	Yes	·····							G.
(f) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				PALLON DESCRIPTION DESCRIPTION DE LA CONTROL	WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	LEVINGERO HELFONOMINE CONTRACTOR			on Form 990
(†) Diopropordandos alvestiens?	Yes No								"Yes"
(g) Share of end-of- year assets		V							nization answere the tax year.
(f) Share of total income									or trust during
(e) Predominant income (elated, unrelated, excluded from tax under			WWW. 1-A PARALANA PARAMATANA	TIPLE PROPERTY FOR THE			THE PROPERTY IN THE PROPERTY OF THE PROPERTY O		or Trust Comp
(d) Direct controlling entity				MANIELLE DOGGAMENTA PARTIE PAR	**************************************	NAMA A DEPARTMENT AND A			nizations treated
(c) Legal domicile (state or foreign	( A Internal								Taxable sted orga
(b) Primary activity								, , , , , , , , , , , , , , , , , , ,	ted Organizations d one or more rek
(a) Name, address, and EIN of related organization						A COLUMN TO THE PARTY OF THE PA	ONGONO MANAGEMENT AND		identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.
*****		Ξ	(2)	(3)	(4)	(5)	(9)	(2)	23.1

	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ons treated as a	corporation	n or trust durin	g the tax year.				
	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d)  Legal domicile Direct controlling (state or foreign entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) (l) Percentage Section ownership controlled entity?	(i) Section 12(b)(13) controlled entity?
ALL DE LA CONTRACTOR DE		**************************************							Yes No
(2)									
(Z)		***************************************	III WALL TO SEE STATE OF THE SECOND S	TOTOG TO TOTOGOTHER PROPERTY OF THE PROPERTY O					-
(3)									
(4)	от водения водения от выполня в ответие в				III III II I AAAAAAAAAAAAAAAAAAAAAAAAA	THE THE PROPERTY OF THE PARTY O			
(§)		10.110.000.000.000.000.000.000.000.000.	A PARTICIPATION OF THE PARTICI			ALLOWALD REPRESENTATION OF THE PROPERTY OF THE			
(9)					PARTY				
(7)		ANALYSIS OF BEAUTIFICATION OF THE STATE OF T							

Schedule R (Form 990) 2014

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-N?	lated organizations liste	d in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a ×
b Giff, grant, or capital contribution to related organization(s)			√ 4b ×
c Gift, grant, or capital contribution from related organization(s),	, , , , , , , , , , , , , , , , , , ,		¥c ×
d Loans or loan guarantees to or for related organization(s)			× 79F
e Loans or loan guarantees by related organization(s)			× 07
f Dividends from related organization(s),		***************************************	
			× D
			X
Exchange of accept with related organization(c)			× **
EAST AND OF ASSETS WITH THE ABOUT OF THE STROTTES.			A
] Lease of facilities, equipment, of other assets to related organization(s),			X
			k a
K Lease of lacinies, equipment, or other assets from related organization(s)			
			-
m Performance of services or membership or fundraising solicitations by related organization(s)			×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) , , , , , , ,			1n X
o Sharing of paid employees with related organization(s)			× 0*
p Reimbursement paid to related organization(s) for expenses			1p X
q Reimbursement paid by related organization(s) for expenses			1q
r Other transfer of cash or property to related organization(s)			×
co.	ONNIHII TARAHAMI MANAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM		, , , , , 1s ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	ine.	including covered relationships and transaction thresholds	action thresholds.
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-s)	***************************************	amount involved
(1) NONVIOLENT PEACEFORCE - ALSBL (BELGIUM)	a a	450,000.	WIRE TRANSFER
(2) NONVIOLENT PEACEFORCE - ALSBL (BELGIUM)	ū	87,110.	CONTRACT AMOUNT
(3)			ORDINATION OF THE PROPERTY OF
(4)			
(5)			
(6)			
JSA 4E13091.000		la S	Schedule R (Form 990) 2014

# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. WILLIAM.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(d) (e) (f) (e) (f) (f) (f) (f) (f) (g) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	<b>(b)</b> Primary activity	(c) Legal domicale (state or toreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners Section 501(c)(3)	(f) Share of Total income	(g) Share of and-of-year assets	(ft) Disprepartionate, allocalions7	(f) Code V. UBI amount in box 20 of Schedule K-1 (Eover 1988)	Ceneral or managing partner?	or Percentage	t) n'age rship
				Yes No	***************************************		Yes No	/2001    100 31	Yes	No	
(1)											
(2)	- The state of the	70.00				***************************************					
						***************************************					***************************************
(3)											
(4)			***************************************			***************************************				7	
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(5)											
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(9)											
**************************************	A PARTIE DE LA CONTRACTOR DE LA CONTRACT		THE PERSON NAMED IN THE PE			77.00					
(7)											
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(8)											
(6)	A TOTAL OF THE PROPERTY OF THE										
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(13)	The second secon	233.3	THE STREET AND THE STREET AND THE STREET								-
(14)	Processor of the Property of T	***************************************	7777					TOTAL			
(15)		V				PRESENTATION OF THE PRESEN			3		
(16)	те стемпения политирования политирова					***************************************					NAME OF THE PARTY.
JSA 4E1310 1.000	NAME OF THE PARTY			######################################				Sch	redule R (	Schedule R (Form 990) 2014	2014

# Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).